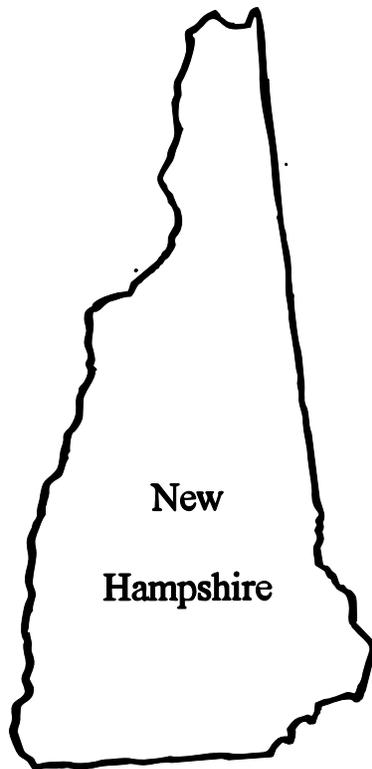


New Hampshire Part C State Performance Plan (SPP)  
For 2005 - 2012  
And  
Annual Performance Report for FFY04  
On  
New Hampshire Family-Centered Early Supports and Services  
(Part C, IDEIA of 2004)

**REVISED February 1, 2012**

Submitted by the  
New Hampshire Interagency Coordinating Council  
July 1, 2004 – June 30, 2005



Bureau of Developmental Services  
Department of Health and Human Services  
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Concord, New Hampshire

## **Preface**

As a condition of the Part C grant award, the lead agency, NH Department of Health and Human Services, is required to submit a State Performance Plan and an Annual Performance Report on Family-Centered Early Supports and Services. Also, as required by Part C of IDEIA 2004 the State Interagency Coordinating Council (ICC) is required to submit an annual report to the Governor on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the State. This report is intended to satisfy both requirements. This plan was revised February 1, 2011 in accordance with instructions from the Office of Special Education Programs (OSEP).

A hard copy of the report is available upon request. The report is also available electronically via e-mail and on the DHHS website:  
<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/stateplan.htm>. It is available in alternative formats upon request.

Nicholas A. Toumpas, Commissioner  
Department of Health and Human Services

Matthew Ertas, Bureau Administrator  
Bureau of Developmental Services

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## **Introduction**

With the reauthorization of the Individuals with Disabilities Education Improvement Act of December 2004 came a mandate to strengthen Federal and State monitoring and enforcement of the law. The primary focus of monitoring activities is to improve education results and functional outcomes for all children with disabilities ages birth to 21 years and to ensure that States meet the program requirements under the law with an emphasis on those requirements that are most closely related to improving educational results for children with disabilities. The law also requires that the system be made available to the public and that key stakeholders are involved in planning and monitoring for improvement.

The Office of Special Education Programs (OSEP) was required to focus monitoring on priority areas and indicators that are key to producing improved educational results and functional outcomes. States have been asked to develop a six-year plan to address the identified priority areas and indicators that include measurable and rigorous targets.

The purpose of this report is to respond to the requirement for a State Performance Plan that provides baseline data for the selected priority areas and indicators and to provide measurable and rigorous targets and improvement strategies for the next six years. A description of how key stakeholders were involved in planning for each of the priority areas is included in the overview of the State Performance Plan Development, and additional information is provided at the beginning of each priority area.

In the fall of 2010 OSEP required states to extend the State performance Plan for two additional years. Consequently, targets for each of the indicators have been established for the FFY2011 and FFY2012 based on stakeholder input and federal requirements.

## **Overview of the State Performance Plan Development:**

The New Hampshire Part C Program is called 'Family-Centered Early Supports and Services' (ESS) and is administered by the Bureau of Developmental Services through 10 regions effective January 1, 2006. Prior to this date services were administered through 12 regions. Because this plan is based on data collected during the 2004/2005 period of time, the reader will find references to 12 regions throughout the document.

Each region has a designated Area Agency that is under contract to provide services to individuals with developmental disabilities aged birth through adulthood. Area Agencies provide these services either through their own programs, or by sub-contracting with one or more independent vendors. As a result, there are a total of 18 programs that provide Family-Centered Early Supports and Services throughout the state. The number of programs varies somewhat from year to year as contracts change.

The New Hampshire Interagency Coordination Council (ICC) agreed to provide leadership and assistance to the Bureau of Developmental Services (BDS) to develop the State Performance Plan (SPP). The ICC is federally mandated under Part C of the Individuals with Disabilities Education Improvement Act (IDEA), and it serves as an advisory group to the NH Department of Health and Human Services, Bureau of Developmental Services. ICC and other key stakeholders were invited to participate in workgroups at the ICC Retreat/SPP development meeting on October 20 and 21, 2005. At this meeting workgroups reviewed information and made recommendations for improvement for compliance indicators, and measurable and rigorous targets for process indicators. The recommendations were consolidated and shared with ICC members and other key constituents electronically for their feedback. New targets were established for FFY2011 and FFY2012 based on input from the ICC and other key stakeholders throughout the fall of 2010.

Additional stakeholder groups were convened to provide input regarding child and family outcomes and procedural safeguards. These stakeholder groups are described in the 'description of the system' for these indicators. The SPP and subsequent Annual Performance Reports (APRs) are publicly disseminated on the State Lead Agency web site: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/stateplan.htm> and are available in alternative formats upon request.

More frequent updates on specific projects and initiatives are provided at ICC meetings to which the public is invited, and at Quarterly ESS Community Meetings.

Data Collection Sources used in this report:

1. Monthly Program Reports are an important element of the ESS monitoring and data collection system. ESS programs provide individual child data in terms of units of service provision and type of insurance coverage, and major events such as evaluations and IFSP development. This report system focuses on contract and budget monitoring, as well as providing information regarding the timeliness in which evaluations and IFSP reviews occur. Technical assistance for this data system is available to program users from the Bureau of Developmental Services.
2. The Regional Family-Centered Early Supports and Services Continuous Quality Improvement Process (ESS CQI Process) included in this regional process, is a set of three surveys designed to gather information from families receiving services, from early supports and services providers, and from community service providers. The regional team as described below makes the decision concerning which community providers will be

surveyed. Typically, this group consists of providers from programs which serve young children and who interact in some way with the ESS program.

- Families have an opportunity to evaluate the early supports and services that they have received in the following categories: entry into Family-Centered Early Supports and Services (ESS), involvement in their child's services, how services are provided, transitions, and family rights. Families are asked to respond to items: yes, no, or don't know.
- ESS service providers evaluate the services provided to families in the following five categories: child find and public awareness, family-centered services, and early intervention services in natural environments, transition, and program administration. Service providers are asked to respond to survey items: working well, needs improvement, or don't know.
- Community providers are given an opportunity to evaluate the local ESS supports and services in the following categories: child find and public awareness, family-centered services, early intervention services in natural environments, transitions, and program supervision and administration. Community providers are asked to respond to items: working well, needs improvement, or don't know.

Key to this process is the establishment of a regional oversight team to plan the process elements and to evaluate the results of the surveys that are then used to develop an action plan. Members of the regional team typically include but are not limited to, Area Agency (AA) staff responsible for the Family-Centered Early Supports and Services (ESS) program, ESS program directors, parents, community partners such as preschool and Early Head Start personnel, and AA Quality Assurance staff. While the team composition and concerns vary, the process is used with uniformity across the state by local programs that collect data, interpret the data, and develop an action plan for improvement.

Survey data is sent to the State Part C office for use in the Area Agency Redesignation Process that is described below, state level monitoring, and Federal reporting. Regions are required to submit annual updates on their improvement plans. The regional plans are reviewed at the state level for implications for personnel development and needs for technical assistance. Regions receive a response that includes suggestions and, if relevant, opportunities for technical assistance. Perhaps most important, the ESS CQI Process provides a vehicle for programs to assess and improve the quality of the services they provide.

ESS CQI data is referenced throughout this report especially in the Family Centered Services, Early Intervention Services in Natural Environments, and Early Childhood Transition sections.

This qualitative data is best used in conjunction with record review data and data from the Special Education Data Information System (SPEDIS) to confirm what these other data sources are reporting. At times, when it does not appear to confirm other data, it can be used to raise questions about the validity of the other data. Survey data is entered on to an excel spreadsheet and submitted to the Lead Agency for use in this and other reports on the same cycle as the Area Agency Redesignation review process. The local program keeps the survey forms and their copy of the spreadsheet, which is used for their respective planning purposes. This information is also used in planning support, educational, and training opportunities for families and providers.

**Update:** In 2007 the National Early Childhood Outcomes Center developed a Family Outcome survey in response to OSEP's requirement for all states to report on the same outcomes. This survey replaced the family outcome survey previously used in the ESS CQI Process. Please refer to the Indicator 4 section for more detail. Information from this survey

is used for program quality improvement, in the BDS Redesignation process, and to meet Federal reporting requirements.

3. A statewide data system provides individual child information regarding evaluations, service provision, eligibility, settings, referral source, and transition elements. Data from this system is used for compliance monitoring and for federal data reporting. This database allows data reports to be compiled for multiple years. System users are able to run just two basic reports, and more sophisticated reports can be requested from the database consultant. Trained personnel provide technical assistance to regional data entry personnel. This approach has been very helpful and increases the effective use of the data system for monitoring.

Throughout this report there are references to the name of the data system used such as SPEDIS, NHSEIS, and NHLeads. Regardless of the name of the data system, all of the systems are statewide and collect data in the same manner. Data is used throughout this report to provide historical data regarding services provided over a four-year period. Used in conjunction with record review and ESS CQI data, it is possible to triangulate some important data elements. Examples of how this can be used are found in the Early Intervention Services in Natural Environments section regarding information about services provided in natural environments and in the Early Childhood Transition section regarding transition conferences.

4. The use of annual visits and record reviews at the 18 programs implementing Family-Centered Early Supports and Services has been very productive in identifying noncompliance issues as well as in identifying promising practices used in exemplary programs. A record review form is used in this process to structure reviews and to ensure that data is collected uniformly across programs and regions. This form also includes references to the part of the law to which items relate. It has been made widely available to regional Area Agencies and ESS service coordinators for their use in monitoring their own work and assuring that attention is given to compliance issues. Programs with minor infringements are asked to provide work samples on an agreed upon schedule. Those programs that are making good progress, but have not quite met their target, are asked to submit timelines establishing benchmarks and anticipated resolution of the deficiency. Programs that do show progress, but need assistance, develop corrective action plans that identify technical assistance resources. Corrective action plans with scheduled updates are required if programs show little or no progress on identified deficiencies. Compliance percentages are calculated by adding the number of records that are in compliance to the number of records out of compliance due to family circumstances, and then divided by the total number of records reviewed. Example: 10 records reviewed, 7 records in compliance, 2 records did not meet 45-day timeline due to family circumstances –  $(7+2)$  divided by 10 = 90% compliance. This method of computing compliance is used throughout the State Performance Plan.

Record review data is used in all sections of this report. To 'encourage' compliance in programs that are slow to respond, periodic reports of programs that are in compliance are published via e-mail to Area Agency administration and other early supports and services providers. This has proven to be a very effective strategy. Whenever possible, this information is used in conjunction with ESS CQI survey and SPEDIS data to provide the most accurate picture possible of the services provided to children and their families.

A description of how these monitoring components are integrated to form an effective monitoring system can be found at the beginning of Indicator 9: General Supervision.

Personnel development is addressed in a number of different ways, including the individual indicator areas when training and technical assistance is key to the success of individual

initiatives. Personnel development trainings are typically provided under contract with a variety of organizations that have a statewide orientation such as the Early Education and Intervention Network (EEIN), the NH Association for Infant Mental Health, and Easter Seals of NH. The comprehensive system of personnel development plan (CSPD) is the responsibility of the Part C office. To enable a greater variety of stakeholders to provide input in personnel development from a broader perspective that includes pre-service as well as in-service, a personnel development planning advisory group for early intervention (DEIPAC) has been created. Under contract with the Part C office, EEIN facilitated and coordinated this group. All interested stakeholders were invited to participate in developing and overseeing the comprehensive system of personnel development that will be developed and implemented. The Part C office was an active participant in the work of DEIPAC.

In 2010 a Part C ARRA grant was awarded to the University of NH to conduct a professional development survey to identify current professional development needs. This survey is being conducted in conjunction with the NH Early Childhood Advisory Council (ECAC) and will include a variety of professionals from early childhood programs to inform the work of the ECAC.

## **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.

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

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

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

The 2004-2005 data shown in this report was recalculated based on the definition of timely services “that are provided as listed in the IFSP and for which parent consent has been granted” ‘Services listed in the IFSP’ is interpreted to mean:

- Specific services listed are delivered initially and continue to be delivered at the frequency specified in the service section of the IFSP
- Services are initiated as described on the IFSP; weekly services are expected to begin one week after the date of parent consent, bi-monthly begin 2 weeks after parent consent, monthly begin 1 month after parent consent. The date that the parent signs the IFSP is considered to be the date that the parent consented to the IFSP services.
- The number of days from consent to initiation of services is also monitored although not necessarily a part of the definition of ‘timely services’.

To ensure that NH’s definition is clear to providers and stakeholders, it has been reworded adopting the definition developed by OSEP. “Any early intervention service identified on the initial IFSP and any additional early intervention services identified on subsequent IFSPs, consented to by the parent, are initiated by the projected IFSP initiation date that is on the IFSP (identified by the IFSP team which includes the parent”).

**Baseline Data for FFY 2005:**

<b>Children Receive Timely IFSP Services</b>				
<b>2004/2005 Record Review Data</b>				
<b>Program</b>	<b># of records reviewed</b>	<b># of records 'yes'</b>	<b># of records family reasons</b>	<b>% of records reviewed in compliance</b>
Region 1 Northern Human Services	4	2	1	75%
Region 2 FCESS	6	6		100%
Region 3 Lakes Region Community Service Council FCESS	9	7		78%
Region 4 Community Bridges Early Intervention Program	35	33		94%
Region 5 Rise... for baby and family	9	9		100%
Region 5 Easter Seals of NH, Keene	10	9		90%
Region 6 Area Agency of Greater Nashua Early Intervention and	8	8		100%
Region 6 Children's Pyramid	7	7		100%
Region 6 Sunrise Early Intervention Program	6	5	1	100%
Region 7 Easter Seals of NH, Manchester	14	11		79%
Region 8 Richie McFarland Children's	14	13		93%
Region 8 Child & Family Services	10	10		100%
Region 9 Community Partners FCESS	11	11		100%
Region 10 Easter Seals of NH, Salem	13	12	1	100%
Region 10 Children's Pyramid	6	5		100%
Region 11 Children Unlimited	7	5		100%
Hope FCESS, Wolfeboro	5	4	1	100%
Region 12 United Developmental Services, FCESS	5	5		100%
<b>State totals:</b>	<b>179</b>	<b>162</b>	<b>4</b>	<b>93%</b>

Statewide 17 of 179 records were found to be out of compliance. Four of these records were out of compliance due to family circumstances, bringing the compliance rate to 93%.

## **Discussion of Baseline Data:**

The baseline was recalculated to reflect the change in the definition of timely services as described in the overview: timely services that are provided as listed in the IFSP and for which parent consent has been granted 'Services listed in the IFSP' is interpreted to mean:

- Specific services listed are delivered initially and continue to be delivered at the frequency specified in the service section of the IFSP
- Services are initiated as described on the IFSP; weekly services are expected to begin one week after the date of parent consent, bi-monthly begin 2 weeks after parent consent, monthly begin 1 month after parent consent. The date that the parent signs the IFSP is considered to be the date that the parent consented to the IFSP services.
- The number of days from consent to initiation of services is also monitored although not necessarily a part of the definition of 'timely services'.

To ensure that NH's definition is clear to providers and stakeholders, it has been reworded adopting the definition developed by OSEP. "Any early intervention service identified on the initial IFSP and any additional early intervention services identified on subsequent IFSPs, consented to by the parent, are initiated by the projected IFSP initiation date that is on the IFSP (identified by the IFSP team which includes the parent").

Record reviews based on this definition show that 12 out of 18 programs demonstrated 100% compliance with the requirement to provide timely IFSP services. For the other 6 programs, compliance ranged from 75% to 94%. Compliance percentages are calculated by adding the number of records that are in compliance to the number of records out of compliance due to family circumstances, and then divided by the total number of records reviewed. In two cases, services were delayed due to child illness (Region 6 Sunrise and Region 11 Wolfeboro) and in one case the parent wanted to wait for a specific therapist for provide services for their child (Region10 Easter Seals). Statewide compliance is 93% (162+ 4 family circumstances)/179).

The most common reasons for delay related to staffing issues as described below:

- Program 1 struggles both to get part time providers to document their services as well as to provide all IFSP services. Program organization and insufficient staff are systemic problems for this program. The program is undergoing significant staff changes designed to address these systemic problems.
- Program Region 6 Sunrise finds working with part time staff to be challenging.
- Program Region 3 had 2 of 9 records that showed that services had not been provided as agreed upon in the IFSP because of the program's staffing issues. A corrective action plan has been developed to address this issue.
- Program Region 7 Easter Seals had 2 of 14 records that showed that speech therapy had not begun as described on the IFSP due to a lack of speech pathologists. This program has since hired an additional speech pathologist.
- Increased numbers of children and diminishing Federal funds make it difficult to offer qualified professionals a salary that is competitive with schools and the medical community.

The other main reason for programs not being able to meet the timely services criteria was lack of or unclear documentation to determine why the service as indicated on the IFSP had not been provided (1 record in each of the follow programs: Region Northern Human Services, Region 6 Sunrise, Region 7 Easter Seals and Region 8 Richie McFarland Children's Center).

<b><u>FFY</u></b>	<b><u>Measurable and Rigorous Target</u></b>
2005 (2005-2006) 100%	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007) 100%	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2007 (2007-2008) 100%	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2009 (2009-2010) 100%	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2010 (2010-2011) 100%	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2011 (2011 – 2012)	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2012 (2012 – 2013)	100% of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

Collect data through record reviews according to the definition of ‘timely services’ which includes the following components:

- Specific services listed are delivered initially and continue to be delivered over a 6 month period of time at the frequency specified in the service section of the IFSP
- Services are initiated as described on the IFSP; weekly services are expected to begin one week after the date of parent consent, bi-monthly begin 2 weeks after parent consent, monthly begin 1 month after parent consent.

To ensure that NH’s definition is clear to providers and stakeholders, it has been reworded adopting the definition developed by OSEP. “Any early intervention service identified on the initial IFSP and any additional early intervention services identified on subsequent ISPs, consented to by the parent, are initiated by the projected IFSP initiation date that is on the IFSP (identified by the IFSP team which includes the parent”).

July 1, 2006 – June 30, 2007

- Communicate to ESS program directors the change in the definition of ‘timely services’ as provided by OSEP in the fall of 2006.
- Collect data according to the definition of ‘timely services’ which includes the following components:
  - Specific services are provided as listed on the IFSP.
  - Services are initiated on the ‘beginning date of service’ noted on the service page for each service.
  - The number of days from parent consent to services to the beginning date for each service is monitored but not a part of the definition of timely services.
- Use data collected 7/1/06-6/30/07 to establish target data that will be reported in the February 1, February 1, 2008 APR.

- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate significant improvement and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the main problem is, in fact, lack of qualified staff or whether it is other issues.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.

July 1, 2007 – June 30, 2008

- Monitor the accuracy of data collected through NHSEIS regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate significant improvement and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the main problem is, in fact, lack of qualified staff or whether it is other issues.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Develop the “Early Interventionist” Certification to allow those with a bachelor’s degree in a related field, experience, and working in ESS but without requisite licensing or certification to perform evaluations. This certification will be provided by the Lead Agency after prerequisites including demonstration of competencies is provided.
- Develop the competencies and protocols needed for the “Early Interventionist” Certification based on the State’s previous work on early intervention competencies. These competencies will form the basis for awarding the certification.

July 1, 2008 – June 30, 2009

- Monitor the accuracy of data collected through NHSEIS regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate significant improvement and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the main problem is, in fact, lack of qualified staff or whether it is other issues.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.

- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Implement “Early Interventionist” Certification process
- Evaluate the effectiveness of the “Early Interventionist” Certification process and make modifications based on evaluation findings.

July 1, 2009 – June 30, 2010

- Monitor the accuracy of data collected through NHSEIS regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate significant improvement and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Implement modified “Early Interventionist” certification process.

July 1, 2010 – June 30, 2011

- Monitor the accuracy of data collected through the statewide data system regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate 100% compliance and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors are asked to do a self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the

time of the visit. Needs for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.

- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Evaluate the effectiveness of the “Early Interventionist” Certification process and make modifications based on evaluation findings.
- Advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students including granting Part C ARRA funds to support an IHE to develop a degree option in Early Intervention.

#### July 1, 2011 – June 30, 2012

- Monitor the accuracy of data collected through the statewide data system regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate 100% compliance and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validate reports of findings. Any discrepancies are discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans are determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

#### July 1, 2012 – June 30, 2013

- Monitor the accuracy of data collected through the statewide data system regarding the provision of timely services by crosschecking with record reviews.
- Require all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that data will demonstrate 100% compliance and timely correction of the State-identified noncompliance.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validate reports of

findings. Any discrepancies are discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans are determined prior to the review team visit being concluded.

- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH Institute of Higher Education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

Resources:

NH ICC  
NH Training Institute  
Plymouth State University  
University of NH  
Granite State College  
National early Childhood Technical Assistance Center  
North East Regional Resource Center

**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.  
Lead Agencies should describe the results of the calculations and compare the results to their target.

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

Early Intervention services, known in New Hampshire as Family Centered Early Supports and Services (ESS) have historically been provided in natural settings. Natural settings are defined in NH Rule He-M510 Family-Centered Early Supports and Services as meaning ‘places and situations where children without disabilities live, play, and grow’. In keeping with Federal law, the natural settings in which the early supports and services are provided are identified on each child and family’s Individualized Family Support Plan (IFSP). If any support or service cannot be provided in a natural setting, a justification must be provided that includes an explanation, plan of action to provide supports and services in the future, and a time frame in which the plan will be implemented.

Data is currently collected through the statewide data system. Only one primary setting can be reported. This means that if a child receives services in both childcare and home, one of those two settings will be reported. Therefore, one cannot assume that children in New Hampshire are only seen in the home even though that is all that the data reflects.

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

Federal 618 data provides information about the number of children served using a ‘point in time’ technique so that one State’s data can be compared with another State.

DECEMBER 1, 2004

STATE: NH - NEW HAMPSHIRE

Section A: Report by Individual Age Year

PROGRAM SETTING	AGE GROUP AS OF DECEMBER 1				COMPUTED	
	Total	Birth to 1 (12 Months)	1 to 2 (>12 and <24 months)	2 to 3 (>24 and <36 months)	TOTALS	% of Total
TOTAL (ROWS 1-7)	1164	164	375	625	1164	
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	-9	-9	-9	-9	0	0.00%
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	41	1	11	29	41	3.52%
3. HOME	1110	159	363	588	1110	95.36%
4. HOSPITAL (INPATIENT)	1	0	0	1	1	0.09%
5. RESIDENTIAL FACILITY	-9	-9	-9	-9	0	0.00%
6. SERVICE PROVIDER LOCATION	6	2	1	3	6	0.52%
7. OTHER SETTING*	6	2	0	4	6	0.52%
	1164	164	375	625		

\* Please list the Other Settings included:

The code –9 Indicates that service is not provided to children in those settings.

