DE
Part C

FFY2015
State Performance Plan / Annual Performance Report

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

Executive Summary:

The Birth to Three Early Intervention System operates under the authorization of Part C of the individuals with Disabilities Education Improvement Act (IDEA) of 2004. Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services, and Part C eligible children and families receive services through Child Development Watch (CDW), within the Division of Public Health.

Delaware has been able to assure correction of all identified findings of noncompliance regarding early childhood transition planning. While few findings of noncompliance have been issued, instances of noncompliance are also reported within the APR. Instances are defined as minor and non-reoccurring uses which are quickly resolved. Instances represent isolated events such as sudden illness of a service coordinator resulting in a delayed IFSP or a new service coordinator miscalculating the timeline on his/her first IFSP. Regardless of the specific level of noncompliance, Delaware ensures any instance of noncompliance is corrected as quickly as possible and within one year, and the Program is correctly implementing the specific regulatory requirements as outlined in OSEP Memo 09-02.

Quality improvement activities have been carried out through collaboration among the Birth to Three Early Intervention Office staff, the ICC, and the numerous committees of the ICC and Birth to Three Early Intervention System. Through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Improvements have been implemented at the local level, statewide, and as part of major initiatives within Delaware's early care and education community. The regional CDW programs and the various stakeholder groups have been instrumental in implementing effective improvement activities, thus promoting long term system improvements.

Delaware maintains confidence in its data presented in the Annual Performance Report (APR).

Additional information and copies of previous reports are available on the Birth to Three website http://www.dhss.delaware.gov/dhss/dms/birth3pubs.html

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General Supervision System:

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

Current Initiatives:

Birth to Three continues to work on several initiatives simultaneously. Birth to Three remains committed to the collaborative work with the Delaware Office of Early Learning and the Help Me Grow initiative to provide follow up services for children screened and found to be high risk based on the Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages (ASQ) developmental screening tools. Birth to Three and Child Development Watch engage as active participants of the Delaware Early Childhood Council whose goal is improved screening and follow-up, inclusive of strengthening young child mental health services.

Birth to Three has continued our membership with the Plan to Achieve Health Equity for Delawareans with Disabilities, whose mission is to improve access to health care for all Delawareans with disabilities. Our focus on improved access to commercial health insurance for its families is strident. Birth to Three remains a governor-appointed member of the Autism Legislative Task Force (Senate Concurrent Resolution No. 65) and of the Early Hearing Detection and Intervention Advisory Board.

In addition, Birth to Three continues to distribute the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals. English and Spanish portfolios are distributed annually and are available on the Birth to Three website.

Birth to Three is also a participant in a telehealth project to reduce lengthy, laborious travel for families with children with disabilities, and increase training opportunities. CDW Southern Health Services, located in Sussex County, has received, and setup videoconferencing equipment, and have trained staff.

Fiscal:

Birth to Three utilizes a central billing system to process claims. With parent consent and notification, private and public insurances are accessed to contribute additional funds for services. A sliding fee scale is utilized when parents do not provide consent to utilize their private insurance; however, service provision is not contingent upon any family's inability to pay for services. Delaware is in the process of finalizing its System of Payments under the guidance of OSEP in order to comply with IDEA.

Data System:

The data system (DHSSCares) is a vital component to the general supervision system. Regional data is essentially organized by county, with New Castle County in one region and Kent and Sussex Counties in the second region. Regional CDW programs enter and maintain their own data in DHSSCares. Reports can be generated on a child, service coordinator, region, or statewide level. Birth to Three and CDW staff review regional and statewide data reports periodically. Birth to Three continues to revise and update this data system to ensure valid and reliable data collection, and state and federal reporting.

The data system is web-based to allow for data to be entered from state offices and remote, third-party locations. The system includes child demographics, Part C eligibility, assessments, service delivery data, child outcome scores, and progress notes. DHSSCares also generates the Annual Child Count reports,

child outcome reports, and other reports required for compliance and quality management purposes.

Monitoring and Accountability:

Early intervention services for infants and toddlers with disabilities are ensured through Delaware's systems for compliance with IDEA. Determination of IDEA compliance is based on the collection, analysis and utilization of data from all available resources, including the statewide data system (DHSSCares), onsite chart monitoring, family survey activities, and through statewide initiatives external to the Birth to Three Program.

Reports run from DHSSCares and onsite chart reviews are the primary method for monitoring to ensure compliance. Reports and results are discussed and shared on a regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to each regional program, and develop recommendations for both regional and statewide improvement activities.

In fiscal year 2015, both programs continued to monitor their regional data and provided their results to the Birth to Three office for analysis. In addition, both the Quality Management Coordinator and the COSF Liaisons have conducted on-site monitoring activities as necessary. Results are summarized in their corresponding indicators.

The monitoring plan used for onsite chart audits has been previously accepted by OSEP.

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Technical Assistance System:

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

The State has put in place technical assistance to ensure the timely delivery of high quality, evidenced-based early intervention services (EIS). The Birth to Three office provides a training administrator as well as a technical assistance staff on site at each of the two CDW clinic locations. Birth to Three collaborates with CDW leadership to assure program activities and technical assistance results in continued progress towards compliance and high quality service delivery. All new staff participate in a 15-hour orientation to early intervention, which utilizes both online and in-person learning. New staff are assigned a mentor, have opportunities to observe seasoned staff, and are then observed demonstrating competence with essential practices.

In addition to the learning modules being used with new service coordinators when they are hired, these modules are used as resources for veteran service coordinators to ensure consistency of information and practice. One-on-one technical assistance is also provided to individual staff as the need is self-identified or identified through supervision and chart monitoring.

During FFY2015 the Birth to Three Training Administrator was part of a small workgroup of professionals from the Early Intervention-Early Childhood Professional Development Community of Practice developing a Universal Online Curriculum for early intervention. The work group developed an online early intervention curriculum, highlighting best practices in the early intervention process that can be shared as a training tool and/or family resource for anyone in the nation. The content included research based methods and materials, and is not state or territory specific. In Delaware, modules on the “Seven Key Principles and Agreed upon Practices and Foundational Pillars” of Early Intervention are being used to complement and supplement other early intervention technical assistance, and awareness efforts.

Additional training and ongoing technical assistance is offered regionally at CDW sites on topics such as transition, including all aspects of transition planning, early childhood outcomes, and other topics when a need is identified.

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Professional Development System:

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

There are several mechanisms the State has in place via professional development to ensure service providers are effectively providing services that improve results for infants and toddlers with disabilities and their familis.