**Discussion of Baseline Data:**

NH ESS families and their children are consistently served in natural settings. While families and children are primarily served in the home (95.36%), children also receive services at childcare settings (3.52%) and other community settings (.52%) as well. Only six or .52% of the

1,164 children included in this December 1 data snapshot received services at the service provider's location. Record reviews are used to monitor the use of settings not considered 'natural' to ensure that an explanation of the reason is included in the IFSP along with a plan with timeline to move services to a setting that is considered by the family to be natural for the child.

Members of the stakeholder group suggested that just looking at the primary service setting provides an incomplete picture of where children are receiving services. It was recommended that the data system be asked to produce a more accurate picture of where services are being provided. Another concern expressed is that what is considered a 'natural setting' according to the IDEA might not be considered by the family to be a setting that is most conducive to meeting the child and family's needs. Examples of situations that might not make a natural setting the best choice for a child and family to receive services include homeless shelters, homes with domestic violence, the presence of restraining orders, safety issues for the family and/or staff.

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2							COMPUTED TOTALS	% of Total
PROGRAM SETTING	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)		
TOTAL (ROWS 1-7)	1164	6	36	25	34	1063	1164	
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	-9	-9	-9	-9	-9	-9	0	0.00%
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	41	1	0	2	4	34	41	3.52%
3. HOME	1110	5	36	23	29	1017	1110	95.36%
4. HOSPITAL (INPATIENT)	1	0	0	0	0	1	1	2.44%
5. RESIDENTIAL FACILITY	-9	-9	-9	-9	-9	-9	0	0.00%
6. SERVICE PROVIDER LOCATION	6	0	0	0	0	6	6	0.52%
7. OTHER SETTING*	6	0	0	0	1	5	6	0.52%

FFY	Measurable and Rigorous Target
2005 (2005-2006) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2006 (2006-2007) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2007 (2007-2008) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2008 (2008-2009) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2009 (2009-2010) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2010 (2010-2011) 99%	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2011 (2011 – 2012)	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2012 (2012 – 2013)	99% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

## **Improvement Activities/Timelines/Resources:**

### July 1, 2005 – June 30, 2006

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.
- A system for collecting multiple settings for service delivery will be developed (NHSEIS).

### July 1, 2006 – June 30, 2007

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

### July 1, 2007– June 30, 2008

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews will be used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.
- Data reports are used to obtain information about the extent to which settings other than home or programs for typically developing children are being used for service delivery. Decisions regarding any need for intervention or improvement will be made based on these data reports.

### July 1, 2008– June 30, 2009

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews will be used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

### July 1, 2009– June 30, 2010

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

### July 1, 2010– June 30, 2011

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

### July 1, 2011– June 30, 2012

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.

- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

July 1, 2012– June 30, 2013

- Data reports are used to monitor the use of the home or programs for typically developing children as service delivery sites.
- Record reviews are used to verify that in those situations where services were not provided at home or programs for typically developing children there is a written explanation of the child's IFSP and a description of a plan to move services into a natural setting that meets these requirements along with a timeline.

Resources:

Statewide data system  
Northeast Regional Resource Center  
National Early Childhood Technical Assistance Center

**Overview of Child Outcomes:**

Processes for collecting child outcomes were developed as a result of 11/2 years of work in collaboration with a number of agencies and projects. In 2004 collaboration with the NH Special Education Preschool Program and Learning Innovations lead to the development of a General Supervision Enhancement Grant (GSEG) proposal to develop a process for collecting outcome data for families and children birth to five. NH was awarded GSEG funding and work began on the project in October 2004. Through the GSEG, NH had a great opportunity to work with the OSEP funded Early Childhood Outcomes (ECO) project, NECTAC, NERRC, and many local organizations to explore ways of measuring child and family outcomes.

Throughout the project input was received from a range of stakeholders including family organization representatives, consumers, ESS service providers, preschool special educators, program administrators, technical assistance providers, state agencies, Institutes of Higher Education, and professional development personnel. Mechanisms for enlisting input and feedback included a statewide meeting to open the project, meetings of subcommittees on Infant-Toddler, Preschooler and Family Outcomes, eleven public forums held around the state, a statewide family outcomes survey for participation by mail and an on-line survey of both child and family outcomes.

Parent input continued to be sought after the GSEG project ended. Special education preschool and infant toddler programs continued the work of developing processes to meet the Federal guidelines and state needs. Because the needs and Federal reporting requirements for the Part B 619 and Part C programs are considerably different, each program identified the methodology that best fit its needs.

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

- A. Positive social-emotional skills (including social relationships);
  - B. Acquisition and use of knowledge and skills (including early language/ communication); and
  - C. Use of appropriate behaviors to meet their needs.
- (20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Outcomes:

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

Progress categories for A, B and C:

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

Procedure for collecting data

The process developed for collecting child outcome data is based on the model developed by the Early Childhood Outcome (ECO) project whereby service coordinators use the Child Outcomes Summary Form (COSF) (Enclosure 1). People familiar with the child complete the Child Outcomes Summary Form upon entry into the program, and may include members of the evaluation team, IFSP team members, the service coordinator, the family, and others as requested by the family. The information is used to address the three outcomes using a 7 point scale. This scale is used to determine the level of a child's functioning on each outcome and forms the basis for the child's COSF entry score. COSF entry scores are decided upon within 6 weeks of eligibility determination for all children who are referred as long as they are 6 months of age or older and expected to be in the program for 6 months or longer.

The assessment tools selected by the NH Lead Agency to be used by Family Centered Early Supports and Services (ESS) providers as a part of the child outcome measurement system are the Hawaii Early Learning Profile (HELP) and the Infant-toddler Developmental Assessment (IDA). These valid and reliable instruments for measuring outcomes are also the tools authorized for use in the eligibility determination process. Providers have been invited to recommend additional tools that might be used for outcome purposes, but none have been recommended to date. Multiple sources of child development information such as medical reports and interviews with families, child care providers, and others familiar with the child are also used to determine the child's level of functioning. Much of the information used in this process is derived from the evaluation and assessment process which is based upon family participation and information, as well as the informed clinical judgment of the evaluation team along with findings from the assessment tools.

Child outcome data is collected again for all children at the point of exit. For children exiting at age 3 yrs, it is collected preferably within the 90 day period prior to the child's 3<sup>rd</sup> birthday. If it is

anticipated that a child may leave prior to the third birthday, service coordinators are responsible for collecting COSF exit data prior to the child's departure from the program.

Progress is measured by comparing the child's COSF entry score against the child's COSF exit score.

Accuracy of the data is addressed by ensuring that service providers are trained on data collection and reporting. Decisions regarding placement of children on the COSF scale is determined by the child's IFSP team. Child outcome data is entered into the statewide data system at the program level. Program directors are asked to verify the accuracy of the data before it is entered into the statewide data system.

Cultural diversity is addressed through the use of interpreters and translators as are currently used in the NH Family Centered Early Supports and Services program. In addition, the brochure used to introduce the concept of child outcome measurement to parents is being translated into Spanish.

For OSEP reporting purposes, a rating of 6 or 7 on the COSF is considered to be comparable to same-aged peers.

- 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 Data for FFY 2008:**

Exit Data:

<b>Exit data for children who are eligible (includes* children eligible due to At Risk factors):</b>		
OSEP Category Totals		
<b>Outcome 1: Positive social-emotional skills (including social relationships)</b>	<b>Number</b>	<b>Percentage</b>
a: Children who did not improve functioning	1	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	72	9%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	100	13%
d: Children who improved functioning to reach a level comparable to same-aged peers	229	29%
e: Children who maintained functioning at a level comparable to same-aged peers	390	49%
<b>Total</b>	<b>792</b>	<b>100%</b>

<b>Outcome 2: Acquisition and use of knowledge and skills (including early language/ communication)</b>	<b>Number</b>	<b>Percentage</b>
a: Children who did not improve functioning	4	>1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	68	9%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	131	16%
d: Children who improved functioning to reach a level comparable to same-aged peers	339	43%

e: Children who maintained functioning at a level comparable to same-aged peers	250	32%
<b>Total</b>	<b>792</b>	<b>100%</b>

Outcome 3: Use of appropriate behaviors to meet their needs	Number	Percentage
a: Children who did not improve functioning	6	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	65	8%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	93	12%
d: Children who improved functioning to reach a level comparable to same-aged peers	353	44%
e: Children who maintained functioning at a level comparable to same-aged peers	275	35%
<b>Total</b>	<b>792</b>	<b>100%</b>

Exit data for children who are eligible due to At-Risk conditions: Because the total number of children participating in ESS is just 1, data is not included for this child to protect the child's privacy.

### Baseline Data for FFY 2008:

Baseline Data for Infants and Toddlers Exiting 2008-2009 (Excluding "At Risk")

Summary Statements	% of children
Outcome A: Positive social-emotional skills (including social relationships)	
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	82% 649/792
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	78% 618/792
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	87% 689/792
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	74% 586/792
Outcome C: Use of appropriate behaviors to meet their needs	
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	86% 681/792
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	79% 626/792

**Discussion of Baseline Data:**

The statewide data system (NHSEIS) shows exit data for 792 children including 1 child who was eligible due to at-risk factors. The data represent children who received ESS in 10 regions in the state for six months or longer.

One child was eligible due to “at risk” conditions. His scores are not included due to concerns that the child’s confidentiality may be breached. Due to the extremely low “N” for this group, targets could not be established at this time. It is not surprising that there are a small number of children eligible for at risk conditions as children in this eligibility category typically represent only 1% or 2% of the total number of children served in the NH Part C program.

Record reviews during routine monitoring visits to ESS programs showed that Child Outcome Summary Forms (COSF) are being completed appropriately and filed in individual child records. Individual program data that is collected through the statewide data system is distributed to programs to verify the accuracy of the data. When discrepancies are identified, corrections were made directly into the data system. It was reported that child outcome data is easily entered into the statewide data system. Review of statewide data shows that all programs are entering data for exiting children. This year was the first time that a significant amount of data was collected and analyzed. Analysis showed that some programs provided data that was differed significantly from the state average. An advisory group was convened to assist ESS state staff to analyze the data and to make recommendations regarding targets and improvement activities. Key stakeholders participating in this committee included representatives for the following groups: Area Agency ESS Manager (1), ESS service provider (3), ESS program director (1), family (1), ICC (3), parent Information Center (PTI) (1), Early Childhood Comprehensive Systems Grant (1), and BDS ESS staff (4). The meeting was planned under the leadership and with the assistance of the National Early Childhood Outcomes Program staff. The data was obtained from the statewide database, organized and analyzed by the BDS ESS data manager and ECO staff in preparation for the advisory committee meeting.

**Measurable and Rigorous Targets**

The Advisory committee in consultation with ECO staff, reviewed and analyzed the baseline data and established targets based on their analysis. After examining data with the assistance of ECO staff targets were set for FFY09 at a percentage that was slightly lower than the actual baseline data because of concerns that the baseline might be slightly inflated. Any decisions regarding the adjustment of targets will be based upon subsequent data.

The advisory committee provided the following observations and recommendations:

1. Further evaluation of the target data is warranted based on:
  - Evolution of providers’ knowledge and expertise between initial training and a more experienced data collection approach; there is a need to determine if this results in a difference in overall data collection over time.
  - The need for exploration of regional data that differs significantly from the state average.
2. Data from FFY2009 should be examined carefully to determine if the targets should be reset based on this evaluation.
3. Recommendations for improvement included:
  - Conduct refresher training based on ECO materials on the determination of child status on the COSF
  - Develop an on-line COSF training module for on-going training of new staff
  - Follow up with programs where the data differs significantly from statewide data
  - When evaluating the impact of ESS on a child’s outcomes consider a number of possible factors such as:
    - Child receiving services from other community programs
    - Eligibility category/diagnosis

- Length of time in program
- Home language
- Encourage programs to use the ECO trajectory method to talk about how a child could make progress without changing categories
- Provide training to programs on using applications like Excel to analyze program COSF data
- Identify best practices being used by programs and link those best practices with child outcomes; replicate effective best practices

**Targets for Infants and Toddlers Exiting in FFY 2009 (2009-10) and FFY 2010 (2010-2011) and Reported in Feb 2011 and Feb 2012**

**(Including “At Risk”)**

<b>Summary Statements</b>	<b>Targets for FFY 2009 (% of children)</b>	<b>Targets for FFY 2010 (% of children)</b>	<b>Targets for FFY 2011 (% of children)</b>	<b>Targets for FFY 2012 (% of children)</b>
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	80%	83%	81.6%	82.4
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	76%	79%	78%	78.5
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>				
1 Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	85%	88%	85	85.5
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	72%	75%	73	74
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>				
1 Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	84%	87%	87	87.5
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	77%	80%	78.4	79

## Improvement Activities/Timelines/Resources:

Progress Strategy	Activity Completed
1. Convene an advisory group of stakeholders to analyze data, develop targets, and to develop a training plan to keep workforce informed and prepared to collect child outcome data on-going.	Yes. See baseline discussion above.
<p>Discussion:</p> <p>Based on a data report that included 2008/2009 data generated July 2009, and with leadership by Early Childhood Outcome program staff an advisory group was convened to analyze data, develop targets, and identify resources that need to be developed in order for the workforce to continue to collect child outcome data in a manner that is consistent across the state and accurately reflects the child for whom data was collected.</p>	
2. Quarterly ESS Program Director Meetings are used to discuss issues concerning child outcome collection and provide opportunity for training and peer support by providing ESS Program Directors an opportunity to discuss any issues regarding child outcome data collection.	Yes; although formal training has not yet been provided, materials developed by ECO and other states have been disseminated to programs.
<p>Discussion:</p> <p>Program directors report that data collection is progressing smoothly, although refresher training has been requested.</p>	
3. Use statewide data system to monitor child outcome data collection.	Yes
<p>Discussion:</p> <p>The statewide data system is now able to generate a report that can be used to analyze program, region, and state data.</p>	

### July 1, 2007- June 30, 2008

- Translate Child Outcome parent brochure into Spanish and other languages as needed.
- Develop reports based on information entered into NHSEIS to be used for analysis of child outcome exit data.
- Provide opportunity for training and peer support by providing ESS Program Directors an opportunity to discuss any issues regarding child outcome data collection during Quarterly ESS Meetings.
- Arrange for additional training in using the COSF or data entry as needed.
- Monitor Child Outcome data collection by reviewing NHSEIS data and by reviewing COSF forms filed in child records during record reviews.

### July 1, 2008 - June 30, 2009

- Monitor Child Outcome data collection by reviewing NHSEIS data and by reviewing COSF forms filed in child records during record reviews.
- Refine data reports obtained from NHSEIS as needed.
- Disseminate regional and program data reports for program planning purposes.
- Convene an advisory group of stakeholders to:
  - Analyze data
  - Develop targets
  - Develop a training plan to keep workforce informed and prepared to collect child outcome data on-going

### July 1, 2009 –June 30, 2010

- Monitor Child Outcome data collection by reviewing NHSEIS data and by reviewing COSF forms filed in child records during record reviews.
- Re-convene advisory group of stakeholders to analyze data to identify progress.

- Disseminate regional and program data reports for program planning purposes.
- Implement training on the analysis of COSF data such as using Excel pivot tables.
- Modify the data system to provide edit checks to provide feedback to program staff that the date or data entered is improbable. A text box will be provided to allow staff to enter the reason for unusual data.
- Convene work group to identify and adopt a standard for age expectations to be used as they relate to COSF determinations.

#### July 1, 2010– June 30, 2011

- Monitor Child Outcome data collection by reviewing data and by reviewing COSF forms filed in child records during record reviews.
- Regional and program data reports for program planning purposes obtained directly from the statewide data system..
- Re-convene advisory group of stakeholders to:
  - Analyze data to identify progress or slippage
  - Recommend improvement strategies
- Use AARA funds to contract with Granite State College for the development of a training module for new staff and to allow experienced staff to refresh their understanding of the child outcome measurement system. The Granite State College will base the development this project under the guidance of the ECO center and an advisory board consisting of ESS professionals and family members.

#### July 1, 2011– June 30, 2012

- Monitor the Child Outcome data collection process by reviewing child records and verifying the accuracy of the data on the COSF with data entered into the statewide data system.
- Regional and program data reports for program planning purposes obtained directly from the statewide data system.
- Require all programs to use the child outcome measurement-training module to renew their understanding of the child outcome measurement system and to develop a plan for requiring new staff to take the module as a part of their orientation to the program.
- Re-convene advisory group of stakeholders to:
  - Analyze data to identify progress or slippage
  - Recommend improvement strategies

#### July 1, 2012– June 30, 2013

- Monitor the Child Outcome data collection process by reviewing child records and verifying the accuracy of the data on the COSF with data entered into the statewide data system.
- Regional and program data reports for program planning purposes obtained directly from the statewide data system.
- Require all new program service providers to take the training module developed by Granite State College.
- Re-convene advisory group of stakeholders to:
  - Analyze data to identify progress or slippage
  - Recommend improvement strategies
  - Evaluate the training module and make recommendations for improvement

#### Resources:

Early Education and Intervention Network  
 Northeast Regional Resource Center  
 National Early Childhood Technical Assistance Center  
 Institute on Disability/UCED at UNH (through February 2006)  
 Early Childhood Outcomes Center  
 Granite State College

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

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

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

**Measurement:**

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

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

Meetings were held with all ESS program directors (March 2006) and the NH Cornerstone Family Subcommittee (May 2006) to discuss the field study results, provide suggestions for improving the process and make decisions about next steps. Suggestions made by these groups formed the basis of decisions about how ESS will gather and report on family outcomes. The following decisions were made regarding the survey form, distribution, and processing:

Survey form

- The Family Outcomes survey tool to be used will be a modified version of the Early Childhood Outcomes Center survey with a 7-point scale. (enclosure #1)
- Surveys will not contain identifiable child or family information so that families will feel comfortable providing ratings and comments (under consideration).
- Language will be added to the survey giving parents the option of providing contact information if they wished to participate in reviewing the statewide data and creating targets and corresponding improvement strategies.

Distribution

- Surveys will be distributed to all families who have been in the program at least 6 months.
- Surveys will be hand delivered to families by their ESS providers at regularly scheduled home visits; a link to the on-line version of the survey will be provided if desired by the family.
- ESS providers will have Provider Tip Sheets available to guide them in explaining the Family Outcomes Survey process and why it is important (enclosure #2)
- Fact sheets with the purpose of the surveys and step-by-step instructions of how the surveys will be conducted will be created and available (enclosure #3)
- A cover letter to introduce the FOS to families will be included (enclosure #4)
- Self-addressed, stamped return envelopes will be provided.

Processing

- Area Agencies will designate one person, who is not directly affiliated with the ESS program, whom families can contact if questions or concerns arise when completing the form.
- Actual completed survey forms will not be given to programs in order to maintain confidentiality.
- Families will mail completed surveys in a self-addressed stamped envelope to "the state." The summarized data will be made available to regions and programs within the regions. This will necessitate adding a place for parents or program staff ahead of time to indicate the region number and program name on each survey form.

- Family Outcome data is collected in a database at the state level.
- Family outcome surveys will be distributed annually in the month of April with a return date of no later than May 31.
- Programs will track the surveys that are delivered to ensure that all families who have received services for 6 months or more by April 1 have been given a survey and return envelope.
- Area Agencies and local programs will provide feedback to families regarding the way the previous year's data was used to improve services to ESS families and children.
- The Bureau of Developmental Services will provide data summaries to Area Agencies and local programs by August 1 so that they can use information in their program improvement.
- Use of an incentive for families to return their surveys will be investigated.

Packets containing relevant information and materials were created. In June 2006, one sample packet per region was sent to all Area Agency Management. Packets were also disseminated to all ESS Directors during the quarterly Community Meeting; the number of packets for each director was based on the numbers of children enrolled in their program who had been receiving services for at least six months. In turn, the ESS Directors disseminated them to their staff that recorded the actual number of packets disseminated. ESS staff brought the surveys to families on their regularly scheduled home visits and left the surveys with the families to complete.

Data were collected on the proposed number of surveys distributed, the actual number distributed, and the total number of respondents by program and region. The total number of respondents interested in participating in the statewide data review committee was also collected.

FAMILY OUTCOMES SURVEY							
REGION	PROPOSED NUMBER OF SURVEYS DISTRIBUTED	ACTUAL NUMBER OF SURVEYS DISTRIBUTED	PERCENT OF SURVEYS DISTRIBUTED	NUMBER OF SURVEYS RECEIVED BY REGION	PERCENT OF SURVEYS RECEIVED BY REGION	NUMBER OF SURVEYS RECEIVED BY PROGRAM	PERCENT OF SURVEYS RECEIVED BY PROGRAM
1	83	NHS: 31	58%	13	27%	7	23%
		CU: 17				6	35%
2	46	Reg 2: 21	89%	15	37%	8	38%
		UDS: 20				7	35%
3	52	LRCSC 49	94%	11	22%	11	22%
4	200	CB 127	64%	33	26%	33	26%
5	100	ES: 36	65%	31	48%	10	28%
		RFBF: 29				21	72%
6	159	EIPT: 85	90%	34	24%	22	26%
		TCP: 48				5	10%
		SEI: 10				7	70%
7	192	ES: 105	55%	68	65%	68	65%
8	153	RMCC: 53	67%	47	46%	28	53%
		CFS: 49				19	39%
9	75	CPDS: 61	49%	30	49%	30	49%
10	96	ES: 51	97%	23	25%	12	23%
		TCP: 42				11	26%
Unknown				2		2	
TOTAL	1156	834	72%	307	37%	307	37%

**Key:** NHS=Northern Human Services, CU=Children Unlimited, Reg. 2= Expanded Region 2-Clairemont office, UDS=United Developmental Services, LRCSC=Lakes Region Community Service Council, CB=Community Bridges, ES=Easter Seals, RFBF=Rise for baby and family, EIPT=Early Intervention and Pediatric Therapy, TCP=The Children's Pyramid, SEI=Sunrise Early Intervention, RMCC= Richie McFarland Children's Center, CFS=Child & Family Services, CPDS= Community Partners/Developmental Services of Strafford County

### Survey results

- In terms of number of Family Outcomes Surveys given to parents, 72% of the estimated numbers were actually delivered, with 4 regions distributing almost all of them.
- Overall, the rate of return was 37%, ranging from 22% in one region to 65% in another.
- Two returned surveys did not have the region number or program name listed therefore are calculated in the "unknown" section of the chart.

Forty-seven parents (15% of respondents) indicated interest in reviewing the statewide data. The data review committee met in January 2007 to interpret the survey results, suggest targets and propose improvement activities. In order to encourage parent participation and accommodate parents' work schedules, two data review committee meetings were held. One was held during the day, the other in the evening. Although the majority of participants were ESS directors and Area Agency personnel there was parent representation on the committee for both days. Of the 14 participants, 4 were parents whose children were involved in the ESS program. There was also representation from the NH's Children's Trust Fund organization.

#### **2/1/2011 Update:**

Based on feedback from the NH ICC, ESS Program Directors, and Developmental Services Area Agency representatives, the state has decided to begin using a modified version of the 2010 revised Early Childhood Outcomes Center (ECO) Family Outcomes Survey beginning March 2011. The process for dissemination and analysis of the data remains the same as described above.

#### **2/1/2012 Update:**

Fall of 2010 the Lead Agency, based upon State Interagency Coordination Council and other Stakeholder input made the decision to begin using the 2010 Early childhood Outcomes Center (ECO) recommended Family Outcomes (Survey tool. The reason for changing to this tool was to increase the reliability and validity of survey data collection. Data was analyzed using the ECO recommendations as follows:

"The Family Outcomes Survey-Revised (FOS-R) uses a simplified format for both the family outcome items and the helpfulness indicators. Section A uses a 5-point rating scale which assess the extent to which families have achieved each outcome item, ranging from 1 = Not at all, 2 = A little, 3 = Somewhat, 4 = Almost, and 5 = Completely. Section B also uses a 5-point scale and assesses the helpfulness of early intervention, ranging from 1 = Not at all helpful, 2 = A little helpful, 3 = Somewhat helpful, 4 = Very helpful, and 5 = Extremely helpful. The revised survey is two pages, with the family outcome items on one page and the helpfulness items on the other page. Items are grouped into each of the five outcomes and the three helpfulness indicators.

First, count the number of families who meet the criteria for each indicator (i.e., mean value > 4.0 on associated items). Then, divide the number of families who meet the criteria for each indicator by the total number of families who completed the survey and multiply the result by 100 to get the percentage of families to report to OSEP. For example, If 90 families meet the criteria for Indicator 1 and 100 families completed the survey, the percentage

reported to OSEP would be 90% (or  $90/100 = .90 \times 100$ ) for Indicator 1.” (2010 ECO Frequently Asked Questions Document)

Please note that although 484 surveys were returned, 3 parents chose to not respond to many items, which resulted in a difference in the denominator for much of the survey sample. For this reason, the denominator used for analysis is 481.

Because the Family Outcomes Survey adopted in March 2011 uses different survey items and a different method of computing compliance, the Lead Agency is requested that the baseline for this indicator be set as follows:

Sub-Indicator	FFY 2010 Actual
4a) Know their rights	86% (414/481)
4b) Communicate their children’s needs	87% (418/481)
4c) Help their children develop and learn	85% (407/481)

New targets were established and can be found below. The process and procedures for distribution remain the same.

#### 4A. Know their Rights

Baseline Data for FFY 2005 (2005-2006): 64% 197/306

##### 4A. Families Know their Rights

1 Not at all	2	3 Somewhat	4	5 In many ways	6	7 A great deal	Total Responses
7	9	54	39	93	33	71	306
2%	3%	18%	13%	30%	11%	23%	100%

##### Discussion of Baseline Data:

On the survey parents were asked, “To what extent has Early Supports and Services helped your family know and understand your rights?” Responses of 5 (in many ways), 6, and 7 (a great deal) were considered a positive rating and were used to determine baseline. Calculating in this manner, a baseline of 64% was established. Review of the survey results shows that individual program percentages ranged from 45% to 73% for this family outcome area. The majority of the comments written on the survey were positive.

An issue in understanding how to interpret the baseline percentage deals with how respondents interpreted the question. For instance, one of the data review committee participants reported that she answered “not at all” on this question because she worked in the legal field and did not want the ESS team to review her rights. She wanted to read through the “Rights Booklet” herself.

Some members of the review committee suggested that the booklet should be translated into various languages.

Because the Family Outcomes Survey process is new to New Hampshire, targets and improvement activities will be reviewed in 2007.

Targets for this indicator were extended to 2012 based on a review of data for previous years and Stakeholder input.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Targets will be set once baseline data are available

2006 (2006-2007)	75% of families report that early intervention services have helped the family know their rights.
2007 (2007-2008)	80% of families report that early intervention services have helped the family know their rights
2008 (2008-2009)	85% of families report that early intervention services have helped the family know their rights
2009 (2009-2010)	85% of families report that early intervention services have helped the family know their rights
2010 (2010-2011)	85% of families report that early intervention services have helped the family know their rights
2011 (2011-2012)	86.4% of families report that early intervention services have helped the family know their rights
2012 (2012-2013)	86.8% of families report that early intervention services have helped the family know their rights

### **Improvement Activities/Timelines/Resources:**

#### July 1, 2006 - June 30, 2007

- Assist service coordinators in explaining the “Know Your Rights” parent handbook in more practical terms with families by creating an information sheet that will provide specific examples of how the definitions relate to actual service delivery. Training will be provided during the statewide intake coordinators meetings and presented as a “train the trainer” model. Intake coordinators will be expected to take the information back to their agencies and train other service providers.
- Improve accessibility of the family rights notice called, “Know Your Rights” that was newly revised based on OSEP feedback November 2006 by making it available in large print on the internet, making it available by audio tape, and translating it into Spanish.
- Develop a frequently asked questions document about the “Know Your Rights” booklet and post on BDS website.
- Revise the Family Outcomes Survey to include age ranges of children as well as race/ethnicity that will add data to better understand the degree to which the survey respondents represent the population of families receiving services through ESS. It was decided to use age ranges rather than date of birth to help ensure confidentiality.

#### July 1, 2007 – June 30, 2008

- Develop and implement a plan that will draw on the best practices of regions that exceed the statewide baseline average of 64% (Regions 1, 4, 6, 7, 8, and 9 in the 2005/2006 monitoring period), determine best practices and develop guidelines in working with regions that are less than baseline average (Regions 2,3,5, and 10 in the 2005/2006 monitoring period) to increase their percentages.
  - Monitor the process of administering the surveys to promote higher return rates.
  - Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

#### July 1, 2008 – June 30, 2009

- Review race/ethnicity survey responses with program directors to emphasize the need to ensure adequate representation across all races and ethnicities.
- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Review race/ethnicity survey responses with program directors to emphasize the need to ensure adequate representation across all races and ethnicities.

#### July 1, 2009 – June 30, 2010

- Monitor the process of administering the surveys to promote higher return rates.

- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Review effectiveness of recommended improvement strategies.

July 1, 2010 – June 30, 2011

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Review 2010 ECO revised Family Outcome Survey to consider as a replacement for the existing Survey, make changes based on Stakeholder input.

July 1, 2011 – June 30, 2012

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Based on ICC and ESS Stakeholder input, begin using 2010 ECO revised Family Outcome survey effective March 2011.

March 14, 2012 – June 30, 2012

- Introduce concept of integrating family outcomes into the IFSP using materials available on the ECO web site and establish a workgroup of Stakeholders to determine how this might be accomplished; adapt State’s Model IFSP form to facilitate this process.

July 1, 2012 – June 30, 2013

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Revise Indicator baseline based on 1<sup>st</sup> year data using the 2010 ECO revised Family Outcome Survey if needed.
- Implement integrating family outcomes into the IFSP. Specific implementation plans will be based on recommendations by the workgroup; monitoring and technical assistance will be provided at program level during routine program visits to facilitate the change process.

Resources:

Parent Information Center  
 Early Childhood Outcomes Center  
 National Early Childhood Technical Assistance Center  
 North East Regional Resource Center

**4B. Effectively Communicate their Children’s Needs**

Baseline Data for FFY 2005 (2005-2006): 85% 262/307

4B. Effectively communicate their children's needs

1 Not helpful	2	3 Somewhat helpful	4	5 Helpful	6	7 Extremely helpful	Total Responses
4	3	21	17	96	47	119	307
1%	1%	7%	6%	31%	15%	39%	100%

**Discussion of Baseline Data:**

Parents were asked, “How helpful has Early Supports and Services been in supporting your family’s ability to communicate your child’s needs?” Baseline was calculated by combining responses of 5 (helpful) through 7 (extremely helpful), resulting in a baseline of 85%. Review of the baseline data shows that program percentages range from 64% to 94%.

Members of the data review committee brought up several factors to be considered in interpreting these data. First, cultural issues might have been a factor for some families in answering this question. Second, families don't always need help effectively communicating their child's needs. Next, the wording on this question was confusing, specifically, "Effectively communicate my child's needs to whom?" Finally, committee members explained that parents who have children who have only been in the program for 6 months might not fully understand the question.

Because the Family Outcomes Survey process is new to New Hampshire, targets and improvement activities will be reviewed in 2007.

**2/1/2011 Update:**

Targets for this indicator were extended to 2012 based on a review of data for previous years and Stakeholder input.

<b>FFY</b>	<b><u>Measurable and Rigorous Target</u></b>
2005 (2005-2006)	Targets will be set once baseline data are available.
2006 (2006-2007)	86% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2007 (2007-2008)	88% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2008 (2008-2009)	90% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2009 (2009-2010)	90% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2010 (2010-2011)	90% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2011 (2011-2012)	87.4% of families report that early intervention services have helped the family's ability to communicate their child's needs.
2012 (2012-2013)	87.6% of families report that early intervention services have helped the family's ability to communicate their child's needs.

**Improvement Activities/Timelines/Resources:**

July 1, 2006- June 30, 2007

- Analyze data from the Family Outcomes Surveys and review the "wording" of the question to see if it accurately depicts the subject matter.
- Review and analyze survey data to establish percentages on how many families have been involved in the ESS program for one year or less to compare data with those who have been in the program for 2 years or more and see if there is a direct correlation of those answering "not helpful" vs. "extremely helpful".
- Revise the Family Outcomes Survey to include age ranges of children as well as race/ethnicity that will add data to better understand the degree to which the survey respondents represent the population of families receiving services through ESS.

July 1, 2007 – June 30, 2008

- Develop and implement a plan that will draw on the best practices of regions that meet or exceed the statewide baseline average of 85% (Regions 1, 2, 4, 7, 8, and 9 in the 2005/2006 monitoring period), determine best practices and develop guidelines in working with regions that are less than baseline average (Regions 3,5,6, and 10 in the 2005/2006 monitoring period) to increase their percentages.
- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2008 – June 30, 2009

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2009 – June 30, 2010

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2010 – June 30, 2011

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Review 2010 ECO revised Family Outcome Survey to consider as a replacement for the existing survey, make changes based on Stakeholder input.

July 1, 2011 – June 30, 2012

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Based on ICC and ESS Stakeholder input, begin using 2010 ECO revised Family Outcome survey effective March 2011.

March 14, 2012 – June 30, 2012

- Introduce concept of integrating family outcomes into the IFSP using materials available on the ECO web site and establish a workgroup of Stakeholders to determine how this might be accomplished; adapt State's Model IFSP form to facilitate this process.

July 1, 2012 – June 30, 2013

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Revise Indicator baseline based on 1<sup>st</sup> year data using the 2010 ECO revised Family Outcome Survey if needed.
- Implement integrating family outcomes into the IFSP. Specific implementation plans will be based on recommendations by the workgroup; monitoring and technical assistance

Resources:

Parent Information Center  
Early Childhood Outcomes Center  
National Early Childhood Technical Assistance Center  
North East Regional Resource Center

**4C. Help their Children Develop and Learn**

Baseline Data for FFY 2005 (2005-2006): 87% 268/307

4C. Help their children develop and learn

1 Not at all	2	3 Somewhat	4	5 In many ways	6	7 A great deal	Total Responses
0	6	15	18	80	48	140	307
0%	2%	5%	6%	26%	16%	46%	100%

**Discussion of Baseline Data:**

Parents were asked, "To what extent has Early Supports and Services helped your family help your child develop and learn?" Adding responses of 5 (in many ways), 6 and 7 (a great deal) established a baseline of 87%. Review of the baseline data shows that program percentages range from 71% to 94%.

Data review committee participants explored the idea that the description of ESS needs to be revisited and that perhaps the idea of “learning through play” is not fully understood or communicated.

Because the Family Outcomes Survey process is new to New Hampshire, targets and improvement activities will be reviewed in 2007.

**2/1/2011 Update:**

Targets for this indicator were extended to 2012 based on a review of data for previous year and Stakeholder input.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006)	Targets will be set once baseline data are available.
2006 (2006-2007)	88% of families report that early intervention services have helped the family help their child develop and learn.
2007 (2007-2008)	89% of families report that early intervention services have helped the family help their child develop and learn.
2008 (2008-2009)	90% of families report that early intervention services have helped the family help their child develop and learn.
2009 (2009-2010)	90% of families report that early intervention services have helped the family help their child develop and learn.
2010 (2010-2011)	90% of families report that early intervention services have helped the family help their child develop and learn.
2011 (2011-2012)	85.4% of families report that early intervention services have helped the family help their child develop and learn.
2012 (2012-2013)	85.6% of families report that early intervention services have helped the family help their child develop and learn.

**Improvement Activities/Timelines/Resources:**

July 1, 2006- June 30, 2007

- Explore how services are being defined at point of entry to see if the purpose of ESS is being accurately communicated.
- Revise the Family Outcomes Survey to include age ranges of children as well as race/ethnicity that will add data to better understand the degree to which the survey respondents represent the population of families receiving services through ESS.
- Analyze survey data from the Family Outcomes Surveys and review the “wording” of the questions to see if all questions asked are needed to obtain the desired information.

July 1, 2007 – June 30, 2008

- Develop and implement a plan that will draw on the best practices of regions that meet or exceed the statewide baseline average of 87% (Regions 1, 2, 3, 4, 7 and 9 in 2005/2006), determine best practices and develop guidelines in working with regions that are less than baseline average (Regions 5, 6, 8 and 10 in 2005/2006) to increase their percentages.
- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2008 – June 30, 2009

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2009 – June 30, 2010

- Monitor the process of administering the surveys to promote higher return rates.

- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.

July 1, 2010 – June 30, 2011

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Review 2010 ECO revised Family Outcome Survey to consider as a replacement for the existing Survey, make changes based on stakeholder input.

July 1, 2011 – June 30, 2012

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Based on ICC and ESS stakeholder input, begin using 2010 ECO revised Family Outcome survey effective March 2011.

March 14, 2012 – June 30, 2012

- Introduce concept of integrating family outcomes into the IFSP using materials available on the ECO web site and establish a workgroup of Stakeholders to determine how this might be accomplished; adapt State's Model IFSP form to facilitate this process.

July 1, 2012 – June 30, 2013

- Monitor the process of administering the surveys to promote higher return rates.
- Analyze the data for consistency, determine any needs for on going technical assistance, and provide TA when needed.
- Revise Indicator baseline based on 1<sup>st</sup> year data using the 2010 ECO revised Family Outcome Survey if needed.
- Implement integrating family outcomes into the IFSP. Specific implementation plans will be based on recommendations by the workgroup; monitoring and technical assistance

Resources:

Parent Information Center  
 Early Childhood Outcomes Center  
 National Early Childhood Technical Assistance Center  
 North East Regional Resource Center

## **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.

### **Measurement:**

Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

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

#### Overview of Issue

New Hampshire has regularly ranked higher in the percent of children served aged birth to one than many states. Data also show that the number of children under the age of 1 year has stayed relatively stable over time, with a slight decline in 2003 (155) following a change in the eligibility criteria from 25% delay in any one area of development to 33% delay in any one area of development. However, 12/1/2004 618 data demonstrates a rebound back to the numbers of infants served in 2001 (164). There was a slight decline also in 2008 the same year that there was a change in data systems. 2009 data however showed an increase in the number and % of children served.

NH serves children with established conditions, children with a 33% developmental delay in any one area of development or atypical behavior, and children who are at risk for substantial delay. The greatest numbers of children eligible for services are those in the developmental delay category. While children at risk for substantial delay are eligible for services if there are 5 child/family risk factors, for the second year in a row, we serve very few children in this category of eligibility possibly due to its stringent criteria. ESS service providers suggest that the reason for this is that children who have 5 risk factors tend to demonstrate a 33% delay or atypical behavior and are therefore found eligible under the developmental delay category of eligibility.

#### Description of Public Awareness and Child Find System:

Family Guide – a printed brochure available in Spanish and English that describes the early supports and services available through the Family-Centered Early Supports and Services program to families and includes referral information. This brochure has been effective in communicating information regarding the FCESS program to key referral sources such as child care providers, primary healthcare practitioners, community support programs, etc. and is made available at conferences and early care and education events.

#### Family-Centered Early Supports and Services Web Page:

<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm> - this web page is located on the Department of Health and Human Services website and was updated in 2010 to provide information about how to refer a child for services. Specific information about how to refer a child is available at: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>.

*Presentations* are provided at workshops, conferences, to post secondary program and pre-services education classes in multiple disciplines, and during other special events

Family Resource Connection (FRC) – NH's Central Directory is located at the Family Resource Connection. The FRC is funded collaboratively by the Department of Education and the Department of Health and Human Services (Behavioral Health, Developmental Services, Maternal and Child Health, Child Protective Services, Child Development Bureau). The FRC is located at the NH State Library and is managed by a resource librarian.

Local Early Care and Education collaborative groups such as NH Early Childhood Advisory Council, Regional Infant Mental Health Teams, Early Learning NH and other interagency groups

that have diverse membership and have a mission to improve access to community programs and to address systems change issues.

Part C staff participation in State level advisory groups such as the Early Hearing Detection and Intervention Program (Newborn Hearing Screening Program), Birth Conditions Registry (CDC), NH Early Childhood Advisory Council, and the Child Care Advisory Council provides opportunities for sharing information about the ESS program and identifying possible linkages with new related programs or groups.

The Part C Child Find System is coordinated through the following activities:

Memorandum of Agreement with the Department of Education provides policies in regard to child find, data collection and other topics. Child Find activities are conducted by local education agencies.

Memorandum of Understanding (MOU), NH Early Care and Education Programs was created in 2002 with the purpose of identifying children who are eligible for services and coordinating services across state entities for young children with disabilities and their families.

Early Head Start and ESS programs serving the same communities have formal service agreements. These service agreements outline how the two programs will coordinate their services to shared families.

Referral process:

Referrals are made to a single point of entry agency designated for each of the ten regions. The Referrals made to the Central Directory, the Family Resource Connection, are forwarded to the appropriate regional contact person. Referrals can be made by anyone by telephone, in writing, or through personal contact. Although parent permission is not required in order for a referral to be made, persons making referrals are strongly encouraged to discuss the reasons for the referral with the families. Information is considered sufficient if it includes the child's name, gender, and birth date, parent or primary caregiver's name and contact information, and reason for referral.

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

Information used in the National Tables referenced below are considered 'point in time' data and reflect the number of children with active IFSPs as of 12/1 of any given year. Active IFSPs are considered any IFSP that has been approved by a parent.

Comparison with other states serving infants and toddlers ages birth to 1 year.

Table 8.4a 12/1/04 National Data Tables "Infants under 1 year of age in descending order of percent of population receiving services" (see Appendix), shows NH as 20<sup>th</sup> of 56 states and territories in regard to the number of children served ages birth to 1 year. NH served 1.16% of the NH population of infants ages birth to 1 year in 2004. This means that NH served .08% greater than the National average, which is .98% of the population.

A comparison of the percent of infants and toddlers ages birth to 1 year since 2000 using National Data Table 8-6 "Infants under one year of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percent change): 2000-2004" (see Appendix), shows that there has been an increase of .06% in the number of children served in this age category in New Hampshire from 2003 to 2004. New Hampshire data show that there has been a – .04% change from 2000 to 2004. NH is 37<sup>th</sup> on the list of 56 states and territories in terms of the percent of change 2000 to 2004.

**Discussion of Baseline Data:**

New Hampshire is showing growth in terms of the number of infants served under the age of 1 year compared to the general population of same age children in the state of New Hampshire.

Table 8-4a referenced above shows that New Hampshire served a greater percentage of children in 2004 in the birth to 1 year age group than more than half of the states and territories listed in the chart. Comparing NH with 5 other New England states (Maine, Vermont, Massachusetts, Connecticut, Rhode Island) shows NH is 3<sup>rd</sup> in terms of the number of infants served aged birth to one year.

The number of infants aged birth to 1 year receiving services in the ESS program has increased at an uneven rate over the past four years. The number of infants and toddlers combined continues to increase as reflected in the December 1 count. 2004 data demonstrates an increase of 9 children or 5% from the 2003 child count. The reason for this change is not clear but may be a result of child find and public awareness activities.

Given this rate of increase and efforts to out reach to homeless families and children with founded abuse and neglect, it is reasonable to expect growth of 6% or greater for each of the next 6 years.

The use of the NHSEIS data collection system that is anticipated to collect data for both financial planning as well as for data reporting is also expected to result in improved accuracy and reliability. After a full year of improved data collection and future implementation of a statewide, collaborative, coordinated multi-agency developmental screening program, it is possible that the count could increase greater than 6% in the first year of full implementation 2007 to 2008. If this does happen, then the target will be adjusted accordingly. It is expected that the growth rate would return to 6% in later years.

A change in the rate of increase may result in a modification of targets.

#### **Targets for FFY 2011 and 2012**

Targets for 2011 and 2012 were developed in December 2010 based on NH ICC, ESS Directors, Area Agency representatives, and community member input, review of Part C data submitted since 2005, general population statistics and review of state birthing data. Although NH continues to rank within the top 12 states for serving children birth to one year and provides to early supports and services to 1.49% of infants in the state, we have not met our target for 2 years in a row. In considering the possible reasons for the decline in the number and percent of children served, the following related data were reviewed:

- Decrease in state population for this age group (from 14610 in 2008 to 14214 in 2009). State 2010 census data for this age group are not available at this time, but will be reviewed when it becomes available.
- NH served more children ages birth to 1 year in FFY 2009 (FFY 2008 158, FFY2009 212)
- Decrease in the number of births (from 14070 in 2005 to 12861 in 2009)
- Decrease in birth rate (from 11.68% per 1000 in 2001 to 10.4% in 2007)
- Decrease in the number and % of children served (from 1.65% in 2007 to 1.49% in 2009)
- The state continues to build its outreach efforts to infants and children birth –1 through initiatives begun in FFY05-06 as well as through the revision of brochures, flyers and outreach materials to families and the medical community across the state.

Although it is impossible to identify the specific reason for the decline in the number/percent of children served, it is obvious that the targets that were established in 2005 are no longer reflective of the program's growth. It is therefore proposed that the targets for 2010, 2011 and 2012 are set at a more reasonable level.

<b><u>FFY</u></b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 1.23%	1.23% of children birth to 1 with IFSPs.
2006 (2006-2007) 1.30%	1.30% of children birth to 1 with IFSPs.
2007 (2007-2008) 1.38%	1.38% of children birth to 1 with IFSPs.
2008 (2008-2009) 1.46%	1.46% of children birth to 1 with IFSPs.
2009 (2009-2010) 1.56%	1.56% of children birth to 1 with IFSPs.
2010 (2010-2011) 1.50%	1.50% of children birth to 1 with IFSPs.
2011 (2011-2012) 1.51%	1.51% of children birth to 1 with IFSPs.
2012 (2012-2013) 1.52%	1.52% of children birth to 1 with IFSPs.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

1. A developmental screening and resource center will be developed to assist families in learning about the Family-Centered Early Supports and Services Program through Part C leadership. It is anticipated that this resource will result in ESS referrals of families with low incomes or transient families who do not typically have an opportunity to interact with traditional referral sources on a regular basis. This will also assist in screening children with founded abuse and neglect to determine any need for early intervention services.