Birth to Three partners with University of Delaware’s Delaware Institute for Excellence in Early Childhood to offer high quality training. The role of the Institute is to develop a system to support Quality Early Childhood Programming. The system of programs and providers who work with young children includes those who work in child care centers, Early Head Start, Head Start, and Early Childhood Assistance Programs (ECAP). In addition, individuals such as occupational therapists, physical therapists, and speech language pathologists who work with early intervention services through Birth to Three, and the Part B programs administered by the school districts are included. The partnership with the Institute increases the range and quality of training opportunities focusing on inclusion and natural learning opportunities for a broad range of early childhood professionals. Delaware has completed its partnership with the Early Childhood Personnel Center on an intensive TA personnel development project. The TA utilized a strategic planning model to assist Delaware to develop, implement and evaluate an Early Childhood CSPD across all personnel serving infants and young children with disabilities. The CSPD is comprised of each of the following components: (1) Personnel Standards; (2) Needs Assessments; (3) Preservice Programs; (4) In-service Programs; (5) Technical Assistance; and, (6) Evaluation. The expectation remains the same: a viable and integrated system of six interrelated CSPD components contributing to a statewide Early Childhood CSPD that can be used as model for other states. In addition, through the use of conferencing equipment, AI DuPont Children’s Hospital, located in New Castle County, will be able to offer staff development and training on a variety of child-related conditions and disabilities for CDW staff located downstate

in Milford. Birth to Three is a mentor of the Early Learning Professional Development strategic planning to carry forward to the larger early childhood community.

Delaware's Division of Professional Regulation provides regulatory oversight for the licensing boards for physical and occupational therapists, speech language pathologists, and early childhood educators. The activities of this oversight include administrative, fiscal, and investigative support including maintaining a licensing database, notifying licensees of renewal periods and monitoring continuing education requirements.

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Stakeholder Involvement: apply this to all Part C results indicators

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

Stakeholder input is soliticed from several stakeholder groups. The Interagency Coordinating Council (ICC) and the ICC Executive Committee are the primary stakeholders for the Birth to Three Early Intervention System. They review and provide input for the Annual Performance Report (APR) targets and State Systemic Performance Plan (SSIP). The ICC met on July 28 2015 and October 27, 2015 and January 26, 2016 to discuss the Annual Report and related targets and SSIP planning.

The APR targets are also shared for feedback with the Child Development Watch Leadership team, the Governor's Advisory Council for Exceptional Citizen's Early Childhood Committee, and Parent Information Center of DE, and Parent Training and Information (PTI) agency for Delaware. The Department of Education Early Childhood Transition Workgroup and the Early Intervention Provider network are also solicited for feedback on the APR and its targets.

See also Indicator 11 for additional indepth information on stateholder involvement.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2014 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2014 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2014 APR in 2016, is available.

Delaware's SPP and Annual Performance Reports are posted to the DHSS website at http://www.dhss.delaware.gov/dms/epqc/birth3/directry.html

Regional performance data is included within each Annual Performance Report. In addition region-specific data is also included in site-specific reports when available.

At Delaware's Annual LIFE Conference on January 25, 2016, Birth to Three and the Department of Education presented overviews of their State Systemic Improvement Plans to a diverse audience of approximately 80 participants, consisting primarily of parents, but also included early intervention providers and representatives from other state agencies. They also provided input on how programs could better share information with the communities.

In addition to the ICC, program information is shared at statewide meetings with the Delaware Early Childhood Council, Office of Early Learning (DOE), Governor's Advisory Council for Exceptional Citizens, Child Development Watch staff during regional staff meetings, Public Health, and with regional Division of Public Health directors.

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Actions required in FFY 2014 response

OSEP Response

Required Actions

The State's IDEA Part C determination for both 2016 and 2017 is Needs Assistance. In the State's 2017 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2016 SPP/APR submission, due February 1, 2018, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		81.28%	81.79%	89.10%	90.60%	83.20%	83.71%	85.37%	81.73%	84.33%	76.08%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
122	200	76.08%	100%	79.00%

Number of documented delays attributable to exceptional family circumstances *This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*	36

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

- (●) **State monitoring**
- ( ) **State database**

Describe the method used to select EIS programs for monitoring.

Monitoring data was used for this indicator.

Annual Monitoring

Annual chart monitoring occured between May 2016 and June 2016. Sample audit reviews were conducted of both regions, CDW Northern Health Services and CDW Southern Health Services, to ascertain the level of compliance of service delivery timelines .

Random Sampling

Charts were randomly selected using the caseload report of each CDW staff person managing a case. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP, as such, FFY2015 data were calculated the same as in previous years. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2015, 200 charts were randomly reviewed. One hundred of the cases reviewed were managed by CDW Northern Health Services and 100 were managed by CDW Southern Health services. Of those 200, 122 children received all of their services within the 30 day state-designated timeline. An additional 36 children experienced a service delay as a result of exceptional family circumstances. Delaware has been utilizing the exceptional family circumstances in both the numerator as well as the denominator. Employing this method allows for the preservation of the original monitoring sample, which reflects a relatively small number of children participating in Delaware's Part C when compared to other states. Subsequently, this resulted in a 79% compliance rate.

Data revealed that **79% (158 of 200)** of eligible infants and toddlers received early intervention services included on their IFSPs within the state recommended guidelines of 30 days from the date referred for service to the date a service starts or exceptional family circumstances prohibited services from starting within the state recommended guidelines. The date referred for service is defined as the date that the parent consents for service(s). Delaware's data system produces a report that calculates referral and start dates on each IFSP.

In FFY 2015, monitoring data showed regional progress and decline in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner. CDW Northern Health Services experienced increases while CDW Southern Health Services experienced decreases in the percent of children receiving early intervention in a timely manner. Despite regional changes, statewide gains were still made. More specifically, services were initiated within 30 days for 122 of the 200 (61%) children reviewed. Additionally, 36 of the remaining children experienced service delays due to exceptional family circumstances (three families rescheduled their initial service visit, five lost contact, six child hospitalizations, four families were no shows, 11 families requested delays, four child illness, and three parent refused services). The outstanding 42 families who experienced delays unrelated to family exceptional circumstances were due to services not being available for 16 families, providers had concerns that delayed service delivery of 4 families, and five delays were due to a service coordinator's late scheduling. The reason for delay of services for the remaining 17 families' are unclear (11 cases had no identifable cause and 6 identifed the cause other with no additional specifications).