To ensure that this program does not duplicate existing programs and to maximize the possibility of building on existing statewide and community resources, a diverse workgroup of interested early care and education professionals and parents was convened in September 2005. It is anticipated that the participants will include representation not currently represented in the existing early care and education Memorandum of Understanding described earlier in this section. New representation includes Special Medical Services and Maternal and Child Health. The purpose of the workgroup is to examine the feasibility of developing a statewide, comprehensive developmental screening program.

Activities of the workgroup include:

- Develop a common, written agreement concerning the purpose and general guiding principles of the screening program.

- Identify all existing developmental screening practices currently available to families in NH to avoid duplication of effort and to potentially build on existing resources.
- Ask members of the group to accept assignments related to the development of program.
- Identify partners to co-fund this project to assure sustainability
- Develop evaluation plan to assess effectiveness of the program
- Develop timeline for development and implementation of the program; develop oversight committee to monitor progress.
- Assess overall effectiveness of the Part C Public Awareness and Child Find System by reviewing child count data.
- NHSEIS data collection system begins to collect data regarding the number of infants and toddlers with IFSPs. Monitor data for accuracy.

July 1, 2006 – June 30, 2007

- Implement screening program as a pilot in one region; increase pilot sites as indicated.
- Convene the oversight committee to evaluate the effectiveness of the screening program.
- Assess overall effectiveness of the Part C Public Awareness and Child Find System by reviewing child count data
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

July 1, 2007 – June 30, 2008

- Assess overall effectiveness of the Part C Public Awareness and Child Find System by reviewing child count data
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

July 1, 2008 – June 30, 2009

- Assess overall effectiveness of the Part C Public Awareness and Child Find System by reviewing child count data
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

July 1, 2009 – June 30, 2010

- Assess overall effectiveness of the Part C Public Awareness and Child Find System by reviewing child count data.
- Collaborate with other DHHS partners to implement a child development screening and referral system statewide to identify children who may be eligible for services.
- Statewide data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

July 1, 2010 – June 30, 2011

- Collaborate with other DHHS partners to develop a cross program data system specifically to collect information about the children screened but not referred to ESS.
- Provide ESS program information to all birthing centers and hospitals to ensure that all families are told about the ESS program.
- Collaborate with the Birth conditions program to identify if all children diagnosed with a condition at birth that would potentially make them eligible to receive ESS, are referred.

July 1, 2011 – June 30, 2012

- Evaluate and monitor screening data to determine if children are referred appropriately and then evaluated for eligibility determination.
- Statewide ESS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.
- Evaluate and Monitor screening data to determine if children are referred when appropriately and evaluated for eligibility determination.
- Implementation and Dissemination of CDC materials: “Learn the Signs, Act Early” summer of 2011.

July 1, 2012 – June 30, 2013

- Implement any improvement plan; evaluate success of improvement plan.
- Evaluate and Monitor screening data to determine if children are referred when appropriately and evaluated for eligibility determination.
- Statewide data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

Resources:

North East Regional Resource Center

National Early Childhood Technical Assistance Center

NH Department of Health and Human Services (Bureau of Maternal and Child Health Services, Special Medical Services, Child Development Bureau, Child Protective Services)

Early Supports and Services Program Directors

Diverse Early Care and Education professionals and family representatives

Watch Me Grow developmental screening and referral system

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

**Measurement:**

Data collected for reporting under section 618 (Annual Report of Children Served).

Measurement:

A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

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

New Hampshire has regularly served a greater percentage of children aged birth to three, than most states. Data used in the 2003-2004 APR (page 19) shows that the racial makeup of the children served through the ESS program generally reflects the racial makeup of the state. It also shows that the number of children aged birth to 3 has stayed relatively stable over time, with a slight decline in 2003 due to the change in eligibility criteria. However, 12/1/2004 Federal 618 data demonstrates a rebound back to the numbers of infants served. There was also a decline in 2008 when a new data system was introduced, the data however showed a rebound back to expected levels in 2009.

The number of infants and toddlers combined continues to increase as reflected in the December 1 count. 12/1/04 data demonstrates an increase of 18 children from 12/1/03 data. An alternative method of calculation indicates the total aggregated number of children served between January and December 2004 was 2,759 as recorded in the monthly reporting system, page 15 of the 2003-2004 APR, and 2,629 in 2003, an increase of 130 children or 4.7%. The state has continuously met targets for this indicator since the baseline was established in December 2005.

NH's eligibility category must be considered as well. NH serves children with established conditions, children with a 33% developmental delay in any one area of development or atypical behavior, and children who are at risk for substantial delay. Not surprisingly, the greatest numbers of children eligible for services are those in the developmental delay category.

Children at risk for substantial delay are eligible for services if there are 5 child/family risk factors. The number of children eligible in this eligibility group continues to very low. This could possibly be due to the stringent at risk criterion. ESS service providers suggest that children who have 5 risk factors tend to demonstrate a 33% delay or atypical behavior and are therefore found eligible under the developmental delay category of eligibility. It is very difficult to document 5 identified parent/family risk factors given the list of risk factors authorized by the NH rules. When the state rule regarding the Part C Program was revised in 2009, child risk factors were expanded to make it easier to identify children at risk for substantial delay by adding to the child factors: child who has a diagnosis of an infection; history of abuse or neglect; prenatal drug exposure due to mother's substance abuse or withdrawal; prenatal alcohol exposure due to mother's substance abuse or withdrawal; and homelessness.

**Description of Public Awareness and Child Find System:**

Please refer to Indicator 5 for a full description of NH's Part C Public Awareness and Child Find System.

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

Information used in the National Tables referenced below are considered 'point in time' data and reflect the number of children with active IFSPs as of 12/1 of any given year. Active IFSPs are considered any IFSP that has been approved by a parent.

A comparison of the percent of infants and toddlers ages birth to 3 years using National Data Table 8-5 “Infants and toddlers ages birth through 2 years of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state for 2009 (see Appendix). There has been an increase of 580 children or 1.34% in the number of children served in the birth through 2 years age category from FFY2005 (1164 or 2.7%) to FFY2009 (1744 or 4.04 %).

**Discussion of Baseline Data:**

National Data Table 8-5 2000 – 2004 data shows an increase of 22 children or .1% from 2003 (1,142) to 2004 (1,164). Review of an aggregated child count produced by the monthly reporting system for the calendar year 2004 shows that there has been a 4.7% increase in the number of children served. January to December 2004 the aggregate count was 2,759 and in January to December 2003, the aggregate count was 2,629. This comparison shows an increase of 130 children or 4.7%. National Data Table C-13 2009 shows that NH ranks 5<sup>th</sup> of all states in terms of the % of children served.

Prior to a change in eligibility from 25% delay in any one area of development to 33% delay in any one area of development in 2002, data from the monthly reporting system in 2005 showed increases at an average rate of approximately 4% per year. Given this rate of increase and proposed efforts to out reach to homeless families and children with founded abuse and neglect, it is reasonable to expect growth over the next 6 years of 4% or greater.

**2/1/2011 Update: Setting targets for FFY2011 and 2012**

Review of the program’s enrollment data shows that the number of children served has leveled off and is beginning a slight decline. At the same time review of birth statistics and state population of this age group have also declined. The actual percent of children in NH served by the ESS program however has consistently been considerably greater than the established targets. The targets for FFY 2011 and 2012 therefore show only slight increases.

<b><u>FFY</u></b>	<b><u>Measurable and Rigorous Target</u></b>
2005 (2005-2006) 2.81%	2.81% of children birth to 3 with IFSPs.
2006 (2006-2007) 2.92%	2.92% of children birth to 3 with IFSPs .
2007 (2007-2008) 3.01%	3.01% of children birth to 3 with IFSPs.
2008 (2008-2009) 3.16%	3.16% of children birth to 3 with IFSPs.
2009 (2009-2010) 3.29%	3.29% of children birth to 3 with IFSPs.
2010 (2010-2011) 3.42%	3.42% of children birth to 3 with IFSPs.
2011 (2011-2012)	3.43% of children birth to 3 with IFSPs.
2012 (2012-2013)	3.44% of children birth to 3 with IFSPs.

## **Improvement Activities/Timelines/Resources:**

### July 1, 2005 – June 30, 2006

- A developmental screening and resource center will be developed to assist families in learning about the Family-Centered Early supports and Services Program through Part C leadership. It is anticipated that this resource will result in ESS referrals of families who do not typically have an opportunity to interact with traditional referral sources on a regular basis.

To ensure that this program does not duplicate existing programs and to maximize the possibility of building on existing statewide and community resources, a diverse workgroup of interested early care and education professionals and parents was convened in September 2005. The purpose of the workgroup is to examine the feasibility of developing a statewide, comprehensive developmental screening program.

Activities of the workgroup include:

- Develop a common, written agreement concerning the purpose and general guiding principles of the screening program.
- Identify all existing developmental screening practices currently available to families in NH to avoid duplication of effort and to potentially build on existing resources.
- Ask members of the group to accept assignments related to the development of program.
- Identify partners to co-fund this project to assure sustainability
- Develop evaluation plan to assess effectiveness of the program
- Develop timeline for development and implementation of the program; develop oversight committee to monitor progress.
- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- NHSEIS data collection system begins to collect data regarding the number of infants and toddlers with IFSPs. Monitor data for accuracy.

### July 1, 2006 – June 30, 2007

- Implement screening program as a pilot in one region; increase pilot sites as indicated.
- Convene oversight committee assess effectiveness of the program, identify any barriers and address them.
- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

### July 1, 2007 – June 30, 2008

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

### July 1, 2008 – June 30, 2009

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

### July 1, 2009 – June 30, 2010

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- NHSEIS data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.
- Collaborate with DHHS early childhood partners to implement developmental screening and referral system statewide to increase referrals of children eligible due to at-risk conditions and developmental delay.

### July 1, 2010 – June 30, 2011

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- Statewide data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.

- Collaborate with DHHS early childhood partners to develop and implement cross program data system to evaluate and monitor statewide developmental screening and referral system.

July 1, 2011 – June 30, 2012

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- Statewide data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.
- Collaborate with DHHS early childhood partners to evaluate and monitor statewide developmental screening and referral system.

July 1, 2012 – June 30, 2013

- Monitor overall effectiveness of the Part C Public Awareness and Child Find System
- Statewide data collection system collects data regarding the number of infants and toddlers with IFSPs statewide. Monitor data for accuracy.
- Collaborate with DHHS early childhood partners to evaluate and monitor statewide developmental screening and referral system.

Resources:

Please refer to Indicator 5 for list of resources.

**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:**

Record reviews are completed during on-site program visits to monitor that all evaluations contain evidence of the use of informed clinical opinion, that all areas of the child’s development have been evaluated, that the 45-day timeline has been met, and that other required components of the evaluation are present. This includes assessments of functional vision and hearing, and statements of current health status. In those cases when evaluations are not complete, technical assistance and a requirement for work samples over a 2-3 month period of time to monitor progress will be required. For any problems that will take more than 3 months to correct, corrective action plans are required.

Compliance is defined as the number of calendar days from the day of referral to the day that the family signs the IFSP to indicate approval. The definition is a more stringent requirement than what is required by OSEP. NH feels that the purpose of the 45-day limitation on IFSP development is to ensure that the child and family receive services as soon as possible. Since an IFSP cannot be implemented until it is approved, the signature date indicating approval is key to beginning services.

Using this more stringent definition of the completion of the 45-day timeline, NH has in the past found that the 45-day timeline was a significant challenge for ESS programs and NH was found to be out of compliance in 2001. This issue was resolved through the 2002-2003 APR and subsequent updates in September 2004. Current data show that all programs consider a child and family’s entrance in a timely manner to be a priority and with few exceptions are successful in meeting the 45-day timeline requirement.

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

2004-2005 record review data show that 17 of 18 ESS programs have 100% compliance with the 45-day timeline from the date of referral to the signature indicating approval on the child’s IFSP. Data for the one remaining program show 80% compliance. The sample for all programs consisted of 10% records of all the children served. For this program, 10% meant that 4 of 10 records were out of compliance and did not contain evidence that the timeline was extended due to family issues (child in hospital, family vacation or illness, unable to contact family, etc.) The reason given for slippage from 100% one year ago is that a key staff member had an extended illness due to cancer treatments, in addition to other staff shortages. A corrective action plan was developed to show how the program would correct the problems so that in 1 year or less the program will demonstrate 100% compliance. For this program, corrective action focuses on increasing the size of their staff by either hiring new staff or contracting personnel who are qualified to do evaluations. Monitoring will be done to determine that sufficient progress is being made to assure 100% compliance within one year of the last visit.

**Discussion of Baseline Data:**

ESS programs have demonstrated a commitment to getting children into services as quickly as possible. Personnel shortages however, do present challenges to continuing to show

compliance with this requirement. Consistent monitoring for compliance and correction of identified noncompliance continue to be key in addressing this issue. Anytime that an IFSP is not completed and signed within 45 days of referral ESS programs are required to provide evidence that the reason for the delay is due to family issues as opposed to program issues. Family issues that cause the 45-day timeline to be extended are described above. Extension of the 45-day timeline for any other reason is considered to be out of compliance.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2006 (2006-2007) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2007 (2007-2008) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2008 (2008-2009) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2009 (2009-2010) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2010 (2010-2011) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2011 (2011-2012) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.
2012 (2012-2013) 100%	100% of children referred to ESS will have an IFSP developed and approved 45 days or earlier from the date of referral.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

- Monitor compliance of the 45-day timeline through program visits and record reviews.
- Begin using the NHSEIS data system to monitor compliance with the 45-day timeline when the system completes the pilot program.

July 1, 2006 – June 30, 2007

- Monitor compliance of the 45-day timeline using the NHSEIS data system.
- Monitor the reliability of NHSEIS data by performing random record reviews during annual program visits of individual child data previously reviewed through NHSEIS.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.

July 1, 2007 – June 30, 2008

- Monitor compliance of the 45-day timeline using the NHSEIS data system.

- Monitor the reliability of NHSEIS data by performing random record reviews during annual program visits of individual child data previously reviewed through NHSEIS.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root causes of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Develop the “Early Interventionist” Certification to allow those with a bachelor’s degree in a related field, experience, and working in ESS but without requisite licensing or certification to perform evaluations. This certification will be provided by the Lead Agency after prerequisites including demonstration of competencies is provided.
- Develop the competencies and protocols needed for the “Early Interventionist” Certification based on the State’s previous work on early intervention competencies. These competencies will form the basis for awarding the certification.

July 1, 2008 – June 30, 2009

- Monitor compliance of the 45-day timeline using the NHSEIS data system.
- Monitor the reliability of NHSEIS data by performing random record reviews during annual program visits of individual child data previously reviewed through NHSEIS.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root cause of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

- Implement “Early Interventionist” Certification process
- Evaluate the effectiveness of the “Early Interventionist” Certification process and make modifications based on evaluation findings.

July 1, 2009 – June 30, 2010

- Monitor compliance of the 45-day timeline using the statewide data system.
- Monitor the reliability of data by performing random record reviews during annual program visits of individual child data previously reviewed through the statewide data system.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root cause of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Implement modified “Early Interventionist” certification process.

July 1, 2010 – June 30, 2011

- Monitor compliance of the 45-day timeline using the statewide data system.
- Monitor the reliability of data by performing random record reviews during annual program visits of individual child data previously reviewed through the statewide data system.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root cause of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from

programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

- Advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

#### July 1, 2011 – June 30, 2012

- Monitor compliance of the 45-day timeline using the statewide data system.
- Monitor the reliability of data by performing random record reviews during annual program visits of individual child data previously reviewed through the statewide data system.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root cause of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

#### July 1, 2012 – June 30, 2013

- Monitor compliance of the 45-day timeline using the statewide data system.
- Monitor the reliability of data by performing random record reviews during annual program visits of individual child data previously reviewed through the statewide data system.
- Provide instruction to ESS program directors and Area Agency staff to enable them to monitor compliance for their own program or region.
- Provide on going technical assistance as needed regarding data entry and requesting reports.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Conduct an in-depth study of the root cause of noncompliance to determine if the core reason for the noncompliance is systemic.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.

- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

Resources:

NH ICC

NH Training Institute

Bureau of Developmental Services staff

Plymouth State University

University of NH

Granite State College

National early Childhood Technical Assistance Center

North East Regional Resource Center

## 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.

Account for untimely transition conferences, including reasons for delays.

### Overview of Issue/Description of System or Process

Transition planning activities have historically been provided to ESS families. Unfortunately, many times these activities have not been documented. To complicate the issue, the SPEDIS data system is primarily set up to collect exiting data, including referral information, not transition planning data. To investigate implementation practices, in Fall 2004, ESS providers were asked to complete a survey asking information regarding transitions that occurred during the period of 7/1/03 to 6/30/04. The data, reported in the 2003-2004 APR, showed that there was inconsistency across the state regarding transition conferences held 90 days or more before the 3<sup>rd</sup> birthday. This issue was consequently identified as an area of non-compliance.

Record reviews conducted during the 2004-2005 monitoring period show that the number of children having a transition conference 90 days or more before their 3<sup>rd</sup> birthday has increased. While improvement has been observed, there are still inconsistencies in compliance across the state.

Several activities occurred in the Spring and Summer 2005 to further improve early childhood transitions:

- A series of early childhood transition workshops developed in collaboration with the Department of Education/Special Education and the Parent Information Center were offered around the state from June 2005 – November 2005. Feedback sheets from participants indicate that the workshops were very well received and helpful. As of 11/15/05 128 people participated including 59 ESS providers, 22 parents, 8 school district personnel and 39 participants who did not identify their affiliation.
- A standard template for a 'transition plan' was developed with input from ESS providers and families. It was made available for the first time March 2005 with the expectation that it be used with all children. Part C programs are being required to record the steps and services for each child's transition on the form.
- A transition guide for providers and families was produced last year and is being widely distributed.

In Fall 2005, a new initiative that is expected to have a significant impact on this issue began: the 'Supporting Successful Early Childhood Transitions (SSECT). The project is administered by the Parent Information Center (NH PTI) under contract with NH Department of Education and NH Health and Human Services; the mission of SSECT is to improve outcomes for toddlers and preschool children and their families by building the capacity of local programs to ensure smooth and effective transition in accordance with the IDEA 2004. SSECT will work to ensure that children, when exiting ESS, receive needed, appropriate and uninterrupted supports and services as they transition to preschool special education or other community-based services. The project will also provide information and resources so that families are informed, knowledgeable and prepared to actively participate in their child's transition.

Based on guidance from OSEP in the SPP/APR response table dated June 15, 2007 regarding IDEA requirements for notification, the state in collaboration with the NH DOE, the SSECT project staff, NECTAC, NERRC, and the OSEP MSIP state contact drafted a revised notification policy that included an opt-out option for families who object to having the LEA notified that their child is receiving ESS. The drafted policy states notification will be provided to the LEA for all children served by ESS before the child's 2<sup>nd</sup> birthday unless the parent objects. For children beginning services after the age of 2, notification will be provided as soon as possible. Guidance will be disseminated to LEAs, Developmental Services Area Agencies, and ESS Programs upon completion of public participation. It will also be included in the State's Part C application for FFY 08 funds.

In a continued effort to improve early childhood transitions from ESS into preschool special education, in fall of 2010 the NH Parent Training and Information Center, through the SSECT project, was asked to convene a series of stakeholder meetings to develop a description of a child who is "potentially eligible" for special education. Through a series of focus groups stakeholders were asked to identify the child characteristics or factors that should result in a referral to preschool special education. Results of the focus groups were summarized by SSECT staff and presented to the lead agencies for Part C and Part B and NERRC. The following agreements resulted from this final discussion:

1. The IFSP Team makes the decision during the Transition Conference. The representative of the LEA must be invited to the Transition Conference, however the decision can be made even if the representative of the LEA is not present.
2. If the IFSP Team determines a child is "potentially eligible", and with informed, written consent by the parent, a referral will be made to the LEA at or immediately following the Transition Conference.

In making the determination that a child is "potentially eligible", the IFSP Team should consider the following factors including, but not limited to:

- o Does the child have a perceived delay/concern/issue in any of the 5 domains?
- o Does the delay/concern/issue impact education and functional performance?
- o Does the child require specialized instruction?
- o Does the child's delay/concern/issue impact their ability to access the curriculum?
- o Is the child not meeting developmental milestones?
- o Are current gains in performance a result of services?
- o Is the child at risk without continued services?
- o Are there emergent skills?
- o What is the current amount of services the child is receiving?

However, if the IFSP Team is unsure, the IFSP Team should determine the child is "potentially eligible".

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

##### **A. IFSPs with transition steps and services**

Record reviews of 281 children statewide showed that 272 or 97% of the children had transition plans containing the required transition steps and services attached to their IFSPs.

<b>2004-2005 Statewide Sample</b>			
<b>Sample size: 271 Children referred to special education: 198 18 programs</b>			
	<b># of records reviewed</b>	<b># Yes</b>	<b>% Yes</b>
Children have transition plans attached to their IFSP	281	272	97%

**Discussion of Baseline Data:**

Throughout the state, transition steps and services have been summarized in a ‘transition plan’ that is expected to be used with all children. The use of transition plans and the provider’s level of understanding of the transition steps that need to be used with all children are elements that we continue to monitor through record reviews. Record review data show that continued technical assistance is necessary to monitor for compliance and correction of identified noncompliance.

Baseline data show that although progress has been made, this is still an area that needs continued attention. It is encouraging to note that with a minimal amount of intervention, improvement can be shown. One reason for this is that providers who have been providing assistance to families for many years are now being given the information and tools needed to document their efforts. Some providers did not understand that all children are expected to have transition steps and activities on their IFSP. All providers are now being provided with tools and instruction with which they are expected to improve and bring into compliance the practice including transition steps and services on all IFSPs.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2006 (2006-2007) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2007 (2007-2008) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2008 (2008-2009) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2009 (2009-2010) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2010 (2010-2011) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2011 (2011-2012) 100%	100% of children exiting Part C have an IFSP with transition steps and services.
2012 (2012-2013) 100%	100% of children exiting Part C have an IFSP with transition steps and services.

## **Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

*SSECT grant* begins. See description of grant in 'description of issue' portion of this indicator.

Activities for year 1 include:

- Conduct needs assessment
- Identify systemic barriers to smooth & effective early childhood transitions
- Gather information regarding family concerns
- Provide information regarding Federal and State education laws relating to infants, toddlers and preschoolers with disabilities
- Assess level of parent involvement in decision-making for early childhood transitions.
- Create resources to support technical assistance and professional development
- Contribute to Annual Performance Reports for ESS and preschool special education

1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year activities:

- Determine level of professional development, technical assistance and intervention needed for local provider and districts
- Provide direction around issues related to development of state and local systems that ensure smooth and effective early childhood transitions
- Make recommendations to departmental contacts
- Ensure that families have opportunities and skills to take leadership roles in system-wide planning and decision-making regarding early childhood transition at the universal, targeted and intensive levels.
- Provide technical assistance and professional development for families, providers, educators and stakeholders at the universal level to promote smooth and effective early childhood transitions.
- Support local communities to link to existing resources on resource mapping.
- Support select communities to develop a mechanism for creating and maintaining a list of community supports, services and resources for families.
- Develop and maintain strong links with in-state programs and organizations dedicated to supporting infants, toddlers and preschoolers with disabilities
- Share information on professional best practices, research, policy matters, technology and other resources for parents, professionals and other interested parties on early childhood transitions.

Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

July 1, 2006 – June 30, 2007

*SSECT Grant* continues:

2<sup>nd</sup> year activities:

- Determine level of professional development, technical assistance and intervention needed for local provider and districts
- Provide direction around issues related to development of state and local systems that ensure smooth and effective early childhood transitions
- Make recommendations to departmental contacts.
- Ensure that families have opportunities and skills to take leadership roles in system-wide planning and decision-making regarding early childhood transition at the universal, targeted and intensive levels.
- Provide technical assistance and join professional development for families, providers, educators and stakeholders at the universal level to promote smooth and effective early childhood transitions.
- Support local communities to link to existing resources on resource mapping.
- Support select communities to develop a mechanism for creating and maintaining a list of community supports, services and resources for families.

- Develop and maintain strong links with in-state programs and organizations dedicated to supporting infants, toddlers and preschoolers with disabilities
- Share information on professional best practices, research, policy matters, technology and other resources for parents, professionals and other interested parties on early childhood transitions.

Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

July 1, 2007 – June 30, 2008

- *SSECT Grant* continues:

3<sup>rd</sup> year activities:

- Determine level of professional development, technical assistance and intervention needed for local provider and districts
- Provide direction around issues related to development of state and local systems that ensure smooth and effective early childhood transitions
- Make recommendations to departmental contacts
- Ensure that families have opportunities and skills to take leadership roles in system-wide planning and decision-making regarding early childhood transition at the universal, targeted and intensive levels.
- Provide technical assistance and join professional development for families, providers, educators and stakeholders at the universal level to promote smooth and effective early childhood transitions.
- Support local communities to link to existing resources on resource mapping.
- Support select communities to develop a mechanism for creating and maintaining a list of community supports, services and resources for families.
- Develop and maintain strong links with in-state programs and organizations dedicated to supporting infants, toddlers and preschoolers with disabilities
- Share information on professional best practices, research, policy matters, technology and other resources for parents, professionals and other interested parties on early childhood transitions.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

July 1, 2008 – June 30, 2009

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.

- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
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#### July 1, 2009 – June 30, 2010

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Evaluate and update the resource pamphlet “Transition for Family Centered Early Supports and Services: A Guide for Families and Staff”.
- Create an interactive, self-contained, on-line training module regarding the transition from ESS for new and existing ESS staff and special education personnel
- Create a web based training module on the topic of transition to give families a baseline of understanding from which to build their leadership skills and increase their understanding of the NH ESS system. This module is one of a series of three being developed by Family Voices of NH on topics pertinent to ESS families.

#### July 1, 2010 – June 30, 2011

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

#### July 1, 2011 – June 30, 2012

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any

discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.

- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

#### July 1, 2012 – June 30, 2013

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

#### Resources:

Standard state form for transition plan

Transition manual that is used by ESS, Preschool Special Educators, and families

Statewide Data System

Supporting Successful Early Childhood Transitions Project administered by the Parent Information Center (NHPTI) under contract with NH Department of Education and NH Health and Human Services.

NH State Work Plan with National Early Childhood Technical Assistance Center

### **B. Notification to LEA, if child potentially eligible for Part B**

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

Monitoring data show that for the period July 01, 2004 to June 30, 2005, 556 children were determined to be potentially eligible for Part B. Notification was provided to LEAs that 556 children were potentially eligible for special education. Compliance on this indicator is therefore 100%. Data used for this analysis was collected through the SPEDIS data collection system.

Based on guidance from OSEP in the SPP/APR response table dated June 15, 2007 regarding IDEA requirements for notification, the state in collaboration with the NH DOE, the SSECT project staff, NECTAC, NERRC, and the OSEP MSIP state contact drafted a revised notification policy that included an opt-out option for families who object to having the LEA notified that their child is receiving ESS. The drafted policy states notification will be provided to the LEA for all children served by ESS before the child's 2<sup>nd</sup> birthday unless the parent objects. For children beginning services after the age of 2, notification will be provided as soon as possible. Guidance will be disseminated to LEAs, Developmental Services Area Agencies, and ESS Programs upon completion of public participation. It will also be included in the State's Part C application for FFY 08 funds. A description of a child who is referred because they are considered "potentially eligible" for Part B was developed through a multi-stakeholder process in the fall of 2010. Please see the SPP Indicator 8 "Overview of Issue/Description of system or Process" for details.

**Discussion of Baseline Data:**

NH provides notification to the LEA that a child is expected to be eligible for special education and obtains parent permission to send child records at the same time. Written policy requires that transition planning begin at 24 months and that children who are expected to be eligible for preschool special education are referred at 30 to 32 months or sooner. The Lead Agency carries out these two activities simultaneously by providing the child’s name, obtaining parental permissions to carrying out responsibilities under 303.148b, and facilitating the responsibilities 303.148 2i of the IDEIA as reauthorized in 2004 concurrently.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2006 (2006-2007) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2007 (2007-2008) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2008 (2008-2009) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2009 (2009-2010) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2010 (2010-2011) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2011 (2011-2012) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).
2012 (2012-2013) 100%	100% of children potentially eligible for Part B at age 3 yrs are referred to the local education agency (LEA).

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

- SSECT grant begins. See description of grant in ‘description of issue’ portion of this indicator. Activities to be delivered by the grant are listed in ‘A.’ above.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

July 1, 2006 – June 30, 2007

- SSECT Grant continues; see on-going activities.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS.
- During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

June 16, 2007 – June 30, 2007

- Collaborate with NHDOE about developing a notification policy that includes an ‘opt-out’ policy for families that object to notification in accordance with OSEP guidance.

- Request assistance from NECTAC and NERRC state contacts to research IDEA requirements concerning notification and to learn about other states experiences in developing similar policies.
- Request assistance from the SSECT project staff with the development of the policy and in obtaining stakeholder input regarding the policy.

#### July 1, 2007 – June 30, 2008

- SSECT Grant continues; see on-going activities.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Notify Stakeholders (ICC, AA Managers, ESS Program Directors, SSECT Advisory Committee) that a notification policy that includes an 'opt-out' option for families is being developed and invite input.
  - Work with OSEP MISP state contact, NECTAC, NERRC, and NH DOE 619 coordinator to develop notification policy.
  - Submit drafted notification policy to OSEP MISP state contact for approval.
  - Modify NHSEIS Part C data system to monitor compliance with the notification process and to track the number of families objecting to notification for APR reporting purposes.
  - Submit approved notification policy for public participation with 60 days notice and 30 days public comment that includes a public hearing.
  - Include the revised notification policy with the FFY2007 Part C Application.
  - Upon completion of public participation activities, any revisions will then be made and the revised policy disseminated to Stakeholders including ICC, SSECT Project staff and advisory board, LEAs, Area Agency ESS Managers, ESS Program Directors, families.
- Implement revised notification policy:
  - Provide training and information regarding implementation of the notification policy at the March 12, 2008 ESS Quarterly Meeting to AA ESS Managers and ESS program Directors.
  - Local Education Agencies, Area Agency ESS Managers, and ESS Program Directors collaborate to develop interagency processes for conducting and tracking notification process.
  - Implement revised notification policy; projected implementation date of 4/1/08.
  - Technical Assistance is provided to facilitate implementation as needed.
- Monitor implementation of notification policy and compliance by reviewing NHSEIS data and through record reviews.

#### July 1, 2008 – June 30, 2009

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.

- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Monitor compliance on going by reviewing NHSEIS data and through record reviews.
- Submit 8B notification data from the July 1, 2007 – June 30, 2008 monitoring period beginning with the implementation date of the “opt-out” policy.
- Provide technical assistance on going to fully implement the revised policy.
- Submit Indicator 8B data from the July 1, 2008 – June 30, 2009 monitoring period beginning with the implementation date of the “opt-out” policy.
- Provide on-going technical assistance to fully implement the revised policy.
- Monitor compliance by reviewing NHSEIS data and through record reviews.

#### July 1, 2009 – June 30, 2010

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Monitor compliance on going by reviewing the statewide data system and through record reviews.
- Review data on numbers requesting to opt-out.
- Evaluate and update the resource pamphlet “Transition for Family Centered Early Supports and Services: A Guide for Families and Staff”.
- Create an interactive, self-contained, on-line training module regarding the transition from ESS for new and existing ESS staff and special education personnel
- Create a web based training module on the topic of transition to give families a baseline of understanding from which to build their leadership skills and increase their understanding of the NH ESS system. This module is one of a series of three being developed

#### July 1, 2010 – June 30, 2011

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Monitor compliance on going by reviewing the statewide data system and through record reviews.

- Review data on numbers requesting to opt-out.

July 1, 2011 – June 30, 2012

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Monitor compliance on going by reviewing the statewide data system and through record reviews.
- Review data on numbers requesting to opt-out.

July 1, 2012 – June 30, 2013

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Monitor compliance on going by reviewing the statewide data system and through record reviews.
- Review data on numbers requesting to opt-out.

Resources:

Standard form for transition plan

Transition manual that is used by ESS, Preschool Special Educators, and families

Statewide Data System

Parent Information Center (PTI) NH State Work Plan with National Early Childhood Technical Assistance Center

**C. Transition Meetings 90 days or more:**

<b>2004-2005 Statewide Sample</b>			
<b>Sample size: 281 Children referred to special education: 198</b>			
<b>18 programs</b>			
	<b># of records reviewed</b>	<b># Yes</b>	<b>% Yes</b>
Transition plan meetings occur 90 days prior to child's 3 <sup>rd</sup> birthday	198	94	47%
Transition plan meetings occur with all necessary team members present	198	160	81%

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

NH's 2003 – 2004 APR showed 28% of the 127 children in the study had transition conferences 90 days or more before the child's 3<sup>rd</sup> birthday. Data from a statewide 2004-2005 study of 198 shows that 47% of the children had a transition conference 90 days or more prior to their 3<sup>rd</sup> birthday.

**Analysis of data:**

Transition meetings are scheduled and happen, but they occur 90 days or more before the third birthday less than 50% of the time. Reasons given for this problem include difficulty scheduling meetings with school personnel and families, and lack of understanding about the requirement for the meeting to be held 90 days in advance of the child's 3<sup>rd</sup> birthday.

Holding transition meetings 90 days or earlier with all of the necessary people present continues to be a challenge. Because this activity requires coordination with two other parties at a minimum: parents and school representatives, it is clear that information and a clear understanding of Federal and State regulations must be available to everyone involved.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2006 (2006-2007) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2007 (2007-2008) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2008 (2008-2009) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2009 (2009-2010) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2010 (2010-2011) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2011 (2011-2012) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.
2012 (2012-2013) 100%	100% of children potentially eligible for Part B will have a transition conference 90 days or more prior to the 3 <sup>rd</sup> birthday.

**Improvement Activities/Timelines/Resources:****July 1, 2005 – June 30, 2006**

- SSECT grant begins. See description of grant in 'description of issue' portion of this indicator. Activities to be delivered by the grant are listed in 'A.' above.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

#### July 1, 2006 – June 30, 2007

- SSECT Grant continues; see 2<sup>nd</sup> year activities in 'A' above.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.

#### July 1, 2007 – June 30, 2008

- SSECT Grant continues; see 3<sup>rd</sup> year activities in 'A' above.
- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

#### July 1, 2008 – June 30, 2009

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through NHSEIS. During program visits charts will be selected randomly to verify that the information entered in NHSEIS is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

#### July 1, 2009 – June 30, 2010

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Evaluate and update the resource pamphlet "Transition for Family Centered Early Supports and Services: A Guide for Families and Staff".
- Create an interactive, self-contained, on-line training module regarding the transition from ESS for new and existing ESS staff and special education personnel

- Create a web based training module on the topic of transition to give families a baseline of understanding from which to build their leadership skills and increase their understanding of the NH ESS system. This module is one of a series of three being developed

July 1, 2010 – June 30, 2011

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

July 1, 2011 – June 30, 2012

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

July 1, 2012 – June 30, 2013

- Monitor compliance and ensure correction of identified non-compliance through record reviews and by reviewing data provided through the statewide data system. During program visits charts will be selected randomly to verify that the information entered in the statewide data system is accurate.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

Resources:

Standard state form for transition plan

Transition manual that is used by ESS, Preschool Special Educators, and families

Statewide Data System

Parent Information Center (NHPTI)

**Monitoring Priority: Effective General Supervision Part C / General Supervision /  
Identification of Noncompliance**

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

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

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

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

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 NH Bureau of Developmental Services (BDS) is revising its General Supervision system based on input and recommendations from OSEP, the results of on-site program monitoring reviews conducted in the fall of 2006, the review of FFY 2004 compliance data and stakeholder input. The purpose for the revision is to ensure full compliance with OSEP's expectations regarding General Supervision and timely correction of State-identified deficiencies.

Revisions to NH's General Supervision plan include two new features:

- The assignment of Bureau of Developmental Services (BDS) Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance in the programs for which their respective Area Agencies are responsible and provide technical assistance, guidance and suggestions for improvement when needed.
- A requirement for all ESS programs demonstrating less than 100% compliance at the time of their annual on-site program monitoring review to conduct a self-review of records for a specified period of time. All programs, at the time of the on-site program monitoring visit, are provided with information about their level of compliance and suggestions for correction. It is expected that self-review data will demonstrate significant improvement and timely correction of the State-identified noncompliance.

Correction of noncompliance is identified using existing monitoring structures and ongoing general supervisory activities. Monitoring structures include:

- Monthly Program Reports
- Data review (SPEDIS/NHSEIS)
- Annual program visits and record reviews
- Area Agency Redesignation review process
- Part C staff liaisons assigned to each Area Agency
- Area Agency/ESS program self-review of records

The general supervisory activities used include corrective action plans, periodic progress reports, "work samples" (records or other data that demonstrates correction of noncompliance), record reviews conducted by Area Agency managers, annual on-site record reviews of all ESS programs, and State follow-up site visits within one year of BDS' identification of noncompliance. BDS has regulatory sanctions that may be imposed if an Area Agency or ESS

program fails to take the requisite corrective actions, such as withholding funding or removing funding, resources and authority to provide services in a designated area of the State.

Training and technical assistance are tied to issues identified in ESS program improvement plans, on-site visits, and the Area Agency re-designation process. In instances when statewide training is required, sign-in sheets and evaluation forms are used to document those participants attending the training and to determine whether the training met the needs of the participants.

Quarterly meetings with ESS program directors and Area Agency staff are used to disseminate and share promising practices. In addition, the Early Education and Intervention Network that provides statewide training, sponsors the State's longstanding mentorship program, and produces newsletters highlighting promising practices.

Status meetings are held annually to summarize the regional and ESS program status based on the previous year's information and progress toward timely correction of any instances of noncompliance. The information included in the summary includes monitoring data, the program's determination from the previous year, information from any complaints that may have been filed, relevant data from the statewide data system, and information that the program and Area Agency would like to include in the review. Participants include but are not limited to the: BDS Regional Liaison, AA ESS Manager, AA Quality Improvement personnel, and the ESS Program Director. The meeting is facilitated by the ESS Liaison.

On-site compliance data collection follows the status meeting and includes a self-review of indicators that is completed by the ESS program and AA using the provided BDS checklist to review children's records (10, or 10% of the program's monthly average # of children served). A summary of the program and AA findings is expected to be presented verbally and in writing to the BDS ESS Liaison at the time of the compliance data collection visit. BDS staff is responsible for collecting data for the compliance indicators, but it is recommended that the Area Agency and ESS programs collect the data in advance so that they can be prepared to present a corrective action plan during the visit if necessary.

ESS Liaisons prepare summary reports that include compliance data, self-review data, corrective action activities, comments/observations regarding any identified trends, and promising practices. The summary reports form the basis of the next year's status meeting. ESS Liaisons are responsible along with the Area Agency staff and ESS program for following up on any incidents of noncompliance or existing corrective action plans throughout the year.

Data from the Statewide data system and Monthly Program Reports are reviewed to monitor program growth, for compliance monitoring, and to make data-based decisions with regard to enforcing IDEA provisions by producing reliable and accurate data. Data collected for financial analysis is also be collected in the same statewide data system. Tying the data collected through this system to contracting will provide a greater incentive for providers to enter accurate information into the system. Data will be validated through on site record reviews conducted at the program level.

Because ESS programs are under the supervision of Area Agencies, ESS programs will continue to be reviewed within the context of all of the services provided by the Area Agency as part of the Redesignation process at an interval prescribed by NH State rules.

When areas of noncompliance are identified, the following strategies are used to correct the noncompliance in a timely manner:

- Providing technical assistance
- Creating corrective action plans
- Submission of information by program directors as the result of self-reviews

- Requesting Area Agencies to perform follow-up reviews
- Statewide training to address statewide issues
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement an improvement plan
- Reporting monitoring results to OSEP in the Annual Program Report annually
- Distributing the APR within the state by e-mail annually or more frequently depending on the significance of the issue to ESS program directors, Area Agency managers, ICC, other early care and education professionals, and parents
- Using data review to assess progress on identified areas of non-compliance

To enhance the procedural safeguards system a procedure was established in May 2006 by which any family concern or inquiry received at the Area Agency or ESS program levels must be reported to the State's Part C office on a monthly basis. The Area Agency or ESS program must also report to the State the resolution of the problem or the plan to resolve a family concern. This information is reviewed and maintained at BDS and submitted to the existing State Quality Assurance Network (comprised of representatives from Area Agencies, the BDS attorney, and other BDS staff including a representative from the Part C office). The intent is to monitor not only the resolution of individual concerns, but also to monitor possible statewide trends that may need to be addressed through quality improvement, corrective action, or training and technical assistance.

Issues relating to non-compliance were discussed at the stakeholder meeting on October 21, 2005. Stakeholders discussed changes that could be made to the general supervision system to make it more effective and whether to use stronger sanctions with programs/regions that do not bring issues into compliance within one year. Suggestions included a tiered approach, a program approval process, peer review and intensive monitoring. The Lead Agency is committed to exploring and testing these suggestions, some of which provided the basis for improvement strategies specified for this indicator.

Specifically, stakeholder suggestions included:

- Should we use stronger sanctions with programs/regions who do not bring issues into compliance within one year?
- Should we develop a tiered approach that includes:
  - Acknowledgement of positive things that are happening – positive reinforcement
  - Technical Assistance and mentoring for mid level – programs that have some findings but respond quickly
  - More severe sanctions for programs that are not progressing or respond slowly
  - Develop a program approval process that would be governed by State rules and Federal law. This would provide more clarity regarding what is expected from ESS programs and guidelines for Area Agency contracting procedures. A program approval process developed for ESS would reflect best practices utilized in other program approval processes, such as childcare licensing; DOE school approval process; NAEYC and/or Head Start and is fully compliant with Part C of the IDEA and NH State rules. A benefit to programs that do meet established standards is recognition of their excellence and achievement.
  - Improve Technical Assistance by instituting a peer review system for those programs that are challenged by requirements and would like assistance.
  - Revisit composition of monitoring team. Consider including parents and peers.
  - Require corrective action for non-compliance including intense monitoring with clear expectations as well as assistance. Intense monitoring means frequent program visits and data review.

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

Baseline data was revised based on the OSEP changes in the definition of 'timely services' in Indicator 1, and the computation of compliance.

Compilation Table Using 2003-2004 Monitoring Data						
Indicator	Monitoring Method	# Programs Reviewed	# of Programs with Findings	a. # of Findings	b. # Corrected w/in 1 yr	% Corrected w/in 1 yr
1. % infants and toddlers with IFSPs who receive early intervention services on IFSPs in a timely manner.	Record Review	18	7	7	5	71%
7. % eligible infants and toddlers with IFSPs for whom an evaluation and assessment and initial IFSP meeting were conducted within Part C's 45 day timeline.	Record Review	18	3	3	2	67%
8. % of children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by the 3rd birthday.	Self-Review	18	18	16	5	31%
<b>Total:</b>				26	12	46%

Noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

Compilation Table Using 2003-2004 Monitoring Data						
Indicator	Monitoring Method	# Programs Reviewed	# of Programs with Findings	a. # of Finding	b. # Correct ed w/in	% Corrected w/in 1 yr
service coordination designation	Record Review	18	5	5	5	100%

Aggregate	# of findings of noncompliance	# of corrections	% with documented correction of findings
SPP indicators (priority areas)	26	12	46%
Non-priority areas	5	5	100%
Other methods	0	0	
<b>GRAND TOTAL</b>	65	41	63%

**Discussion of Baseline Data:**

Baseline data represent findings for the 2003-2004 reporting period.

*Indicator 1:*

Based upon information contained in the OSEP SPP/APR response letter dated March 2006, NH's definition of timely services was modified. This modification included a return to looking at timely services as 'services listed in the IFSP'. Specifically, NH's state rule He-M510.07 (a) states, "Family-centered early supports and services shall be delivered as agreed upon in the individualized family support plan." Services listed in the IFSP' is interpreted to mean several things:

- Specific services listed are delivered initially and continue to be delivered at the frequency specified in the service section of the IFSP
- Services are initiated as described on the IFSP; weekly services are expected to begin one week after the date of parent consent, bi-monthly begin 2 weeks after parent

consent, monthly begin 1 month after parent consent. The date that the parent signs the IFSP is considered to be the date that a parent consented to the IFSP services.

- The number of days from consent to initiation of services is also monitored although not necessarily a part of the definition of ‘timely services’.

To ensure that NH’s definition is clear to providers and stakeholders, it has been reworded adopting the definition developed by OSEP. “Any early intervention service identified on the initial IFSP and any additional early intervention services identified on subsequent ISPs, consented to by the parent, are initiated by the projected IFSP initiation date that is on the IFSP (identified by the IFSP team which includes the parent”.

Of the 7 programs noted above in the ‘timely services’ priority area, which NH interprets as the provision of all services on the IFSP over a 6-month period of time without unexplained gaps, 5 programs reached 100% compliance. Two programs are not in full compliance and showed lack of evidence that timely services had been provided as follows: R01, 3 out of 10 records not in compliance; R03, 2 out of 9 records not in compliance. Reasons given for instances of noncompliance typically center on staffing issues and contracted staff not providing documentation. Instances where staff unavailability is the issue, corrective action plans are required. When the issue was that contract staff are not providing documentation, it was strongly recommended that the contracting system be reexamined and contracts rewritten in a way to clearly require timely documentation before payment can be made.

#### Indicator 7:

Completing an evaluation and assessment and initial IFSP with parent approval within 45 days, occasionally arises as a continued challenge for some programs. However, two of the three programs identified with findings did demonstrate compliance during the reporting period. The one program that was not successful in demonstrating compliance in one year’s time has had significant personnel shortages due to prolonged staff illness. This program recognizes the problem and has developed a plan for addressing this issue including the development of an aggressive staff recruitment plan. Continued monitoring will be provided to assure that the issue is addressed as quickly as possible.

#### Indicator 8:

A systemic compliance issue regarding the provision of transition meetings for children who have been referred to special education was identified in the 2003-2004 Annual Performance Report. The data provided in the chart above only represents the number of programs with findings, and those corrected during the monitoring period. Information that more fully describes the issue can be found in Indicator 8 and in the compliance update letter that accompanies this report.

Compliance regarding the provision of timely transition services is required within one year of the date of the OSEP response letter (September 29, 2005). Indicator 8-baseline data show that there has been an improvement in the level of compliance from 28% reported in the 2003/2004 APR to 47% as reported in this 2005 SPP. Improvement seems to be the result of a targeted BDS effort of developing and implementing a strategic plan on transition with NECTAC assistance. Activities were designed to inform ESS administrators, providers, and families about the transition process in order for families to experience a smooth and effective transition in compliance with federal regulations. Activities included providing guidance materials developed jointly with the NH preschool special education program, refining the data collection system, and developing a transition plan template for local use.

#### **Service Coordinator designated when eligibility is established**

All findings regarding service coordination were corrected within one year.

All aspects of the Part C program are monitored using the procedures listed in the overview portion of the SPP and referred to in the overview portion of this indicator and the monitoring

results analyzed to identify any areas of noncompliance. General supervision is carried out in all components of the Part C. Findings are organized according to priority area using the “Monitoring Priorities and Indicators: Related Requirements and Investigative Questions Table” for guidance.

Particular attention is given to monitoring parent rights including notice and consent. This information is reported under complaint resolution, Indicator 10 overview. Data is analyzed and corrective action required when noncompliance is identified. The Related Requirements and Investigative Questions document will be used as a guide to ensure that all aspects of Part C of the IDEA will continue to be monitored.

FFY	Measurable and Rigorous Target
2005 (2005-2006) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2006 (2006-2007) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2007 (2007-2008) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2008 (2008-2009) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2009 (2009-2010) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2010 (2010-2011) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2011 (2011-2012) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.
2012 (2012-2013) 100%	100% of findings of noncompliance related to monitoring priority areas and indicators are corrected as soon as possible but in no case later than one year from identification.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 - June 30, 2006

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate data SPEDIS/NHSEIS data system by reviewing data for the same children during program visits. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs to conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- Convene an ICC workgroup to examine the recommendations made at the stakeholder group meeting on 10/21/2005 regarding changing the monitoring system as described in indicator overview.

#### July 1, 2006 - June 30, 2007

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate data NHSEIS data system by reviewing data for the same children during program visits. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Continue to meet with ICC workgroup and follow-up on ideas generated by workgroup regarding changing the monitoring system as described in indicator overview.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.

#### July 1, 2007 - June 30, 2008

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate data NHSEIS data system by reviewing data for the same children during program visits. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Implement changes based on ideas generated by workgroup regarding changing the monitoring system as described in indicator overview that have been agreed upon by the Lead Agency.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Develop the competencies and protocols needed for the “Early Interventionist” Certification based on the State’s previous work on early intervention competencies. These competencies will form the basis for awarding the certification.

- Develop “Early Interventionist” Certification to assist those with experience and working in ESS but without requisite degree to perform evaluations. This certification will be provided by the Lead Agency after prerequisites including demonstration of competency is provided.

July 1, 2008 - June 30, 2009

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate data NHSEIS data system by reviewing data for the same children during program visits, through monthly monitoring of program data and the on-going use of error checks in the data system to assist the service provider to identify problems. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Evaluate the effectiveness of changes to the monitoring system based on ideas generated by workgroup as described in indicator overview that have been agreed upon by the Lead Agency. Determine whether to continue to implement the changes or any need for change.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Implement “Early Interventionist” Certification process.
- Evaluate the effectiveness of the “Early Interventionist” Certification process and make modifications based on evaluation findings.

July 1, 2009 - June 30, 2010

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate statewide data by reviewing data for the same children during program visits, through quarterly, or more frequent if necessary, review of program data using statewide data system at state level, and the on-going use of error checks in the data system to assist the service provider to identify problems. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with

technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.

- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Evaluate the effectiveness of the General Supervision System as modified and determine any needed changes.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Implement modified "Early Interventionist" certification process.

#### July 1, 2010 - June 30, 2011

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate statewide data by reviewing data for the same children during program visits, through quarterly, or more frequent if necessary, review of program data using the statewide data system at state level, and the on-going use of error checks in the data system to assist the service provider to identify problems. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim "self-review" of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Implement changes to the General Supervision System based on the results of the previous year's evaluation of the whole system.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from

programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.

- Advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

#### July 1, 2011 - June 30, 2012

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate statewide data by reviewing data for the same children during program visits, through quarterly, or more frequent if necessary, review of program data using the statewide data system at state level, and the on-going use of error checks in the data system to assist the service provider to identify problems. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS. Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.
- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Implement changes to the General Supervision System based on the results of the previous year’s evaluation of the whole system.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the “Early Interventionist” Certification process and make modifications as needed.

#### July 1, 2012 - June 30, 2013

- Monitor for findings of noncompliance and correction through data review, program visits and record reviews.
- Validate statewide data by reviewing data for the same children during program visits, through quarterly, or more frequent if necessary, review of program data using the statewide data system at state level, and the on-going use of error checks in the data system to assist the service provider to identify problems. If discrepancies are discovered, data will be corrected as appropriate.
- Require the programs conduct an interim “self-review” of records to determine whether the systemic cause(s) for less than 100% compliance have been identified and addressed. Compliance data from self-reviews will be reported to and analyzed by BDS.

Programs that have not achieved timely correction of deficiencies will be provided with technical assistance by BDS and will continue to collect self-review data on a monthly basis until 100% compliance has been achieved.

- When a program demonstrates a lack of ability to be in compliance despite well-intentioned efforts, a root cause analysis is done with the program and Area Agency to determine cause and to develop and implement a corrective action plan.
- Implement changes to the General Supervision System based on the results of the previous year's evaluation of the whole system.
- As a last resort, hire private contractors, if necessary, to conduct evaluations until the program has adequate staff to meet the requirements of IDEA.
- Assign BDS Part C staff as Liaisons to each Area Agency to more closely monitor timely correction of noncompliance and provide technical assistance.
- Program Directors asked to do self-review using the record review checklist in preparation for the record review visit. The BDS review team then validated reports of findings. Any discrepancies were discussed and technical assistance provided at the time of the visit. Need for additional technical assistance or corrective action plans were determined prior to the review team visit being concluded.
- Peer Mentors for Program Directors; Program Directors are permitted to choose a mentor Program Director from a program that has dealt successfully with a similar problem. The mentor chosen must be approved by BDS. Solicit recommendations from programs that have reached 100% compliance and use these programs as mentors and/or peer reviewers to programs needing to improve.
- Continue to advocate with NH institute of higher education (IHE) agencies to promote the early interventionist certification process with pre-service students.
- Continue the "Early Interventionist" Certification process and make modifications as needed.

### Resources

NH Interagency Coordination Council (ICC)  
NH Community Support Network, Inc. (CSNI)  
Bureau of Developmental Services staff

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision / Complaint Resolution</b>
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**Overview of Issue/Description of System or Process:**

Family inquiries are typically resolved at the program or Area Agency level. Occasionally a family member will call Part C personnel for information; typically regarding a situation they are experiencing. The requested information is provided, and the caller is offered assistance in resolving the 'situation', whatever it may be. Frequently, parent inquiries are related to services. If callers do not wish to receive assistance, they are invited to call back if the 'situation' is not resolved to their liking.

Callers are also informed of both the formal complaint resolution and mediation processes and offered these options. A list of trained hearing officers and mediators is available if needed. Hearing Officers and Mediators are attorneys who are experienced in working with the Department of Education as Hearing Officers and Mediators regarding special education complaints. They receive annual re-orientation from the Bureau's attorney about Part C of the IDEA.

The annual training provided to Hearing Officers and Mediators is also offered to Area Agency (AA) administrators and ESS Program Directors and their staff. Having mixed representation at these meetings provides an opportunity for participants to share concerns and questions about the dispute resolution process. AA and ESS program directors are expected to take the information back to their staff. Evidence of staff trainings such as sign-in sheets is then sent to the Part C office to document that the trainings were provided. New staff is required to attend a two-day orientation that introduces the dispute resolution process. All orientation participants are required to sign a form indicating that they understand the dispute resolution process prior to completion of the orientation.

When assistance is requested by a family (usually only 2 or 3 times per year), state Part C staff, will call the ESS program or Area Agency, notify them of the problem and let them know that the parent would like to talk with them about their concerns. Most often, parents prefer to handle situations themselves. When a parent requests assistance, they always receive a follow-up call to assure that they are satisfied with the resolution. Parents are always given the option of placing a formal complaint immediately if they so desire.

The dissemination of parent rights information is monitored through record reviews. Children's records are expected to contain documentation with the parent's signature stating that rights have been explained and a copy of the parent rights handbook "Know Your Rights" has been received. Another way that parent understanding of their rights is monitored is by reviewing regional and program scores from the Family Outcome Survey outcome #4 A: "Families Know Their Rights".

Calls from parents requesting assistance are recorded in a telephone log. Requests for mediation or to place a formal complaint are placed in a file. Contacts from ESS program or Area Agency staff regarding family and child rights are also recorded in a telephone log. Area Agencies are expected to keep track of any family issues that rise to their attention and require Area Agency intervention. They are also expected to be able to explain how the issues were resolved.

A meeting with 14 stakeholders on November 17, 2005 who are members of a group called the 'Quality Assurance Network' resulted in the creation of a system for capturing 'issues' which arise and are resolved at the Area Agency level but which do not result in formal complaints. Participants at the meeting included Quality Assurance coordinators from the Developmental

Services regions and four Bureau Liaisons. Quality Assurance coordinators are responsible for coordinating Area Agency client complaint investigations and over seeing quality improvement activities birth into adulthood. Bureau Liaisons work for the Bureau of Developmental Services and are assigned to 2 or 3 regions. They provide a link between the Bureau and the Area Agencies regarding direct services and are responsible for the oversight of the Area Agency contracts.

One outcome of this meeting is a concensus that 'issues' which are described as concerns that are addressed at the Area Agency level rather than the ESS program level will be:

- Reported to the Part C office within 10 days of receipt of the 'issue'.
- "Receipt of the issue" is defined as when a "parent expresses a concern" to the Area Agency.
- The expectation is that the 'issue' will be resolved within 10 days from the date the concern was received.
- If that is not possible, then a resolution plan must be submitted within the 10 day timeline.
- The Quality Assurance Network, Bureau attorney and Part C staff will review a summary of reported 'issues' to identify trends at least annually. Depending on the number of issues reported, reviews may occur more often.

#### **Discussion of Baseline Data:**

**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.

<b>Measurement:</b> Percent = $(1.1(b) + 1.1(c))$ divided by $(1.1)$ times 100.
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#### **Baseline Data for FFY 2004 (2004-2005):**

(See Attachment 1)

One signed written complaint was received during the reporting period. This complaint was resolved within 30 days through Mediation. There were no findings of noncompliance. Monitoring to assure that families are being notified of their rights by being provided a copy of NH's parent rights notification pamphlet: "Know Your Rights" and that their rights are explained to them is on-going. Monitoring is also provided to ensure that correction is completed within 1 year of identification or sooner.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2006 (2006-2007) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2007 (2007-2008) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2008 (2008-2009) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2009 (2009-2010) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2010 (2010-2011) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2011 (2011-2012) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.
<b>2012 (2012-2013) 100%</b>	100% of signed written complaints with reports issued are resolved within 60-day timeline or timeline extended for exceptional circumstances.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Establish and implement system for reporting of 'issues' arising to Area Agency level for resolution.
- Review reported 'issues' for trends.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2006 – June 30, 2007

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review reported 'issues' for trends.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2007 – June 30, 2008

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2008 – June 30, 2009

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2009 – June 30, 2010

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

December 2009

- Develop and disseminate "talking points" to be used when a local, regional, or state personnel talk with parents about a concern to ensure that families are advised of their dispute resolution rights and options for the resolution of their concerns.

July 1, 2010 – June 30, 2011

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2011 – June 30, 2012

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Develop and post on the web site a training module regarding all aspects of dispute resolution. The module will be available to families, ESS staff, and Area Agency staff.

July 1, 2012 – June 30, 2013

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Obtain feedback on the dispute resolution training module and revise as indicated.

**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)

<b>Measurement:</b> Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100
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**Baseline Data for FFY 2004 (2004-2005):**

(See Attachment 1)

**Discussion of Baseline Data:**

One request was received for a due process hearing request. The request was subsequently withdrawn and the complaint resolved through Mediation. Monitoring to assure that families are being notified of their rights by being provided a copy of NH’s parent rights notification pamphlet: “Know Your Rights” and that their rights are explained to them is on-going. Monitoring is also provided to ensure that correction is completed within 1 year of identification or sooner.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2006 (2006-2007) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2007 (2007-2008) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2008 (2008-2009) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2009 (2009-2010) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2010 (2010-2011) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2011 (2011-2012) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.
2012 (2012-2013) 100%	100% of fully adjudicated due process hearing requests is fully adjudicated within the applicable timeline.

**Improvement Activities/Timelines/Resources:**July 1, 2005 – June 30, 2006

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2006 – June 30, 2007

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2007 – June 30, 2008

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.

- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2008 – June 30, 2009

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2009 – June 30, 2010

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2010 – June 30, 2011

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2011 – June 30, 2012

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Develop and post on the web site a training module regarding all aspects of dispute resolution. The module will be available to families, ESS staff, and Area Agency staff.

July 1, 2012 – June 30, 2013

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review 'issues' identified by families, ESS programs or Area Agency ESS Managers for trends that might need to be addressed statewide.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Obtain feedback on the dispute resolution training module and revise as indicated.

**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)

<b>Measurement:</b> Percent = 3.1(a) divided by (3.1) times 100.
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**Overview of Issue/Description of System or Process:**

This indicator is not applicable because the NH Part C Program has not adopted Part B due process procedures.

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

Not Applicable

**Discussion of Baseline Data:**

Not Applicable

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not Applicable
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	
2011 (2011-2012)	
2012 (2012-2013)	

**Improvement Activities/Timelines/Resources:**

Not Applicable

**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.

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

(See Attachment 1)

**Discussion of Baseline Data:**

One request for mediation was received and resulted in a mediation agreement in less than 30 days. Monitoring to assure that families are being notified of their rights by being provided a copy of NH's parent rights notification pamphlet: "Know Your Rights" and that their rights are explained to them is on-going. Monitoring is also provided to ensure that correction is completed within 1 year of identification of noncompliance or sooner.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	No targets are established due to there being less than 10 complaints (minimum threshold).
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2011 (2011-2012)	

**Improvement Activities/Timelines/Resources:**July 1, 2005 – June 30, 2006

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2006 – June 30, 2007

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2007 – June 30, 2008

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2008 – June 30, 2009

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2009 – June 30, 2010

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2010 – June 30, 2011

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.

July 1, 2011– June 30, 2012

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Emphasis placed on the use of mediation as a tool for resolving issues that cannot be resolved through the normal IFSP process.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Develop and post on the web site a training module regarding all aspects of dispute resolution. The module will be available to families, ESS staff, and Area Agency staff.

July 1, 2012 – June 30, 2013

- Annual training for Mediators, Hearing Officers, ESS Program Directors and staff, Quality Assurance coordinators, Area Agency ESS Managers regarding complaint resolution procedures.
- Review reported 'issues' for trends.
- Monitor for compliance and correction of identified noncompliance regarding notification of parent rights through record reviews and survey responses.
- Obtain feedback on the dispute resolution training module and revise as indicated.

**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:

1. 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:**

Data submitted to satisfy Federal requirements come from a variety of data sources. The specific data sources that are used are listed in the overview of the report. Planning to reduce the disparity between the Monthly Program Report and the statewide data system has been a target for NH for many years. Developing one system that will collect all of the information that is needed for program and financial planning is an important part of the solution to this ongoing problem. Nonetheless, a data collection system is only as good as the data that is entered, and a good training program for data entry personnel is essential.

The stakeholder workgroup at the 10/20/2005 ICC Retreat identified a number of issues that if not addressed can and do lead to inaccurate data:

- If the data entry person is not familiar with the data system errors could be inadvertently made.
- There needs to be a warning system when duplicate data or obviously erroneous data is entered (example: impossible birth dates, names misspelled)
- More than one person enters the same data
- If no one has specific responsibility for data errors can remain unidentified for long periods.
- Some reports are generated by two agencies leading to confusion and inaccuracies.

- If there isn't clear guidelines important information, like SPEDIS numbers, are not shared in a timely manner.
- Data entered at any point in the system should be able to be edited when inaccurate.

These are all issues that exist, but fortunately not necessarily to the same extent in all regions. The new statewide data system described here and in the overview section of the report addresses the identified issues. The service coordinator is responsible for the child's 'file'. The system provides review and reporting tools to enable the service coordinator to see if all IFSP services, including consults, have been provided. There is a record of service logging that can identify individuals who may have erroneously entered service provision data. Each person has limited data entry privileges for a child; the service coordinator has primary responsibility for ensuring the accuracy of IFSP data.

### **2/1/2011 Update regarding indicator data source:**

#### Web based statewide data system

618 report data is collected using a web based statewide data system.

In order to reduce the level of error during the information collection process, a direct connection was established between the BDS referral information collection system and the statewide data system. The BDS Area Agency Intake Coordinator enters identifying information for referrals into the BDS NH Leads and a unique identification code is assigned to the child by NH Leads. Within 24 hours of entry into NH Leads, the child's data is downloaded into the statewide data system at which point local programs assume responsibility for entering the individual child data related to eligibility determination, IFSP development, and provision of services.

BDS record review teams verify the accuracy of the information collected through the statewide data system during annual record reviews. Printing screen shots of key data elements and comparing the entered data with information in the individual child's record are techniques used to verify the data.

Technical assistance and trainings are used to address issues regarding the accurate entry of data. Trainings were provided statewide when the new statewide data system was introduced, and technical assistance is provided on an "as needed" basis. The Bureau of Developmental Services maintains a formal agreement with a consultant who is knowledgeable about the data system to provide technical assistance regarding use of the system.

Validity and reliability of the information reported is addressed in a number of ways:

- Assigning responsibility for the information to local administrators
- BDS reviews data to monitor compliance
- Triangulating the data entered into the statewide data system, child record data, and program self-review data
- Comparing previous years data to identify any inconsistencies that can not be easily explained
- Report "filters" are examined prior to a report being generated to assure that the data reported meets the Federal requirements.

#### BDS Program Review Teams

BDS program review teams use a variety of techniques to monitor compliance. On a continuing basis, BDS staff use the web based data system to monitor program and regional data to determine timely entry of data, compliance with Federal timelines and the completeness of the data that has been entered. Ultimately, BDS record review teams verify the accuracy of the data entered into the statewide data system for all indicators during annual record reviews.

During the annual record reviews, randomly selected records (10% or 10 minimum) are reviewed by BDS program review teams that are comprised of Part C staff and the BDS

Regional Liaison assigned to the region being reviewed. Additional reviewers are assigned as needed. Teams use checklists to collect information in a uniform, systematic manner. Program Directors are asked to self-review the selected charts and to discuss their findings. The purpose of the program self-review is to verify understanding of requirements and to provide an opportunity for the program to ask questions. The BDS program review team uses the program's review protocol to verify the accuracy of the self-review and to assist the team in identifying any issues that may not have been identified by the program.

Additional information is sometimes requested from local programs to demonstrate progress toward compliance through the submission of additional data. Data collected through the statewide data system and the annual BDS program review team record reviews are used to verify that the program has achieved and sustained 100% compliance. Although BDS program team reviews records annually, additional record reviews by BDS staff are used to verify progress and identify any need for technical assistance if a program appears to be struggling to make progress.

### **State Performance Plan/Annual Performance Report**

Data for the Annual Performance Report are collected through record reviews, web-based statewide data system, survey, and in collaboration with families. Below are descriptions of each of these data collection methods. Descriptions of how data for each indicator is collected follow.

#### **Indicators 2, 5 & 6**

Data for these indicators is based on federally reported data and is collected using the statewide data system (see above). Record reviews are used to verify the presence of a plan for returning services for a family to a natural setting when applicable. Please see the description of "record reviews" in the section above titled "BDS record review teams" for details regarding this process.

#### **Indicators 1, 7, 8a, b, c, and 9**

Information provided for these indicators is based on data gathered by BDS program review teams. Please see description of this process above in section labeled "BDS program review teams".

The BDS program monitoring team verifies exceptional family circumstances and IFSP team decision-making for initiating services based on the state's definition of timely services.

#### **Indicator 3**

Child outcome data is collected using the model developed by the Early Childhood Outcome (ECO) project. In this model direct service providers use the Child Outcomes Summary Form (COSF) to determine the status of a child regarding the three OSEP identified outcomes. People familiar with the child complete the Child Outcomes Summary Form, and may include members of the evaluation team, IFSP team members, the service coordinator, the family, and others as requested by the family. The summarized information is used to address the three outcomes using a 7 point scale. This scale is used to determine the level of a child's functioning on each outcome and whether that child made progress toward age appropriate behavior.

The same assessment tools used for eligibility determination are used to learn about the child's development for child outcome measurement. These tools are the Hawaii Early Learning Profile (HELP) and the Infant-toddler Developmental Assessment (IDA). The reason for using the same tools is that the providers were familiar with the tools, had the necessary equipment and instruction books, and that standards had already been set for how the tools should be used. Multiple sources of child development information such as medical reports and interviews with families, child care providers, and others familiar with the child are also used to determine the child's level of functioning. Much of the information used in this process is derived from the evaluation and assessment process which is based upon family participation and information as

well as the informed clinical judgment of the evaluation team along with findings from the assessment tools.

Child outcome data is collected for all children at entry into the program and at the point of exit. For children exiting at age 3 yrs, it is collected preferably within the 90 day period prior to the child's 3<sup>rd</sup> birthday. COSF entry scores are decided upon within 6 weeks of eligibility determination for all children who are referred as long as they are 6 months of age or older and expected to be in the program for 6 months or longer. If it is anticipated that a child may leave prior to the third birthday, service coordinators are responsible for collecting exit data prior to the child's departure from the program.

Accuracy of the data is addressed by ensuring that service providers are trained on data collection and reporting. Decisions regarding placement of children on the COSF scale is determined by the child's IFSP team. Child outcome data is entered into the statewide data system at the program level. Program directors are asked to verify the accuracy of the data before it is entered. For OSEP reporting purposes, a rating of 6 or 7 on the COSF is considered to be comparable to same-aged peers.

#### Indicator 4

Family Outcomes data is collected using a modified version of the Early Childhood Outcomes Center survey with a 7-point scale. Surveys do not contain identifiable child or family information so that families will feel comfortable providing ratings and comments. BDS Area Agencies and ESS programs only receive aggregate data with typed comments. Family Outcome Survey FOS data is entered into a database at the state level for this reason.