All 42 instances of non-compliance were addressed and rectified. Services were ultimately provided in each case. Reports generated from DHSSCares indicated that services documented on the IFSP were provided within 90 days for each of the 42 children. Early intervention providers and CDW service coordinators were reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2) and the State verified compliance by performing follow-up file reviews of the identified service coordinators to assure compliance. Service coordinators were also provided on-site technical assistance to ensure that they are correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification).

Child Development Watch Northern Health Services (CDWNHS) data revealed an increase in timely delivery of services from FFY2014. CDWNHS experienced an increase of 17 percentage points in timely service delivery from the previous year. Monitoring data indicated that 64 of 100 (64%) of infants and toddlers had all services on the IFSP started within the 30 day state guideline. Of the 36 children whose services started late, 18 were a result of exceptional family circumstances, which represents an 82% compliance rate. DHSScares data show that families who experienced delays related to exceptional family circumstances initiated services within 60 days of the original referral. The remaining 18 children whose services were delayed, were due to insufficient availability of services (n=11) and unknown (n=7), as the reason was not clearly documented by the CDW service coordinator. In addition to a more efficient monitoring process and onsite TA at CDWNHS, Birth to Three's on going meetings with EI providers and CDW leadership to improve service delivery, the termination of the pilot that unintentionally delayed services previously, the addition of University of Delaware's Speech and Language Master's level program, contracted service coordinators who provide intermediate early intervention, as well as the addition of a Social Service Administrator assisting in high quality service delivery, all likely attributed to this increase.

Child Development Watch Southern Health Services (CDWSHS) decreased in the percent of children who received services in a timely manner from 88.12% in FY 2014 to 76% in FFY2015, when including family exceptions. CDWSHS FFY 2015 report data indicated that 58 of 100 (58%) infants and toddlers had all services on the IFSP started within the state guidelines of 30 days. There were delays for 42 children; 18 were due to exceptional family circumstances. Services for 24 infants and toddlers were started beyond the 30 days for several reasons (services were unavailable for eight, a provider had concerns which delayed for one family, service coordinator scheduled 5 late, and 10 cases where there insufficient documentation by CDWSHS to identify a reason for delay).

CDWSHS experienced a regional slippage which may be attributed to CDW's change in leadership, both at the program level and at the DPH Southern Health Services level. These positions have been filled and are trained on all aspects of early intervention. Communication with provides to focus on timely delivery of services has been reinstituted.

To correct the identified issue the Quality Management Coordinator has ongoing meetings and communication with providers to improve service availability and access among CDW and providers.

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

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

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

There were two findings of noncompliance: one each for CDWNHS and CDWSHS. Monitoring verified that all of the instances of noncompliance had been addressed, and services were initiated within 60 days of the service referral. Early intervention providers and CDW service coordinators were instructed of the

regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). The State verified compliance utilizing data gathered from data integrity reviews as well as the provision of on-site technical assistance. Based on those data, service coordinators are correctly implementing these regulations and achieved 100% compliance with in three months of identification of the findings.

Delaware has been unable to eradicate instances and findings of noncompliance around service delays as service availability remains an ongoing issue. We continue to address the issue by meeting with providers about their levels of capacity in all disciplines as well as providing FSCs with ongoing technical assistance.

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

Early intervention providers and CDW service coordinators were made aware of the non-compliance, reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). On-site technical assistance was provided to service coordinators to ensure that they are correctly implementing these regulations. Birth to Three monitors verified compliance by performing follow-up file reviews of the identified cases and respective service coordinators to assure compliance. There was 100% compliance (less than three months from identification) and all services had begun for all children reviewed.

On the ground small group and individual TA, follow up monitoring, as well as the statewide centralized data system (DHSScares) was, and will continue to be, used to generate reports that assist in identifying and monitoring service delivery timelines, timely corrections and areas of noncompliance.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			83.40%	84.00%	86.00%	88.00%	90.00%	90.00%	90.00%	90.00%	90.01%
Data		85.12%	87.89%	84.07%	93.60%	90.20%	89.43%	89.84%	94.01%	93.76%	95.38%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	90.02%	90.03%	90.04%	90.05%

Key:

Targets: Description of Stakeholder Input

Delaware's statewide Inclusion Conference offers a strand specifically targeted to early childhood. The 22nd Annual Inclusion Conference, co-sponsored by Birth to Three, was held on March 16th. The conference registered more than 600 individuals including staff from state agencies, school districts, parents, and early childhood centers. Dr. Phil Strain presented the keynote, "Inclusion Myths and Realities: Key Findings, Quality Indicators and Longitudinal Needs for Children." His presentation focused on the often talked about but discredited reasons not to provide inclusive services, the short term effects that should be expected for all child participants, what high quality inclusion looks like on a daily basis, and how cross-year, longitudinal inclusion is the key to ultimate outcomes.

Phil Strain also presented this year's four-hour early childhood workshop "Prevent-Teach-Reinforce With Children Birth to Five: In Preschool and At Home." By using a case-based approach, he highlighted the process of designing and delivering function-based interventions to address serious and persistent challenging behavior with young children birth to five.

The night before the conference there was a free workshop entitled, "Home Skills Training to Improve Your Child's Behavior," specifically for parents. Phil Strain discussed his research and provided ways parents can work with their child and school to reinforce positive behavior. All of these activities support Birth to Three's State Systemic Improvement Plan (SSIP) focus of improving social and emotional outcomes for young children through professional development, family engagement and collaboration.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,004	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Total number of infants and toddlers with IFSPs	1,060	

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,004	1,060	95.38%	90.02%	94.72%

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						40.00%	40.00%	46.63%	46.63%	48.00%	48.10%
		Data					46.63%	45.93%	48.34%	52.02%	48.39%	52.49%	63.28%
A2	2008	Target ≥						40.00%	40.00%	48.73%	48.73%	40.00%	40.10%
		Data					48.73%	47.18%	47.06%	42.99%	39.22%	54.22%	49.80%
B1	2008	Target ≥						40.00%	40.00%	48.39%	48.39%	50.00%	50.10%
		Data					48.39%	51.29%	50.43%	58.65%	58.27%	61.46%	75.94%
B2	2008	Target ≥						40.00%	40.00%	41.53%	41.53%	45.00%	45.10%
		Data					41.53%	35.92%	41.18%	36.14%	48.37%	48.34%	48.58%
C1	2008	Target ≥						40.00%	40.00%	50.54%	50.54%	50.00%	50.10%
		Data					50.54%	55.74%	45.99%	48.91%	57.36%	57.49%	65.71%
C2	2008	Target ≥						40.00%	40.00%	47.46%	47.46%	45.00%	45.10%
		Data					47.46%	43.66%	40.14%	34.58%	48.37%	47.06%	53.85%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A1 ≥	48.20%	48.30%	48.40%	48.50%
Target A2 ≥	40.20%	40.30%	40.40%	48.75%
Target B1 ≥	50.20%	50.30%	50.40%	50.50%
Target B2 ≥	45.20%	45.30%	45.40%	45.50%
Target C1 ≥	50.20%	50.30%	50.40%	50.55%
Target C2 ≥	45.20%	45.30%	45.40%	47.50%