Surveys are hand delivered to all families who have been in the program at least 6 months by their ESS providers at regularly scheduled home visits.

ESS providers have been given "Provider Tip Sheets" to guide them in explaining the Family Outcomes Survey process and why it is important. Fact sheets that include the purpose of the surveys and step-by-step instructions of how the surveys will be conducted are provided to the provider and family

A cover letter to introduce the FOS to families is included in the survey packet for the parent. The letter includes contact information for the Area Agency representative who can respond to questions. A self-addressed, stamped return envelope is provided so the survey can be returned to BDS with anonymity.

In order to assure that the surveys are representative of the general population, survey return rates are monitored. When necessary, actions are taken to address any decline in survey return rates. Details regarding concerning currently proposed actions can be found in Indicator 4 of this report.

To ensure that all families receive the same information, packets containing relevant information and materials are disseminated to Area Agency Management and to all ESS Directors containing surveys, tip sheets, fact sheets, and instructions.

Survey data is analyzed using the ECO recommended format. Also analyzed is the return rate of surveys and characteristics of the respondents to determine how well survey data represent the population of children and families served in NH's Part C program.

#### **2/1/2011 Update:**

Beginning in 2009 families selected to complete a Family Outcome Survey were offered an incentive to return the survey. Families returning a completed ticket were placed in a raffle for a gas card. This incentive was very effective in increasing the number of surveys returned completed.

Based on feedback from the NH ICC, ESS Program Directors, and Developmental Services Area Agency representatives in late fall 2010, the state decided to begin using a modified version of the 2010 revised Early Childhood Outcomes Center (ECO) Family Outcomes Survey.

The new survey will be disseminated beginning March 2011. The process for dissemination and analysis of the data remains the same as described above.

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

Baseline Data for FFY 04 (2004 - 2005) NH Reported Data Submissions					
Name of Report	Due Date	Date Submitted	Submitted by Due Date	Submitted by:	
				<i>e-mail</i>	<i>surface mail</i>
Table 1	2/1/2005	1/31/2005	yes	X	X
Table 2	11/1/2004	10/25/2004	yes	X	X
Table 3	11/1/2004	10/25/2004	yes	X	X
Table 4	11/1/2004	10/25/2004	yes	X	X
Table 5	11/1/2004	10/25/2004	yes	X	X
APR*	3/31/2005	4/14/2005	no	X	X

\*Requested and received a 2-week extension.

**Discussion of Baseline Data:**

Routine reports to OSEP are typically electronically submitted on time by the Lead Agency. Hard copy data reports such as Table 1 are mailed at the last minute, typically arriving a day or two after the dead line. An issue not identified in the summary above is that delays are created when data needs to be obtained from a third party as opposed to directly from the data system often creates delays. This is a problem that sometimes affects the timeliness of 618 Tables 1-5 and the Annual Performance Report (APR). A second issue is the labor-intensive effort needed in order to utilize record review data in the APR and State Performance Plan. The NH Part C office has been short 1 staff member for an extended period of time and that affects the timeliness of reports. The complexity of the requested report is another variability that can affect the timeliness of reports. Reports that require data not previously used in reports, or a request for data to be analyzed differently than in the past can require additional time to complete. Although the FFY 04 Annual Performance Report was submitted 2 weeks after the deadline, it should be noted that this is 2 weeks closer to the deadline than the year before.

**A. Accuracy of Data**

Accurate data is essential for data based decision-making. To ensure the accuracy of data, information from multiple systems is cross-referenced when ever possible. Triangulation of data is also used by comparing survey, record review, and SPEDIS data to measure compliance on a single issue. SPEDIS data and monthly program report data have also been compared to ensure that both systems contained information for the same children. This is the way that Lead Agency has attempted to validate its child count annually.

Combining monthly program report data that is used for financial planning and contracting purposes and programmatic data in the same system should help to provide more accurate child count and related data. Making data reports relevant to the ESS programs that are entering the data is another way of increasing the accuracy of the data. Encouraging the use of data as a basis for programmatic decisions is another strategy for providing an incentive to programs to be accurate in data entry.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2005 (2005-2006) 100%	100% of the time accurate State reported data would be submitted on or before the due date.
2006 (2006-2007) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2007 (2007-2008) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2008 (2008-2009) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2009 (2009-2010) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2010 (2010-2011) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2011 (2011-2012) 100%	100% of the time accurate State reported data will be submitted on or before the due date.
2012 (2012-2013) 100%	100% of the time accurate State reported data will be submitted on or before the due date.

**Improvement Activities/Timelines/Resources:**

July 1, 2005 – June 30, 2006

Increase accuracy of data by:

- Piloting and followed by statewide implementation of NHSEIS.
- Offer training opportunity regarding the use of data in decision-making (data curriculum from QUILT project)
- Encourage ESS Program Directors and Area Agency staff to request reports from NHSEIS that can be used in program improvement planning
- Provide data entry training and on-going technical assistance for NHSEIS

Increase timeliness of reports by:

- Filling vacant personnel position at the Lead Agency
- Increase ease of requesting reports from the data system

July 1, 2006 – June 30, 2007

Increase accuracy of data by:

- Statewide implementation of NHSEIS.
- Encourage ESS Program Directors and Area Agency staff to request reports from NHSEIS that can be used in program improvement planning
- Provide data entry training and on-going technical assistance for NHSEIS

Increase timeliness of reports by:

- Maintaining full complement of personnel at the Lead Agency
- Increased ease of requesting reports from the data system

July 1, 2007 – June 30, 2008

Increase accuracy of data by:

- Statewide implementation of NHSEIS.
- Encourage ESS Program Directors and Area Agency staff to request reports from NHSEIS that can be used in program improvement planning
- Provide data entry training and on-going technical assistance for NHSEIS
- Reports generated through NHSEIS will be verified by comparing report data to local records. Corrections to child records will be made as indicated. In instances when child records are correct, NH Part C staff will work with NHSEIS consultants to modify report parameters to represent the information accurately.

Increase timeliness of reports by:

- Maintaining full complement of personnel
- Increased ease of requesting reports from the data system

July 1, 2009 – June 30, 2010

Increase accuracy of data by:

- Encourage ESS Program Directors and Area Agency staff to request reports from statewide data system that can be used in program improvement planning
- Provide data entry training and on-going technical assistance for NHSEIS

Increase timeliness of reports by:

- Maintaining full complement of personnel
- Increased ease of requesting reports from the statewide data system
- Reports generated through the statewide data system will be verified by comparing report data to local records. Corrections to child records will be made as indicated. In instances when child records are correct, NH Part C staff will work with data system consultant to modify report parameters to represent the information accurately.
- Based on input from stakeholders, BDS identified a new vendor to develop a customized data system that will better meet the needs of the NH ESS program. The new system will be developed based on stakeholder input and will be ready to begin accepting data by 7/1/10.

July 1, 2010 – June 30, 2011

Maintain accuracy of data by:

- Implementation of statewide data system.
- Encourage ESS Program Directors and Area Agency staff to request reports that can be used in program improvement planning
- Provide data entry training and on-going technical assistance
- Reports generated from the data system will be verified by comparing report data to local records. Corrections to child records will be made as indicated. In instances when child records are correct, NH Part C staff will work with the data system consultant to modify report parameters to represent the information accurately.
- Provide training on the “Thinking Through Improvement” quality improvement model to encourage ESS program directors to use data in decision making.

Maintain timeliness of reports by:

- Maintaining full complement of personnel
- Increased ease of requesting reports from the data system

July 1, 2011 – June 30, 2012

Maintain accuracy of data by:

- Implementation of statewide data system.
- Encourage ESS Program Directors and Area Agency staff to request reports that can be used in program improvement planning
- Provide data entry training and on-going technical assistance
- Reports generated from the data system will be verified by comparing report data to local records. Corrections to child records will be made as indicated. In instances when child records are correct, NH Part C staff will work with the data system consultant to modify report parameters to represent the information accurately.

- Provide technical assistance to programs in using data to bring about quality improvements utilizing the “Thinking Through Improvement” quality improvement model.

Maintain timeliness of reports by:

- Maintaining full complement of personnel
- Increased ease of requesting reports from the data system
- Dedicated consultant to help with reports

July 1, 2012 – June 30, 2013

Maintain accuracy of data by:

- Implementation of statewide data system.
- Encourage ESS Program Directors and Area Agency staff to request reports that can be used in program improvement planning
- Provide data entry training and on-going technical assistance
- Reports generated from the data system will be verified by comparing report data to local records. Corrections to child records will be made as indicated. In instances when child records are correct, NH Part C staff will work with the data system consultant to modify report parameters to represent the information accurately.
- Monitor the use of data at program levels to bring about quality improvements encouraging collaboration with ESS Liaisons on improvement targets.

Maintain timeliness of reports by:

- Maintaining full complement of personnel
- Increased ease of requesting reports from the data system
- Dedicated consultant to help with reports.

Resources:

Learning Innovations/Nick Hardy - Data Curriculum Training - 2006

IT Kit Training –2010

DHHS/BDS staff

Data System Consultant

**Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

<u>SECTION A: Signed, written complaints</u>	
<u>(1) Signed, written complaints total</u>	<u>1</u>
<u>(1.1) Complaints with reports issued</u>	<u>0</u>
<u>(a) Reports with findings</u>	<u>0</u>
<u>(b) Reports within timeline</u>	<u>0</u>
<u>(c) Reports within extended timelines</u>	<u>0</u>
<u>(1.2) Complaints withdrawn or dismissed</u>	<u>1</u>
<u>(1.3) Complaints pending</u>	<u>0</u>
<u>(a) Complaints pending a due process hearing</u>	<u>0</u>

<u>SECTION B: Mediation requests</u>	
<u>(2) Mediation requests total</u>	<u>1</u>
<u>(2.1) Mediations</u>	
<u>(a) Mediations related to due process</u>	<u>0</u>
<u>(i) Mediation agreements</u>	<u>0</u>
<u>(b) Mediations not related to due process</u>	<u>1</u>
<u>(i) Mediation agreements</u>	<u>1</u>
<u>(2.2) Mediations not held (including pending)</u>	<u>0</u>

<u>SECTION C: Hearing requests</u>	
<u>(3) Hearing requests total</u>	<u>1</u>
<u>(3.1) Resolution sessions</u>	<u>0</u>
<u>(a) Settlement agreements</u>	<u>0</u>
<u>(3.2) Hearings (fully adjudicated)</u>	<u>0</u>
<u>(a) Decisions within timeline</u> <b>SELECT</b> <u>timeline used {30 day/Part C 45 day/Part B 45 day}</u>	<u>0</u>
<u>(b) Decisions within extended timeline</u>	<u>0</u>
<u>(3.3) Resolved without a hearing</u>	<u>1</u>

## APPENDIX

Table 8-1. Infants and toddlers ages birth through 2 receiving early intervention services under IDEA, Part C, by age and state (in descending order of percent of population): 2004

State	Birth through 2 total	Population 0-2	Percent of population <sup>a</sup>	DIF <sup>b</sup>
Hawaii	3,936	55,480	7.09	4.79
Massachusetts	13,757	239,325	5.75	3.45
New York	32,232	756,205	4.26	1.96
Indiana	10,738	255,744	4.20	1.90
Wyoming	759	19,081	3.98	1.68
Rhode Island	1,314	36,866	3.56	1.26
Virgin Islands	178	5,087	3.50	1.20
New Mexico	2,760	80,714	3.42	1.12
West Virginia	1,985	60,914	3.26	0.96
Vermont	600	18,606	3.22	0.92
Connecticut	3,948	127,491	3.10	0.80
Pennsylvania	13,297	432,315	3.08	0.78
Delaware	1,006	32,810	3.07	0.77
Arkansas	3,283	111,706	2.94	0.64
Maine	1,169	40,683	2.87	0.57
Illinois	15,318	535,294	2.86	0.56
South Dakota	897	31,624	2.84	0.54
Wisconsin	5,756	203,618	2.83	0.53
North Dakota	611	21,842	2.80	0.50
Maryland	6,276	225,878	2.78	0.48
Idaho	1,706	62,502	2.73	0.43
New Hampshire	1,164	43,104	2.70	0.40
Kansas	2,947	114,457	2.57	0.27
Louisiana	4,522	196,629	2.30	0.00
Kentucky	3,666	159,785	2.29	-0.01
New Jersey	7,790	352,327	2.21	-0.09
Michigan	8,350	386,170	2.16	-0.14
Montana	677	31,787	2.13	-0.17
Iowa	2,331	109,781	2.12	-0.18
Oklahoma	3,013	147,755	2.04	-0.26
Alaska	610	30,150	2.02	-0.28
Florida	12,214	655,203	1.86	-0.44
Texas	20,641	1,121,408	1.84	-0.46
Ohio	7,991	435,667	1.83	-0.47
California	28,781	1,600,314	1.80	-0.50
Puerto Rico	3,139	174,849	1.80	-0.50
Virginia	5,369	299,736	1.79	-0.51
Utah	2,515	141,906	1.77	-0.53
Nebraska	1,303	75,083	1.74	-0.56
North Carolina	6,123	357,551	1.71	-0.59
Tennessee	3,973	232,302	1.71	-0.59
Colorado	3,484	204,418	1.70	-0.60
Mississippi	2,126	125,719	1.69	-0.61
Washington	3,859	230,108	1.68	-0.62
Oregon	2,081	134,621	1.55	-0.75
Arizona	4,196	272,730	1.54	-0.76
Missouri	3,445	225,324	1.53	-0.77
Minnesota	3,039	202,070	1.50	-0.80
Guam	152	10,218	1.49	-0.81
South Carolina	2,289	167,751	1.36	-0.94
Georgia	5,450	411,041	1.33	-0.97
Northern Marianas	47	3,600	1.31	-0.99
District of Columbia	288	22,101	1.30	-1.00
Nevada	1,308	100,764	1.30	-1.00
American Samoa	63	4,856	1.30	-1.00
Alabama	2,261	176,839	1.28	-1.02
National baseline	282,733	12,311,909	2.30	

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Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS),  
"Report of infants and toddlers receiving early intervention services in accordance with Part C," 2004.  
Data updated as of July 30, 2005.

## APPENDIX 2

**Table 8-3a. Infants and toddlers ages birth through 2 (including children at risk) receiving early intervention services under IDEA, Part C, by eligibility criteria (old), age, and state (in descending order of percent of population): 2004**

State	Birth through 2 total	Population 0-2	Percent of population <sup>a</sup>	DIF <sup>b</sup>
<b>Broad Eligibility Criteria</b>				
Hawaii	3,936	55,480	7.09	4.79
Massachusetts	13,757	239,325	5.75	3.45
Indiana	10,738	255,744	4.20	1.90
Wyoming	759	19,081	3.98	1.68
New Mexico	2,760	80,714	3.42	1.12
West Virginia	1,985	60,914	3.26	0.96
Vermont	600	18,606	3.22	0.92
Pennsylvania	13,297	432,315	3.08	0.78
Delaware	1,006	32,810	3.07	0.77
Arkansas	3,283	111,706	2.94	0.64
Maine	1,169	40,683	2.87	0.57
South Dakota	897	31,624	2.84	0.54
Wisconsin	5,756	203,618	2.83	0.53
Maryland	6,276	225,878	2.78	0.48
New Hampshire	1,164	43,104	2.70	0.40
Kansas	2,947	114,457	2.57	0.27
Louisiana	4,522	196,629	2.30	0.00
Michigan	8,350	386,170	2.16	-0.14
Iowa	2,331	109,781	2.12	-0.18
Florida	12,214	655,203	1.86	-0.44
Ohio	7,991	435,667	1.83	-0.47
Virginia	5,369	299,736	1.79	-0.51
North Carolina	6,123	357,551	1.71	-0.59
Colorado	3,484	204,418	1.70	-0.60
Mississippi	2,126	125,719	1.69	-0.61
Washington	3,859	230,108	1.68	-0.62
Minnesota	3,039	202,070	1.50	-0.80
Alabama	2,261	176,839	1.28	-1.02
<b>Moderate Eligibility Criteria</b>				
New York	32,232	756,205	4.26	1.96
Rhode Island	1,314	36,866	3.56	1.26
Connecticut	3,948	127,491	3.10	0.80
Illinois	15,318	535,294	2.86	0.56
Idaho	1,706	62,502	2.73	0.43
Kentucky	3,666	159,785	2.29	-0.01
New Jersey	7,790	352,327	2.21	-0.09
Texas	20,641	1,121,408	1.84	-0.46
California	28,781	1,600,314	1.80	-0.50
Puerto Rico	3,139	174,849	1.80	-0.50
Utah	2,515	141,906	1.77	-0.53
Nebraska	1,303	75,083	1.74	-0.56
Tennessee	3,973	232,302	1.71	-0.59
Oregon	2,081	134,621	1.55	-0.75
South Carolina	2,289	167,751	1.36	-0.94
Georgia	5,450	411,041	1.33	-0.97
<b>Narrow Eligibility Criteria</b>				
North Dakota	611	21,842	2.80	0.50
Montana	677	31,787	2.13	-0.17
Oklahoma	3,013	147,755	2.04	-0.26
Alaska	610	30,150	2.02	-0.28
Arizona	4,196	272,730	1.54	-0.76
Missouri	3,445	225,324	1.53	-0.77
District of Columbia	288	22,101	1.30	-1.00
Nevada	1,308	100,764	1.30	-1.00
<b>Outlying Areas</b>				
Virgin Islands	178	5,087	3.50	1.20
Guam	152	10,218	1.49	-0.81

## APPENDIX 3

**Table 8-4a. Infants under 1 year of age (including infants at risk) receiving early intervention services under IDEA, Part C, by age, and state (in descending order of percent of population): 2004**

State	Age 0 - 1 served under Part C	Population age 0	Percent of population <sup>a</sup>	DIF <sup>b</sup>
Hawaii	1,300	18,956	6.86	5.88
Massachusetts	2,210	80,202	2.76	1.78
Virgin Islands	42	1,672	2.51	1.53
Indiana	1,713	86,163	1.99	1.01
New Mexico	539	27,176	1.98	1.00
West Virginia	395	20,649	1.91	0.93
Rhode Island	214	12,240	1.75	0.77
Wyoming	114	6,600	1.73	0.75
North Dakota	129	7,488	1.72	0.74
Idaho	349	21,032	1.66	0.68
Louisiana	1,110	67,320	1.65	0.67
Montana	170	10,738	1.58	0.60
Pennsylvania	2,113	145,759	1.45	0.47
Delaware	148	11,139	1.33	0.35
American Samoa	22	1,726	1.27	0.29
Kansas	479	38,945	1.23	0.25
Maryland	926	75,601	1.22	0.24
Oklahoma	617	50,398	1.22	0.24
Guam	43	3,535	1.22	0.24
New Hampshire	164	14,193	1.16	0.18
Wisconsin	782	68,647	1.14	0.16
Iowa	420	37,571	1.12	0.14
New York	2,793	254,293	1.10	0.12
Illinois	1,954	179,455	1.09	0.11
Michigan	1,396	128,830	1.08	0.10
California	5,643	537,777	1.05	0.07
Connecticut	441	42,876	1.03	0.05
South Dakota	97	10,855	0.89	-0.09
Vermont	54	6,199	0.87	-0.11
Arkansas	311	37,667	0.83	-0.15
Alaska	83	10,150	0.82	-0.16
Texas	3,054	378,946	0.81	-0.17
Ohio	1,154	146,646	0.79	-0.19
Northern Marianas	10	1,297	0.77	-0.21
Utah	365	48,004	0.76	-0.22
Nebraska	192	25,787	0.74	-0.24
Colorado	505	67,840	0.74	-0.24
Mississippi	318	42,880	0.74	-0.24
Maine	98	13,848	0.71	-0.27
North Carolina	829	118,874	0.70	-0.28
Tennessee	528	78,752	0.67	-0.31
Missouri	514	76,771	0.67	-0.31
South Carolina	374	56,452	0.66	-0.32
Florida	1,441	219,312	0.66	-0.32
Arizona	561	92,222	0.61	-0.37
Nevada	193	33,226	0.58	-0.40
Virginia	578	100,219	0.58	-0.40
District of Columbia	43	7,497	0.57	-0.41
Georgia	754	138,108	0.55	-0.43
New Jersey	629	118,575	0.53	-0.45
Oregon	229	44,962	0.51	-0.47
Washington	389	76,487	0.51	-0.47
Alabama	291	59,756	0.49	-0.49
Kentucky	251	54,312	0.46	-0.52
Minnesota	282	68,793	0.41	-0.57
Puerto Rico	213	58,043	0.37	-0.61
National baseline	40,566	4,143,461	0.98	

## APPENDIX 4

Table 8-5. Infants and toddlers ages birth through 2 (excluding children at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percentage change): 2000 through 2004