Key:

Targets: Description of Stakeholder Input

Data was shared with ICC members January 24, 2017, and no changes were recommended in targets. COSF data is also discussed bimonthly at the Monitoring and Accountability meetings (a strand stemming from SSIP initiatives). Just as last year, preliminary data reviews were completed several times on the regional level in an effort to ensure that all qualifying COSFs were captured in the data system, and that these data were reviewed for completeness and quality prior to being entered. These activities and periodic data reviewed along with technical assistance have demonstrated progress in validity and reliability of data.

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	490.00

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

	Number of Children	Percentage of Children

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1.00	0.20%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	147.00	30.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	95.00	19.39%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	138.00	28.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	109.00	22.24%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	233.00	381.00	63.28%	48.20%	61.15%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	247.00	490.00	49.80%	40.20%	50.41%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1.00	0.20%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	106.00	21.63%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	136.00	27.76%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	172.00	35.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	75.00	15.31%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	308.00	415.00	75.94%	50.20%	74.22%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	247.00	490.00	48.58%	45.20%	50.41%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1.00	0.20%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	121.00	24.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	97.00	19.80%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	205.00	41.84%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	66.00	13.47%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	302.00	424.00	65.71%	50.20%	71.23%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	271.00	490.00	53.85%	45.20%	55.31%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					48.30%	48.00%	52.30%	52.30%	52.30%	90.00%	90.40%
		Data			46.30%	48.10%	48.00%	48.60%	55.40%	57.20%	50.60%	91.21%	91.95%
B	2006	Target ≥					57.40%	55.10%	61.40%	61.40%	61.40%	93.00%	93.40%
		Data			49.00%	52.30%	55.90%	55.30%	62.00%	63.70%	50.70%	96.13%	95.34%
C	2006	Target ≥					56.30%	59.40%	60.30%	60.30%	60.30%	93.00%	93.40%
		Data			55.90%	55.50%	55.80%	59.50%	61.70%	62.10%	50.90%	95.60%	97.88%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	90.80%	91.20%	91.60%	92.00%
Target B ≥	93.80%	94.20%	94.60%	95.00%
Target C ≥	93.80%	94.20%	94.60%	95.00%

Key:

Targets: Description of Stakeholder Input

The University of Delaware presented the Family Survey outcomes at the Interagency Coordinating Council (ICC) meeting on October 25, 2016. University of Delaware also reached out to CDW clinic managers to discuss regional results and implementation.

Survey results are annually shared with the regional CDW staff, the statewide ICC, and as part of the IRMC Annual Report. The IRMC Annual Report is also shared with the Joint Finance Budget Committee of the Delaware Legislature. Birth to Three Early Intervention System will continue to report to these stakeholders on results from the six family clusters: (1) overall satisfaction; (2) perceptions of change in self/family; (3) perceptions of child's change; (4) positive family program relations; (5) decision making opportunities; (6) accessibility and receptiveness; and perceptions of quality of life. One of the clusters, "Families' Perceptions of children's change" is also a state agency performance measure that is reported annually to the Department of Health and Social Services and to the Budget Office.

FFY 2015 SPP/APR Data

Number of respondent families participating in Part C	241.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	222.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	241.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	232.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	241.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	234.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	241.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	91.95%	90.80%	92.12%

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	95.34%	93.80%	96.27%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	97.88%	93.80%	97.10%

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

The data and narrative that follows is from the 2015 Family Survey prepared by Joan L. Buttram, PhD, and Lindsey Mantz, M.A.of the Delaware Education R&D Center at the University of Delaware. Reilts of the study have been reviewed by Birth to Three and CDW administration.

A total of 241 surveys were successfully completed. Multiple efforts were made to communicate with all families. After the initial mailing and a subsequent phone message to all families with phone numbers in the database, we received 67 surveys via mail (compared to 88 last year) and 63 via Internet (compared to 50 last year). A total of 59 surveys were returned due to inaccurate address. During the next two months, we attempted to contact by telephone all families who had not returned the mailed survey; at least three attempts were made for each family. We obtained completed surveys for another 111 families on the phone (compared to 98 last year) for a grand total of 241.Some of the reasons calls could not be completed included: (a) invalid phone numbers, (b) disconnected phones, (c) families failed to answer, and (d) phone numbers were not provided. Voicemail messages were left whenever possible.

Of the 507 families not completing surveys, 23 families declined to complete the survey; 89 numbers were missing from the database; 89 numbers were disconnected, invalid, wrong, or not accepting calls; and 306 messages were left but not answered. Of the 748 families, 9 reported that they were not part of CDW.

Sampling was utilized by using nonprobability-sampling methods. Non-probability sampling methods are not random and are purposive in nature. We included the entire population of 748 families participating in the CDW program this year. We used volunteer samplings to collect data from families by reaching out to all families in the program by mail and/or by telephone. As in previous years, the goal was to have at least 30% of the total number of families receiving services complete the survey. Of the 748 families, a total of 241 families completed the survey either by mail, Internet, or telephone. These families represent 32.2% of the total number of families in the database provided. From these 241 families, 41.7% were from the northern region of the state (New Castle County) and 58.3% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 56.8% Caucasian, 14.0% African American, 22.7% Hispanic or Latino, 1.3% Asian, and 5.2% other.

Families were asked to provide demographic information about their children and their family. Characteristics of the children and families participating in the CDW include gender, race and ethnicity, annual family income, and county of residence.

Of the families that completed the survey, 59.9% of the families have male children enrolled in CDW and 40.1% of the families have female children enrolled in CDW. The percentage of males is somewhat higher than in previous years. The most recent CDW enrollment data (2015) indicates that there are 62.4% males and 37.6% females enrolled in the program.

For families where the primary language is not English, the survey is available in Spanish and interpreters are available in other languages as needed.

Was sampling used? Yes
Has your previously-approved sampling plan changed? No

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

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

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

This is the fourth year that the CDW Family Survey was administered by the Delaware Education Research & Development Center (DERDC). The Birth to Three Early Intervention System office provided DERDC with a database including information on 748 families. The Birth to Three Early Intervention System office has worked on the database of families receiving services, correcting and updating addresses and telephone numbers and other information. As a result, the database included fewer families with incorrect addresses, missing telephone numbers, or children who had not received services from CDW for at least six months. This expedited collection of family survey data made the overall project much more manageable. This survey information was collected for the CDW Ongoing Program Evaluation Committee (OPEC).
Consistent with our methodology from the previous year, we mailed a paper version of the survey to all the families, along with a link to complete the survey online. Families that chose to participate online completed a web-based version of the survey using the secure Internet website Qualtrics, an industry-leading provider of online survey software. In addition to mailing a paper version of the survey and a postcard encouraging families to participate, we also called families on the telephone. The personal identifying information was stored electronically on a secure server in a password-protected file, accessible only to DERDC personnel conducting the survey. Spanish translation of the survey was available in hard copy and online and was used in telephone interviews when appropriate.
The structure and distribution of the survey followed the same procedures used by DERDC for the past several years. The survey package mailed to families included: (1) a cover letter signed by the CDW clinic manager that explained the purpose of the survey, the usefulness of family feedback to CDW, assurances of confidentiality, the time it would take to complete the survey, and contact number of the principal evaluator at the Delaware Education R&D Center in case they had questions about the survey; (2) an information sheet that included instructions on how to complete the survey via the Internet; and (3) a copy of the four-page survey booklet and a prepaid postage envelope to return the survey. This package was mailed to all of the families in the database.
Federal Outcome 1: Families Know their Rights
The first federal outcome addressed the extent to which families feel that they know their rights with the CDW program. The survey includes four items. When families' responses were averaged across all four items, 92.0% of families responded positively to these questions and 8.0% disagreed. Families expressed the least satisfaction with items regarding knowing who to speak to if their family's rights were not addressed (Disagree and Strongly Disagree=11.1%) and knowing who within CDW could help them if they had a complaint (Disagree and Strongly Disagree=13.3%). Compared to the results in previous years, a similar

proportion of families responded positively to the questions regarding the concept of families knowing their rights.

We compared families' average ratings by race and ethnicity. The highest percentages of families knowing their rights were African Americans (97.7%), followed by "other" ethnicities (94.9%) and Caucasians (92.6%). The lowest percentage of families knowing their rights were Hispanics/Latinos (90.5%). We also disaggregated families' average ratings by the region where families received their services. As seen in Table 10, there was a similar percentage across regions, with 92.1% of families in Southern Delaware and 91.4% of families in Northern Delaware reporting knowing their rights.

Federal Outcome 2: Families Effectively Communicate Their Children's Needs

The second federal outcome addressed the extent to which families are able to effectively communicate their children's needs within CDW. The subscale consisted of five items. When families' responses were averaged across all five items, 96.3% of families responded positively to the questions for the second federal outcome "Families Effectively Communicate their Children's Needs." Results in 2015 showed similar perceptions compared to previous years regarding effectively communicating their children's needs.

We also compared average ratings based on the ethnicity of families; 100.0% of "other" ethnicities and 98.0% of Caucasians responded favorably toward the second federal outcome, "Families Effectively Communicate their Children's Needs." Slightly lower, 95.2% of African Americans and 90.2% of Hispanics/Latinos represented in the survey responded positively to the second federal outcome. Compared to the first federal outcome, Caucasian families responded more positively and African American families responded more negatively in comparison to the other ethnic groups.

Based on the region where families received their services, the average ratings were as follow: 96.1% of families receiving services in both Northern Delaware and Southern Delaware responded positively to the second federal outcome, "Families Effectively Communicate their Children's Needs".

Federal Outcome 3: Families Help Their Children Develop and Learn

The third federal outcome addressed the extent to which families have learned to help their children develop and learn since participating in the CDW program. The subscale consisted of four items that addressed this outcome. When families' responses were averaged across all four items, 97.2% of families responded positively to the questions for the third federal outcome. In 2015, results were slightly more favorable than previous years.

We compared families' average ratings by race and ethnicity; 97.4% of Caucasians, 97.7% of African Americans, and 98.5% of Hispanics/Latinos responded favorably toward the third federal outcome, "Families Help Their Children Develop and Learn." In addition, 100.0% of all "other" ethnicities represented in the survey responded positively to the third federal outcome. Compared to the other federal outcomes, families of different ethnicities responded most similarly to each other in this outcome.

We also disaggregated families' average ratings by the region where families receive their services, 98.4% of families receiving services in Northern Delaware and 96.3% of families receiving services in Southern Delaware responded positively to the third federal outcome, "Families Help their Children Develop and Learn."

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.32%	1.33%	1.04%	1.03%	1.03%	1.04%	1.06%	1.00%	1.01%
Data		0.98%	0.99%	1.03%	0.93%	0.86%	1.20%	1.26%	0.91%	1.10%	1.15%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	1.02%	1.02%	1.04%	1.05%

Key:

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on January 24, 2017 to review targets for this indicator. As in previous meetings, members and participants agreed that even with increased child find efforts, with the relative small number of families, a small number of children (less than five) can create a large impact on Delaware's data.

The ICC made no recommendations to adjust targets. Members were again reminded that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 1 with IFSPs	147	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 1	11,020	null

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
147	11,020	1.15%	1.02%	1.33%

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			3.12%	3.13%	2.66%	2.67%	2.82%	2.77%	2.77%	2.70%	2.71%
Data		2.94%	2.66%	2.40%	2.35%	2.33%	2.68%	2.79%	2.71%	2.91%	2.91%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	2.72%	2.73%	2.74%	2.95%

Key:

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on January 24, 2017 to review targets for this indicator and OSEP's response to the targets previously set by ICC. Members and participants reviewed the targets, understanding that with the relative small number of families, even a small number of children (less than 10) can create a large impact on Delaware's data.

Currently, there appears to be no need to revise targets. The ICC is mindful that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 3 with IFSPs	1,060	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 3	33,099	

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,060	33,099	2.91%	2.72%	3.20%

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		89.90%	95.70%	90.14%	90.00%	87.00%	95.06%	91.46%	93.97%	97.76%	91.87%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
133	200	91.87%	100%	93.50%

Number of documented delays attributable to exceptional family circumstances *This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.*	54

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

- (●) **State monitoring**
- ( ) **State database**

Describe the method used to select EIS programs for monitoring.