State	2000			2001			2002			2003			2004		
	#	%	DIF <sup>a</sup>	#	%	DIF									
California	5,637	0.4	-1.44	24,425	1.6	-0.41	24,904	1.6	-0.54	25,487	1.6	-0.57	26,669	1.7	-0.57
Virgin Islands	87	1.7	-0.11	207	4.1	2.04	160	3.1	0.99	160	3.1	0.97	178	3.5	1.26
Louisiana	2,167	1.1	-0.69	2,311	1.2	-0.83	2,483	1.3	-0.88	3,440	1.8	-0.43	4,522	2.3	0.06
North Dakota	363	1.6	-0.25	371	1.7	-0.34	411	1.8	-0.31	476	2.2	-0.02	611	2.8	0.56
New Mexico	1,052	1.3	-0.48	1,149	1.5	-0.58	1,290	1.6	-0.56	1,553	1.9	-0.26	1,819	2.3	0.01
Iowa	1,420	1.3	-0.55	1,637	1.5	-0.54	1,931	1.8	-0.40	2,136	2.0	-0.23	2,331	2.1	-0.12
Wyoming	457	2.5	0.65	531	2.9	0.88	618	3.3	1.17	671	3.6	1.39	759	4.0	1.74
Vermont	438	2.2	0.40	472	2.5	0.46	577	3.1	0.91	625	3.3	1.16	600	3.2	0.98
Rhode Island	951	2.5	0.70	1,089	3.0	0.93	1,263	3.4	1.28	1,282	3.5	1.30	1,314	3.6	1.32
Maine	842	2.0	0.22	964	2.4	0.36	1,078	2.7	0.53	1,105	2.7	0.56	1,169	2.9	0.63
Pennsylvania	9,400	2.2	0.37	10,191	2.4	0.37	11,274	2.7	0.50	12,429	2.9	0.72	13,297	3.1	0.84
Georgia	3,427	0.9	-0.87	3,770	1.0	-1.05	4,061	1.0	-1.14	4,907	1.2	-0.98	5,450	1.3	-0.91
West Virginia	1,254	2.1	0.26	1,412	2.3	0.31	1,332	2.2	0.03	1,517	2.5	0.32	1,735	2.8	0.61
Arkansas	2,337	2.1	0.33	2,774	2.5	0.49	2,874	2.6	0.42	2,772	2.5	0.30	3,283	2.9	0.70
Washington	2,900	1.2	-0.59	3,119	1.3	-0.71	3,518	1.5	-0.66	3,627	1.6	-0.62	3,859	1.7	-0.56
New Jersey	5,470	1.6	-0.18	6,434	1.9	-0.12	7,252	2.1	-0.03	8,085	2.3	0.15	7,790	2.2	-0.03
South Dakota	645	2.1	0.29	655	2.1	0.11	704	2.3	0.11	830	2.7	0.47	897	2.8	0.60
Illinois	11,506	2.2	0.38	10,021	1.9	-0.14	10,906	2.0	-0.12	13,140	2.4	0.27	15,318	2.9	0.62
Indiana	7,707	3.0	1.22	8,645	3.4	1.32	8,614	3.3	1.18	9,543	3.7	1.54	10,067	3.9	1.70
Idaho	1,274	2.2	0.34	1,257	2.1	0.05	1,340	2.2	0.02	1,490	2.4	0.22	1,706	2.7	0.49
North Carolina	3,731	1.1	-0.69	4,783	1.4	-0.65	5,012	1.4	-0.75	5,071	1.4	-0.77	5,120	1.4	-0.81
Hawaii	1,630	3.5	1.66	1,690	3.5	1.42	2,002	3.9	1.71	2,405	4.4	2.24	2,389	4.3	2.07
District of Columbia	206	1.1	-0.76	279	1.4	-0.64	283	1.3	-0.82	247	1.1	-1.06	288	1.3	-0.94
Virginia	4,081	1.5	-0.35	4,468	1.6	-0.48	5,147	1.7	-0.42	5,228	1.7	-0.43	5,369	1.8	-0.45
Maryland	4,815	2.3	0.46	4,897	2.3	0.24	5,450	2.5	0.32	5,621	2.5	0.33	6,276	2.8	0.54
Arizona	2,941	1.3	-0.55	2,924	1.2	-0.86	3,487	1.3	-0.82	3,725	1.4	-0.79	4,196	1.5	-0.70
Montana	574	1.8	-0.06	600	1.9	-0.13	574	1.8	-0.37	628	2.0	-0.21	677	2.1	-0.11
Nevada	947	1.1	-0.74	895	0.9	-1.08	885	0.9	-1.25	930	0.9	-1.24	1,308	1.3	-0.94
Michigan	7,267	1.8	0.00	7,094	1.8	-0.23	7,570	1.9	-0.23	8,229	2.1	-0.06	8,350	2.2	-0.08
Oklahoma	2,465	1.7	-0.10	2,627	1.8	-0.20	2,935	2.0	-0.16	3,348	2.3	0.09	3,013	2.0	-0.20
Kansas	2,485	2.2	0.37	2,738	2.4	0.38	2,828	2.5	0.31	2,749	2.4	0.22	2,947	2.6	0.33
New York	26,934	3.7	1.84	30,417	4.1	2.09	35,997	4.8	2.68	33,026	4.4	2.20	32,232	4.3	2.02
Alabama	1,996	1.1	-0.70	2,086	1.2	-0.86	2,157	1.2	-0.96	2,159	1.2	-0.97	2,261	1.3	-0.96
Oregon	1,833	1.4	-0.45	1,887	1.4	-0.63	1,933	1.4	-0.73	1,838	1.4	-0.82	2,081	1.5	-0.69
Texas	16,132	1.6	-0.18	18,171	1.7	-0.29	20,286	1.9	-0.29	20,233	1.8	-0.36	20,641	1.8	-0.40
Northern Marianas	42	1.2	-0.65	48	1.3	-0.70	42	1.2	-0.99	40	1.1	-1.07	47	1.3	-0.93
Wisconsin	5,157	2.5	0.72	5,212	2.6	0.56	5,323	2.6	0.45	5,417	2.7	0.48	5,756	2.8	0.59
Massachusetts	11,691	4.9	3.12	12,487	5.3	3.30	13,372	5.6	3.43	13,986	5.8	3.63	13,166	5.5	3.26
Missouri	3,039	1.4	-0.45	2,825	1.3	-0.74	2,942	1.3	-0.84	3,423	1.5	-0.65	3,445	1.5	-0.71
Connecticut	3,794	2.9	1.08	3,879	3.0	0.99	4,033	3.2	1.03	3,701	2.9	0.75	3,948	3.1	0.86
Kentucky	3,510	2.2	0.38	3,867	2.4	0.38	4,176	2.6	0.44	3,903	2.4	0.26	3,666	2.3	0.05
Ohio	7,973	1.8	-0.05	7,612	1.7	-0.32	6,943	1.6	-0.59	8,339	1.9	-0.28	7,991	1.8	-0.41
Nebraska	1,185	1.7	-0.14	1,115	1.6	-0.46	1,163	1.6	-0.56	1,260	1.7	-0.48	1,303	1.7	-0.50
Utah	2,263	1.7	-0.10	2,463	1.8	-0.23	2,527	1.8	-0.36	2,382	1.7	-0.51	2,515	1.8	-0.47
Minnesota	2,948	1.5	-0.32	3,052	1.6	-0.47	3,267	1.7	-0.51	3,502	1.8	-0.43	3,039	1.5	-0.74
New Hampshire	1,196	2.7	0.90	1,155	2.7	0.64	1,214	2.8	0.66	1,142	2.6	0.46	x	x	x
Puerto Rico	3,230	1.8	0.03	2,983	1.7	-0.32	2,778	1.6	-0.57	2,486	1.4	-0.76	3,139	1.8	-0.44
South Carolina	2,289	1.4	-0.39	2,093	1.3	-0.76	1,695	1.0	-1.14	1,739	1.0	-1.14	2,289	1.4	-0.88
Delaware	1,003	3.2	1.42	907	2.9	0.90	1,034	3.2	1.04	953	2.9	0.73	1,006	3.1	0.83
American Samoa	67	1.4	-0.44	35	0.7	-1.31	42	0.9	-1.30	31	0.6	-1.54	63	1.3	-0.94
Tennessee	4,250	1.9	0.06	4,701	2.1	0.03	5,426	2.4	0.20	4,215	1.8	-0.36	3,973	1.7	-0.53
Alaska	651	2.3	0.48	634	2.2	0.17	625	2.1	-0.04	641	2.1	-0.04	610	2.0	-0.22
Mississippi	2,450	2.0	0.17	2,030	1.6	-0.40	1,862	1.5	-0.68	1,975	1.6	-0.61	2,126	1.7	-0.55
Colorado	4,151	2.3	0.46	3,068	1.6	-0.44	2,854	1.4	-0.72	3,148	1.5	-0.63	3,484	1.7	-0.54
Florida	14,247	2.5	0.70	14,443	2.4	0.36	16,894	2.7	0.54	14,719	2.3	0.10	12,214	1.9	-0.38
Guam	226	2.2	0.39	145	1.4	-0.61	30	0.3	-1.87	20	0.2	-1.98	x	x	x
National baseline	212,733	1.8		241,744	2.0		261,378	2.2		267,734	2.2		275,484	2.2	

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2004. Data updated as of July 30, 2005.

## APPENDIX 5

Table 8-6. Infants under 1 year of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percent change): 2000 through 2004

State	2000			2001			2002			2003			2004		
	#	%	DIF <sup>a</sup>	#	%	DIF									
Louisiana	298	0.5	-0.35	319	0.5	-0.40	331	0.5	-0.44	842	1.3	0.37	1,110	1.6	0.73
Virgin Islands	12	0.7	-0.09	65	3.9	3.01	41	2.5	1.50	48	2.9	1.97	42	2.5	1.59
California	1,527	0.3	-0.50	4,967	0.9	0.07	5,151	1.0	0.04	5,158	1.0	0.07	5,233	1.0	0.05
North Dakota	60	0.8	-0.02	63	0.9	-0.03	62	0.8	-0.13	86	1.2	0.25	129	1.7	0.80
Iowa	195	0.5	-0.29	241	0.7	-0.23	286	0.8	-0.17	323	0.9	-0.03	420	1.1	0.20
Northern Marianas	5	0.4	-0.42	7	0.5	-0.34	5	0.4	-0.56	6	0.5	-0.44	10	0.8	-0.15
District of Columbia	21	0.3	-0.50	19	0.2	-0.63	24	0.3	-0.63	24	0.3	-0.58	43	0.6	-0.35
New Mexico	117	0.4	-0.37	121	0.4	-0.43	153	0.6	-0.39	201	0.7	-0.16	225	0.8	-0.09
Nebraska	105	0.4	-0.37	163	0.7	-0.21	184	0.7	-0.21	176	0.7	-0.20	192	0.7	-0.18
Maine	59	0.4	-0.38	70	0.5	-0.35	107	0.8	-0.14	98	0.7	-0.18	98	0.7	-0.21
South Dakota	59	0.6	-0.24	82	0.8	-0.08	62	0.6	-0.36	70	0.7	-0.25	97	0.9	-0.03
Wyoming	70	1.1	0.33	81	1.3	0.45	82	1.3	0.35	100	1.5	0.64	114	1.7	0.81
Idaho	225	1.1	0.31	216	1.1	0.17	209	1.0	0.06	272	1.3	0.40	349	1.7	0.74
Maryland	598	0.8	0.03	563	0.8	-0.12	745	1.0	0.06	755	1.0	0.11	926	1.2	0.30
New York	1,912	0.8	-0.04	2,313	0.9	0.02	2,837	1.1	0.18	2,640	1.0	0.14	2,793	1.1	0.18
North Carolina	401	0.4	-0.45	615	0.5	-0.37	592	0.5	-0.45	581	0.5	-0.41	600	0.5	-0.42
Georgia	505	0.4	-0.40	539	0.4	-0.48	588	0.4	-0.51	702	0.5	-0.38	754	0.5	-0.37
Illinois	1,450	0.8	0.01	998	0.5	-0.33	1,291	0.7	-0.23	1,675	0.9	0.04	1,954	1.1	0.17
Pennsylvania	1,580	1.1	0.29	1,644	1.2	0.27	1,744	1.2	0.29	2,009	1.4	0.50	2,113	1.4	0.53
Wisconsin	592	0.9	0.06	680	1.0	0.12	621	0.9	-0.04	607	0.9	-0.01	782	1.1	0.22
Rhode Island	165	1.3	0.53	181	1.5	0.60	220	1.8	0.85	227	1.9	0.95	214	1.7	0.83
Washington	309	0.4	-0.42	340	0.4	-0.45	351	0.5	-0.50	349	0.5	-0.45	389	0.5	-0.41
Hawaii	351	2.2	1.38	378	2.1	1.23	480	2.6	1.69	561	3.0	2.11	539	2.8	1.92
Kansas	395	1.0	0.22	439	1.1	0.26	446	1.2	0.21	413	1.1	0.17	479	1.2	0.31
Virginia	455	0.5	-0.33	1,461	1.5	0.59	1,939	2.0	1.01	588	0.6	-0.31	578	0.6	-0.34
Montana	147	1.3	0.53	164	1.5	0.66	127	1.2	0.23	131	1.2	0.32	170	1.6	0.66
Alabama	253	0.4	-0.39	239	0.4	-0.49	234	0.4	-0.55	215	0.4	-0.54	291	0.5	-0.43
Indiana	1,267	1.5	0.68	1,501	1.7	0.86	1,593	1.9	0.94	1,395	1.6	0.74	1,456	1.7	0.77
Texas	2,453	0.7	-0.08	2,767	0.8	-0.13	2,858	0.8	-0.17	2,649	0.7	-0.19	3,054	0.8	-0.11
Connecticut	408	0.9	0.14	442	1.0	0.17	476	1.1	0.19	392	0.9	0.03	441	1.0	0.11
Michigan	1,355	1.0	0.20	1,226	0.9	0.05	1,207	0.9	-0.01	1,331	1.0	0.14	1,396	1.1	0.16
New Jersey	554	0.5	-0.31	672	0.6	-0.29	631	0.6	-0.40	677	0.6	-0.32	629	0.5	-0.39
Oklahoma	559	1.2	0.36	577	1.2	0.29	640	1.3	0.34	652	1.3	0.41	617	1.2	0.30
Vermont	54	0.8	0.03	59	0.9	0.06	72	1.2	0.21	64	1.0	0.13	54	0.9	-0.05
Missouri	486	0.7	-0.15	309	0.4	-0.47	417	0.6	-0.39	465	0.6	-0.28	514	0.7	-0.25
Nevada	168	0.6	-0.24	116	0.4	-0.52	112	0.3	-0.60	113	0.3	-0.56	193	0.6	-0.34
New Hampshire	165	1.2	0.34	154	1.1	0.19	173	1.2	0.26	154	1.1	0.19	x	x	x
Massachusetts	1,994	2.5	1.69	2,088	2.6	1.70	2,223	2.7	1.80	2,280	2.8	1.95	1,956	2.4	1.52
Oregon	239	0.5	-0.28	217	0.5	-0.40	235	0.5	-0.42	184	0.4	-0.49	229	0.5	-0.41
American Samoa	23	1.3	0.52	12	0.7	-0.18	10	0.6	-0.37	8	0.5	-0.44	22	1.3	0.35
West Virginia	297	1.5	0.65	247	1.2	0.34	235	1.2	0.21	270	1.3	0.42	289	1.4	0.48
South Carolina	376	0.7	-0.12	289	0.5	-0.37	193	0.3	-0.60	284	0.5	-0.39	374	0.7	-0.26
Ohio	1,333	0.9	0.07	1,103	0.7	-0.14	1,093	0.7	-0.20	1,278	0.9	-0.02	1,154	0.8	-0.13
Arizona	560	0.7	-0.10	417	0.5	-0.40	453	0.5	-0.43	491	0.5	-0.36	561	0.6	-0.31
Arkansas	362	1.0	0.19	416	1.1	0.23	427	1.1	0.20	260	0.7	-0.20	311	0.8	-0.09
Utah	423	0.9	0.11	426	0.9	0.02	371	0.8	-0.17	341	0.7	-0.19	365	0.8	-0.16
Alaska	102	1.1	0.26	94	0.9	0.06	92	0.9	-0.03	90	0.9	0.00	83	0.8	-0.10
Tennessee	704	0.9	0.12	820	1.0	0.17	811	1.1	0.11	552	0.7	-0.19	528	0.7	-0.25
Delaware	194	1.9	1.04	179	1.7	0.79	205	1.9	0.92	201	1.8	0.92	148	1.3	0.41
Minnesota	384	0.6	-0.23	388	0.6	-0.29	457	0.7	-0.26	472	0.7	-0.21	282	0.4	-0.51
Colorado	825	1.3	0.51	466	0.7	-0.19	453	0.7	-0.27	444	0.7	-0.24	505	0.7	-0.18
Mississippi	555	1.3	0.52	336	0.8	-0.10	363	0.9	-0.08	328	0.8	-0.12	318	0.7	-0.18
Kentucky	500	0.9	0.12	473	0.9	-0.01	432	0.8	-0.14	325	0.6	-0.29	251	0.5	-0.46
Puerto Rico	516	0.9	0.08	222	0.4	-0.50	231	0.4	-0.55	187	0.3	-0.58	213	0.4	-0.55
Florida	3,088	1.6	0.81	2,874	1.4	0.48	3,189	1.5	0.58	2,219	1.0	0.13	1,441	0.7	-0.26
Guam	22	0.6	-0.19	21	0.6	-0.29	0	0.0	-0.95	0	0.0	-0.90	x	x	x
National baseline	31,832	0.8		35,879	0.9		38,564	1.0		36,963	0.9		38,192	0.9	

# APPENDIX 6

Created

11/3/2010

Table C-13. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2009

State	Percentage			Percentage			Percentage			Percentage		
	Number served Birth to 1 yr.	Number Birth to 1 yr. Population	Percentage Birth to 1 yr. Population	Number served 1 yr. to 2 yrs.	Number 1 yr. to 2 yrs. Population	Percentage 1 yr. to 2 yrs. Population	Number served 2 yrs. to 3 yrs.	Number 2 yrs. to 3 yrs. Population	Percentage 2 yrs. to 3 yrs. Population	Number served Birth to 3 yrs.	Number Birth to 3 yrs. Population	Percentage Birth to 3 yrs. Population
Alabama	334	62,128	0.54	1,021	63,535	1.61	1,743	64,979	2.68	3,098	190,642	1.63
Alaska	164	11,347	1.45	236	11,429	2.06	275	10,958	2.51	675	33,734	2.00
Arizona	544	103,592	0.53	1,705	102,498	1.66	3,123	105,794	2.95	5,372	311,884	1.72
Arkansas	247	40,590	0.61	982	41,214	2.38	1,491	42,136	3.54	2,720	123,940	2.19
California	5,410	554,411	0.98	14,333	559,208	2.56	18,595	558,792	3.33	38,338	1,672,411	2.29
Colorado	699	73,276	0.95	1,579	72,808	2.17	2,878	73,373	3.92	5,156	219,457	2.35
Connecticut	516	41,216	1.25	1,479	41,520	3.56	2,748	42,692	6.44	4,743	125,428	3.78
Delaware	103	11,921	0.86	263	12,087	2.18	474	12,024	3.94	840	36,032	2.33
District of Columbia	45	7,848	0.57	73	7,628	0.96	213	7,859	2.71	331	23,335	1.42
Florida	1,489	231,945	0.64	4,127	232,442	1.78	8,861	239,532	3.70	14,477	703,919	2.06
Georgia	631	147,740	0.43	1,757	151,103	1.16	3,244	153,584	2.11	5,632	452,427	1.24
Hawaii	238	18,673	1.27	643	18,478	3.48	1,199	17,904	6.70	2,080	55,055	3.78
Idaho	394	25,185	1.56	584	25,401	2.30	938	25,470	3.68	1,916	76,056	2.52
Illinois	1,950	181,133	1.08	5,597	179,925	3.11	10,719	179,630	5.97	18,266	540,688	3.38
Indiana	1,156	88,683	1.30	3,312	89,699	3.69	5,596	90,371	6.19	10,064	268,753	3.74
Iowa	710	40,742	1.74	1,215	41,396	2.94	1,847	41,500	4.45	3,772	123,638	3.05
Kansas	562	41,506	1.35	1,019	41,764	2.44	1,982	42,177	4.70	3,563	125,447	2.84
Kentucky	382	56,470	0.68	1,554	57,849	2.69	3,141	59,478	5.28	5,077	173,797	2.92
Louisiana	997	63,785	1.56	2,142	67,258	3.18	1,409	68,881	2.05	4,548	199,924	2.27
Maine	90	13,739	0.66	290	13,931	2.08	619	14,531	4.26	999	42,201	2.37
Maryland	1,126	76,511	1.47	2,282	77,124	2.96	3,770	77,365	4.87	7,178	231,000	3.11
Massachusetts	1,890	77,177	2.45	4,702	77,519	6.07	8,540	77,668	11.00	15,132	232,364	6.51
Michigan	1,538	123,960	1.24	3,311	123,258	2.69	5,814	122,807	4.73	10,663	370,025	2.88
Minnesota	543	73,019	0.74	1,478	73,418	2.01	2,728	74,281	3.67	4,749	220,718	2.15
Mississippi	325	43,850	0.74	789	45,316	1.74	1,149	47,311	2.43	2,263	136,477	1.66
Missouri	676	80,605	0.84	1,339	81,913	1.63	2,185	82,251	2.66	4,200	244,769	1.72
Montana	109	12,838	0.85	212	12,793	1.66	328	12,693	2.58	649	38,324	1.69
Nebraska	188	27,813	0.68	456	27,272	1.67	890	27,216	3.27	1,534	82,301	1.86
Nevada	253	40,286	0.63	570	40,698	1.40	1,069	41,945	2.55	1,892	122,929	1.54
New Hampshire	212	14,214	1.49	507	14,391	3.52	1,025	14,596	7.02	1,744	43,201	4.04
New Jersey	739	110,569	0.67	3,060	111,978	2.73	6,706	112,162	5.98	10,505	334,709	3.14
New Mexico	789	30,381	2.60	1,686	30,469	5.53	2,194	31,067	7.06	4,669	91,917	5.08
New York	2,906	247,880	1.17	9,884	248,655	3.97	20,086	248,608	8.08	32,876	745,143	4.41
North Carolina	1,382	132,275	1.04	3,077	134,291	2.29	5,512	135,936	4.05	9,971	402,502	2.48
North Dakota	178	9,132	1.95	302	8,952	3.37	429	8,746	4.91	909	26,830	3.39
Ohio	2,587	147,725	1.75	4,719	148,496	3.18	7,030	150,153	4.68	14,336	446,374	3.21
Oklahoma	571	54,677	1.04	1,061	55,064	1.93	1,448	55,755	2.60	3,080	165,496	1.86
Oregon	303	49,701	0.61	886	49,897	1.78	1,573	50,783	3.10	2,762	150,381	1.84
Pennsylvania	2,389	147,416	1.62	5,374	149,910	3.58	9,397	152,173	6.18	17,160	449,499	3.82
Puerto Rico	256	45,100	0.57	1,319	45,304	2.91	3,365	46,443	7.25	4,940	136,847	3.61
Rhode Island	291	12,228	2.38	584	12,084	4.83	996	12,251	8.13	1,871	36,563	5.12
South Carolina	488	60,666	0.80	1,480	62,138	2.38	2,632	65,805	4.00	4,600	188,609	2.44
South Dakota	109	12,342	0.88	299	12,070	2.48	621	12,233	5.08	1,029	36,645	2.81
Tennessee	586	85,091	0.69	1,487	87,117	1.71	2,184	86,558	2.52	4,257	258,766	1.65
Texas	4,405	413,480	1.07	9,000	417,476	2.16	15,169	416,836	3.64	28,574	1,247,792	2.29
Utah	339	57,018	0.59	995	55,948	1.78	1,950	54,966	3.55	3,284	167,932	1.96
Vermont	73	6,509	1.12	247	6,581	3.75	456	6,678	6.83	776	19,768	3.93
Virginia	626	106,950	0.59	1,882	107,466	1.75	3,780	108,497	3.48	6,288	322,913	1.95
Washington	454	89,453	0.51	1,542	91,464	1.69	3,010	92,441	3.26	5,006	273,358	1.83
West Virginia	376	20,512	1.83	783	21,379	3.66	1,313	21,975	5.97	2,472	63,866	3.87
Wisconsin	716	73,086	0.98	1,706	73,403	2.32	3,578	74,102	4.83	6,000	220,591	2.72
Wyoming	150	8,200	1.83	361	8,342	4.33	596	8,302	7.18	1,107	24,844	4.46
50 states and DC	44,234	4,306,594	1.03	111,291	4,343,359	2.56	192,618	4,382,268	4.40	348,143	13,032,221	2.67
American Samoa	25	1,726	1.45	33	1,632	2.02	42	1,498	2.80	100	4,856	2.06
Guam	33	3,535	0.93	67	3,351	2.00	60	3,332	1.80	160	10,218	1.57
Northern Mariana Islands	10	1,297	0.77	7	1,174	0.60	33	1,129	2.92	50	3,600	1.39
Virgin Islands	39	1,672	2.33	63	1,625	3.88	49	1,790	2.74	151	5,087	2.97
U.S. and outlying islands	44,341	4,314,824	1.03	111,461	4,351,141	2.56	192,802	4,390,017	4.39	348,604	13,055,982	2.67