Monitoring data was used for this indicator.

Annual Monitoring

Annual chart monitoring occured between May 2016 and June 2016. Sample audit reviews were conducted at both regions, CDW Northern Health Services and CDW Southern Health Services to ascertain the level of compliance of service delivery timelines.

Random Sampling

Charts were randomly selected using the caseload report of each CDW staff person managing a case. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP, as such, FFY2015 data were calculated the same as in previous years. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2015, 200 charts were randomly reviewed. One hundred of the cases reviewed were managed by CDW Northern Health Services and 100 were managed by CDW Southern Health services. CDW Northern Health Services data show that while 53% of families had an IFSP meeting facilitated within 45 days, 87% (87/100) of families were provided an IFSP meeting date within the required timeline. More specifically, 53 IFSP were conducted within the 45 day timeline and 34 were delayed due to exceptional family circumstances including child hospitalizations and child illness. The remaining 9 delays were contributed to several things: (1) service coordinator scheduled late, (3) clinic/assessor not available, and (5) interpreter not available. CDW Southern Health Services data show that while 80% (n=80) of families had an IFSP meeting facilitated within 45 days another 20 were delayed. All 20 were contributable to exceptional family circumstances, thus 100% of families were provided an IFSP meeting date within the required timeline.

Early intervention providers and respective CDW service coordinators were made aware of the non-compliance, reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2).TA of each of the service coordinators who demonstrated noncompliance received TA. Delaware' s Birth to Three staff verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the

program was correctly implementing the 45 day timeline requirement.

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

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

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

There were two findings of noncompliance: one each for CDWNHS and CDWSHS. Birth to Three verified that all of the instances of noncompliance with IFSP timelines had been addressed. Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). The State verified compliance utilizing data gathered from data integrity reviews as well as the provision of on-site technical assistance. Based on those data, service coordinators are correctly implementing these regulations and with 100% compliance within three months of identification of the findings.

Delaware continues to work to ensure CDW is correctly implementing the regulatory requirements by providing regulations TA to all new and current employees during new employee orientation, CDW staff meetings, and 1:1 training with Birth to Three staff. Data in DHSSCares was intermittently reviewed to verify correct implementation based on the regulations.

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

Each case of noncompliance in FFY 2014 was verifiably corrected. Data within DHSSCares indicated that initial IFSP/IFSP meetings were provided for all 17 of the children in this category, although late. This was verified by Birth to Three staff during DHSSCares data review and further review of those individual cases. TA in the form of 1:1 training with each of the service coordinators who demonstrated noncompliance was also provided, and additional cases later reviewed to verify that each individual was correctly implementing the regulatory requirements. Additionally, verification occured during FFY 2015 on site monitoring, where auditors reviewed charts to determine if CDW was correctly implementing the 45 day timeline. The number of findings of noncompliance identified in FFY 2015 decreased from FFY 2014.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		85.00%	92.00%	100%	95.00%	93.00%	99.00%	99.00%	100%	100%	91.56%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Explanation of Alternate Data

On Site Chart Monitoring is the data source.

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

- (●) Yes
- ( ) No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
73	81	91.56%	100%	91.36%

Number of documented delays attributable to exceptional family circumstances *This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.*	1

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

- (●) State monitoring
- ( ) State database

Describe the method used to select EIS programs for monitoring.

Annual chart monitoring occurred between May 2016 and June 2016. Sample audit reviews were conducted at both regions, CDW Northern Health Services and CDW Southern Health Services. Charts were randomly selected using the caseload report of each CDW staff person managing a case. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP, as such, FFY2015 data were calculated the same as in previous years. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2015, 200 charts were randomly reviewed. One hundred of the cases reviewed were managed by CDW Northern Health Services and 100 were managed by CDW Southern Health services. Of those 200 cases reviewed, 81 were age appropriate in fitting the criteria "toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of

all parties, not more than nine months, prior to the toddler's third birthday." Of the 81, 73 were in compliance and 8 were not. One of the 8 met the criteria for exceptional family circumstance. The remaining seven cases all had documentation of transition steps in progress notes but not indicated in the transition section of the files. Subsequently, the service coordinators of those seven families were provided with TA. Further follow up revealed that each case had been corrected and service coordinators were implementing the process correctly. Training and technical assistance continues to be offered to CDW staff by the Department of Education/CDW liaisons as well as Birth to Three Trainers/Educators. Training includes all aspects of transition planning. CDW/DOE liaisons offer individualized onsite training to staff on the implementation of transition steps and services when the child turns two years old. A CDW/DOE work group continue to meet quarterly to discuss challenges and plan for TA that assists in maintaining compliance with transition steps on the IFSP as well as to improve the quality of transition planning.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

There were two findings of noncompliance: one each for CDWNHS and CDWSHS. Those findings of noncompliance were corrected consistent with the requirements in OSEP Memo 09-02. Monitoring verified that each EIS program with noncompliance identified is implementing the specific regulatory requirements at 100% compliance. Early intervention providers and CDW service coordinators were informed of the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). The State continues to verify compliance utilizing data gathered from data integrity reviews as well as the provision of on-site technical assistance. Based on those data, service coordinators are correctly implementing these regulations and is achieving 100% compliance.

Delaware continues to work to ensure CDW is correctly implementing the regulatory requirements by providing regulations and TA to all new and current employees during new employee orientation, CDW staff meetings, and 1:1 training with Birth to Three staff. Data in DHSSCares is intermittently reviewed on an ongoing basis to access and verify correct implementation based on the regulations.

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

DOE liasisons and CDW service coordinators were informed of the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). DHSSCares data review of FFY2014 indicated that transition meetings were provided for all identified children in this category, although late. TA in the form of 1:1 training with each of the service coordinators who demonstrated noncompliance in this area was also provided, and additional cases later reviewed to verify that each individual was correctly implementing the regulatory requirements.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Explanation of Alternate Data

980 is the number of infants and toddlers exiting Part C who were potentially eligible for Part B. More specifically, a quarterly caseload report that includes all Part C children, as they are all potentially eligible for Part B was run. That report was reviewed to determine which children were within the transition timeline. 980 children were within transition timeline and were referred to SEA and LEA at least 90 days prior to their 3rd birthday as toddlers potentially eligible for Part B preschool services. Thus, 980 is the total number of client names that were sent to various school districts notifying of possible transition to Part B (meaning that they were Part C eligible at the time of notification and >26 months).

Data include notification to both the SEA and LEA

- (●) Yes
- ( ) No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
980	980	100%	100%	100%

Number of parents who opted out *This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.*	0

Describe the method used to collect these data

An Operations Agreement exists between the Department of Health and Social Services, Division of Management Services, Division of Public Health and the Delaware Department of Education. This agreement specifically defines the roles of the two regional Department of Education (DOE)/Child Development Watch (CDW) liaisons that are employed by DOE and funded by Birth to Three state funds. These liaisons are both service coordinators and act as liaisons with the local school districts in order to facilitate transition.

These liaisons have access to DHSSCares to run reports and in turn share child find directory information with each of the districts. These reports are run monthly by CDW Northern Health Services for districts in New Castle County, and quarterly by CDW Southern Health Services for districts in Kent and Sussex Counties.

This year, notification reports were sent through the DOE liasons to the local school districts on 100% of the 980 children identified as potentially eligible for Part C services. This number not only includes those children who were identified as potentially Part B eligible, but also those children who still demonstrated a developmental delay under Part C eligibility criteria at time of transition, and also those children referred to Child Development Watch less than 45 days prior to their third birthday.

Notification is distributed on directory information for children who reside in each LEA (local school district) and will shortly reach the age of eligibility for preschool services under Part B, according to regulations under 303.209(b)(1) and to the SEA. Delaware included these requirements of IDEA 2004 and associated regulations when updating the Interagency Agreement for the Early Intervention System under Part C of the Individuals with Disabilities Education Improvement Act of 2004.

Do you have a written opt-out policy? No

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

- State monitoring
- State database

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

Data are collected from DOE Liaisons and reported for the entire FFY reporting year.

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

All children atleast 26 months of age are provided to DOE liaisons. DOE liaisons communicate with DOE and the child's respective local school disctrict.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

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

OSEP Response

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		75.00%	90.00%	93.00%	94.00%	94.00%	94.00%	93.00%	100%	98.71%	86.39%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Explanation of Alternate Data

Birth to Three reviewed 200 charts during annual chart monitoring. Of those 200, 81 were identified as within the 9 month, 90-day transition timeline (26 months or older). The data from the review of those 81 charts is what is being utilized to report the degree of compliance with transition timelines.

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

- (●) Yes
- ( ) No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
65	81	86.39%	100%	86.25%

Number of toddlers for whom the parent did not provide approval for the transition conference *This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.*	1
Number of documented delays attributable to exceptional family circumstances *This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.*	4

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

- (●) State monitoring
- ( ) State database

Describe the method used to select EIS programs for monitoring.

Monitoring data was used for this indicator.

Annual Monitoring

Annual chart monitoring occured between May 2016 and June 2016. Sample audit reviews were conducted at both regions, CDW Northern Health Services and CDW Southern Health Services to ascertain the level of compliance of service delivery timelines.

Random Sampling

200 charts were randomly selected using the caseload report of each CDW staff person managing a case. Of those 200 randomly selected cases, only 81 were age-appropriate for transition criteria set to measure compliance in this area. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP, as such, FFY2015 data were calculated the same as in previous years. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

There were two findings of noncompliance: one each for CDWNHS and CDWSHS. Monitoring verified that all of the instances of noncompliance were corrected. Those findings of noncompliace were corrected consistent with the requirements in OSPE Memo 09-02. Monitoring verified that each EIS program with noncompliace identified is implementing the regulation requirement at 100% compliance. DOE and CDW service coordinators were instructed of the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). The State verified compliance utilizing data gathered from data integrity reviews of the DHSSCares data system, as well as the provision of onsite technical assistance. DOE and FSCs are committed to implementing regulations with fidelity.

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

DOE cases in the transition timeline continue to be reviewed for compliance as an ongoing monitoring activity. Birth to Three staff were able to verify with DOE liaisons that transition is occuring in compliance with the regulations.

OSEP Response

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1 Number of resolution sessions	n	null

FFY 2015 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0			

Actions required in FFY 2014 response

none

OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key:

Targets: Description of Stakeholder Input

Since states are not required to establish baseline or targets if the number of mediations is less than ten per year, and Delaware has had no mediations between FFY2005 and FFY2015, baseline and targets have not been set for this indicator.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1 Mediations held	n	null

FFY 2015 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	0			

Actions required in FFY 2014 response

none

OSEP Response

The State reported fewer than ten mediations held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015
Target		48.00%	48.00%
Data	48.00%		

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	49.00%	51.00%	55.00%

Key:

Description of Measure

Delaware will be using cohorts of data reported for the Annual Performance Report, Indicator 3 and will evaluate the measurement of these cohorts over years 2,3, and 4 to create interim benchmarks ensuring progress as part of the State's evaluation plan.

The following section contains background and an overview of the process as to how child outcome data are collected, the responsible parties involved, and how that data are aggregated, calculated and reported. While Delaware will be focusing on infant and toddler social emotional skills for the SSIP, the process of data collection and reporting will be consistent with existing methodologies.

Background

The State of Delaware is committed to supporting early education for all young children. Considerable effort has taken place to bring together the many distinct elements that make a good system.

The Office of Special Education Programs (OSEP) established three functionally-stated outcomes for programs providing early intervention services to children with IFSPs and IEPs. Part C (infants and toddlers up to age three) requires early intervention providers to collect assessment data at each child's entry (eligibility determination) and exit (transition) from the program. Analysis of this data provides a measurement indicating the extent to which children are making or not making progress as a result of receiving early intervention.

The three child outcomes include:

a. Children have positive social-emotional skills (including social relationships)
b. Children acquire knowledge and skills (including early language/ communication)
c. Children use appropriate behavior to meet their needs

Delaware Building BLOCKS (**B**etter **L**asting **O**utcomes for **C**hildren – **K**eys to **S**uccess) was established as the early childhood outcomes (accountability) system. The system is intended to:

1. be a process for the ongoing monitoring of children's development to support effective instruction and services; and
2. serve as the statewide mechanism for reporting the OSEP outcome data.

Delaware fully implemented the Child Outcome System on September 1, 2006. The Building BLOCKS guidebook is intended to document policies and procedures governing those children eligible under Part C of IDEA. An electronic version of this document is available at: http://dhss.delaware.gov/dhss/dms/birth3pubs.html Hardcopies are also available by contacting the Birth to Three Office.

Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

1. be Part C eligible
2. have an IFSP (even if service coordination is the only service)
3. be in the program for at least six (6) months. The timeline starts at the assignment of initial service coordinator.

Children who temporarily withdraw from services are included in the analysis if they return and continue services within ninety (90) days of the date they withdrew.

For those children who transfer between early intervention providers, the outcome assessment information from the former provider is shared with the new provider. The preference is to have the same tool completed each time, but this may not be possible in all cases.

Collecting Child Outcome Data

Delaware requires child outcome data to be recorded on a state-modified Child Outcome Summary Form (COSF), originally developed by the Early Childhood Outcomes (ECO) Center with support from the Office of Special Education Programs, U.S. Department of Education. The COSF uses a 7-point rating scale to rate the child's functioning in each of the three child outcomes. Multiple sources of information measuring the child's progress are required to be utilized to determine each child outcome rating. Recommended sources include, but not limited to, observations, interviews with the child's family or caregiver, other assessment tools (such as the PLS or Peabody), and IFSP progress notes.

The following tools have been correlated with the Federal Outcomes:

- Primary Assessment Tools: The following assessments are criterion-referenced, performance/observation based assessment measures identified as Primary Assessment Tools for all Part C eligible children.
  * Bayley III
  * Carolina Curriculum Assessment for Infants and Toddlers
  * Creative Curriculum Developmental Continuum for Infants, Toddlers and Twos
  * Teaching Strategies Gold
- Interview/Observational Assessment Measures: The following tools involve interviews, observations and/or surveys to collect information from parents and caregivers.
  * Vineland II (The Survey Information Form is preferred; however, the parent report is useful when an interview cannot be conducted.)
  * Ounce Scale
- Tools that may be used with children with severe and profound disabilities include:
  * Developmental Assessment for Individuals with Severe Disabilities (DASH-2)
  * Callier-Azusa Scale

All members of the IFSP team who interact with the child collect and report information on the progress the child makes on each of the three outcomes. In addition to family members and caregivers, these teams include, but are not limited to:

- Child Development Watch (CDW) Assessors: For those children eligible for Part C services, CDW assessors are responsible for completion of the initial COSF. Ratings are entered into DHSSCares and all child outcome documents are provided to the service coordinator prior to the initial IFSP visit.
- Service coordinators: Service coordinators are responsible for assuring that child outcomes are completed for each Part C eligible child on their caseload. All results from child outcome assessments are expected to be maintained in the child's chart. Service coordinators are responsible for assuring this information is provided to data entry for entry into DHSSCares. The service coordinator will share results for discussion at IFSP meetings.
- Early Intervention Providers: Early intervention providers who work with infants and toddlers, birth to age three, receiving early intervention services, are responsible for participating in the accountability process.

The "Child Outcome Part C Process" (Attachment 3) was created to delineate the responsibilities of reporting child outcomes.

Initial outcome assessments are the responsibility of CDW Assessors. Information gathered for eligibility determination is used to inform the outcome assessments. A completed Child Outcome Summary Form (COSF) will accompany the assessment tool (e.g., Bayley III) and both documents are expected to be shared with the child's service coordinator prior to the initial IFSP visit date. This initial outcome assessment becomes an important part of the IFSP process and discussion. COSFs and all supporting documentation are expected to be maintained in the child's chart. The initial outcome is shared with service providers in order to better inform COSFs.

The exit COSF will be completed no more than thirty (30) days before and no later than thirty (30) days after the child exits from Part C. In those instances where CDW and the provider have lost contact with the family, the exit COSF will be completed by the provider using all available progress notes and assessments to develop the rating and establish if progress has been made since the initial COSF was completed. In addition, protocols from the last assessment are shared as part of transition to the local school district.

Reporting Child Outcome Reporting Categories

The OSEP Outcome Reporting Categories are calculated within Delaware's Part C data system using both the initial and the final COSF ratings. Manual data verification is also used to ensure that valid and reliable data are reported. This activity utilizes the "Calculating OSEP Categories from COSF Responses" document (Attachment 4) created by the ECO Center.

The five categories reported annually to OSEP include:

a. Children who did not improve functioning
b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
c. Children who improved functioning to a level nearer to same-aged peers but did not reach it
d. Children who improved functioning to reach a level comparable to same-aged peers
e. Children who maintained functioning at a level comparable to same-aged peers

Once these categories are determined for each child, the data are assembled into a chart that visually depicts the number and percent of children in each of the five OSEP reporting categories. These data are then used in the calculation of summary statements.

The ECO Center created a set of calculations which allowed states to take their OSEP progress category data for the three child outcomes and generate percentages related to the summary statements. The summary statements for each of the three outcomes are:

- **Summary Statement 1**: Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exited the program. This is calculated by taking the number of infants and toddlers reported in progress category (c) plus the number of infants and toddlers reported in category (d) divided by [the total number of infants and toddlers reported in progress category (a) plus (b) plus (c) plus (d)] times 100.
- **Summary Statement 2**: The percent of children who were functioning within age expectations in each outcome by the time they exited the

program. This is calculated by taking the number of infants and toddlers reported in progress category (d) plus the number of infants and toddlers reported in progress category (e) and divided by [the total number of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)], times 100.

These final calculations are reported to OSEP annually as part of the reporting requirements for Indicator 3—Child Outcomes of the Annual Performance Report and also aid the State in target setting for this indicator. Again, Delaware will be using Summary Statement 1 for the SSIP, focusing in the area of social emotional outcomes for infants and toddlers.

Targets: Description of Stakeholder Input

Overview

Data Analysis

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

Delet

see attachment "Part C SSIP Indicator 11 final v03302015.pdf"

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

Delet

see attachment "Part C SSIP Indicator 11 final v03302015.pdf" b

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

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

Statement

Delet

Description

See Attachment

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS

program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Delet

Theory of Action

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

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Infrastructure Development

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

See Attachments (6)

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

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

See Attachments (6)

Evaluation

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

See Attachment

Technical Assistance and Support

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

See Attachment

Phase III submissions should include:

• Data-based justifications for any changes in implementation activities.
• Data to support that the State is on the right path, if no adjustments are being proposed.
• Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See Attachements

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See Attachements

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

See Attachements

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

See Attachements

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

See Attachements

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

See Attachements

OSEP Response

Required Actions

Certify and Submit your SPP/APR

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

Selected: Lead Agency Director

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

Name: Nancy A. Smith

Title: Part C Coordinator

Email: nancy.smith@state.de.us

Phone: 302-255-9137