

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2020**

Delaware



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Delaware's FFY 2020-2025 State Performance Plan has been developed to support the state's activities to improve compliance and results for infants and toddlers with disabilities and their families. It also describes the strategies that are planned as well as being implemented to ensure that the Lead Agency, the Department of Health and Social Services (DHSS), and its partner agencies and programs meet the requirements of Part C of the IDEA. The FFY 2020 Annual Performance Report (APR) covers the period of July 1, 2020 through June 30, 2021 which will be submitted February 1, 2022.

The DHSS Birth to Three Early Intervention Program - Administration (hereafter referred to as Administration) has multiple general components in place to ensure that Part C requirements are met. This is accomplished through sound policies and procedures; a statewide data system; monitoring and a system to ensure correction of noncompliance; fiscal management; coordination with interagency partners, stakeholder engagement, professional development and technical assistance, and a system of dispute resolution. The Programs leverages these general supervision components to support the two Birth to Three Early Intervention Regional Programs – Child Development Watch (hereafter referred to as Regional Programs – CDW) and the 10 external early intervention service provider agencies.

FFY 2020 was another pivotal year for addressing compliance and quality performance issues in the state. The Program focused much of its attention on improving performance on the State Performance Plan (SPP) compliance indicators. Program policies and processes have been developed to focus on data being timely, complete, and accurate so that Birth to Three – Administration can quickly attend to issues that need improvement. To continue in its efforts to improve compliance and outcomes for infants and toddlers with disabilities and their families, the Program continued to implement the strategies included in the Corrective Action Plan that the Program submitted to OSEP in response to OSEP's January 19, 2021 Differentiated Monitoring and Support (DMS) letter based on its December 2019 DMS visit to the state. In FFY 2020 it also accessed OSEP-recommended technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy), Early Childhood Personnel Center (ECPC), the Early Childhood Technical Assistance Center (ECTA), and the Center for IDEA Fiscal Reporting (CIFR). Birth to Three – Administration also contracted with WestEd, Collective Learning Consultants (CLC) and Larry Ringer for additional technical assistance support. With their assistance, DHSS developed a comprehensive Delaware Birth to Three Policies and Procedures Manual, which DHSS submitted to OSEP in September 2020. As of October 2021, all of the policies were approved by OSEP. Delaware has continued to provide OSEP with updates and additional information so that OSEP is aware of the Program's progress and assist them in determining the scope of engagement necessary to improve compliance. This will include further collaboration with OSEP-funded technical assistance centers and independent contractors, working with stakeholders to launch a root cause analysis process to identify the factors that contributed to low compliance, increasing training and technical assistance to Regional Programs, and accessing additional OSEP engagement and follow-up.

The Program engages with DHSS leadership, the two Regional Programs, the Interagency Coordinating Council (ICC), Parent Information Center (PIC), and other interested partners to engage in collaborative continuous improvement, expand on outreach and engagement with family members, and plan for system changes to ensure high quality statewide early intervention services.

Additional information related to data collection and reporting

Throughout FFY 2020, the effects of the COVID pandemic continued to impact the provision of services. However, the Regional Programs were able to carry out successful delivery of early intervention services, collected and entered data, made timely payments to contracted providers, and provide services to meet the individual needs of families in the state.

The Program experienced a reduction in the number of referrals, but the enrollment data are beginning to show improvement. To help with the increase in enrollment, services were offered via telehealth and some providers continued to offer in home services, if the family requested those. There were various approaches families took during 2020 due to COVID: stopping all services, reducing number of services, using telehealth visits, and meeting outside if weather permitted.

Data System: The Birth to Three data system (DHSSCares) is a vital component to the general supervision system. The two Regional Programs – CDW enter and maintain their own data in DHSSCares. 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, referral, Part C eligibility, evaluations, assessments, family-directed assessments, Individual Family Service Plan (IFSP) data, service delivery data, child outcome scores, progress notes and transition conference details. This allows for a wide array of performance tracking and management reports to be generated at the state and regional levels.

Through a SQL data system, Administration can extract raw data from DHSSCares to generate Annual Child Count reports, Child Outcome Summary (COS) reports, and other data required for compliance and quality management purposes. Data training and TA are provided by Birth to Three – Administration to all Regional Program staff.

As a way to enhance the quality of data and its usefulness in efficient and effective data based strategic planning DHSS is in the process of developing a new data system.

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.

The Birth to Three Early Intervention Program- Administration (Administration) is responsible for the general administration and supervision of programs and activities administered by the two Regional Programs – CDW and external early intervention (E.I.) service providers. These responsibilities include: The monitoring of programs- annual chart review, bi-monthly compliance monitoring and COS monitoring, provider contract and process monitoring Providing technical assistance; Administration offers weekly alternating office hours, one for general/process and one for data/process concerns and questions.

Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance; - continual bi-monthly monitoring for each Regional Program in compliance indicators where there was less than 100% compliance.

The identification and coordination of available resources for E.I. services within the State, including those from federal, state, local, and private sources; - continuing contract with the Parent Information Center of Delaware to support underserved populations and family outreach. The assignment of financial responsibility and fiscal management.

The development of procedures to ensure that E.I. services are provided to infants and toddlers in a timely manner, pending the resolution of any disputes among public agencies or early intervention service providers; and

The entry into formal interagency agreements or other written methods of establishing financial responsibility with the Department of Education, Department of Services for Children, Youth, Families, and Head Start.

Administration ensures timely dispute resolution through mediation and/or due process. Administration has developed training for hearing officers and policies and procedures for meeting the federal requirements related to dispute resolution.

Rules, Policies and Procedures: Administration developed and submitted to OSEP, in September 2020, a comprehensive, detailed policies and procedures manual to help ensure consistent compliance across the state with all state and Part C requirements. In October 2021, OSEP informed DHSS of the approval for all sections of the manual for which OSEP approval was required. Administration is in the process of providing detailed training to the Regional Programs and the external E.I. service provider agencies.

Integrated Monitoring Activities: Administration, annually, monitors the Regional Programs on compliance and performance measures based on the collection, analysis and utilization of data from the statewide data system (DHSSCares), and the Family Outcomes Survey report. Administration developed an improved monitoring tool and process steps. Due to the impact of COVID-19, the annual chart reviews did not occur on site, however, were conducted via desk audits. Based on the information collected through the audits, DHSS issued monitoring reports to each of the Regional Programs and worked with each Regional Program to achieve, document, and sustain individual and systemic correction.

Verifying Correction of Previously Identified Noncompliance as Required by OSEP Memo 09-02

The state has established and implemented procedures for determining whether a Regional Program has achieved both systemic and Individual correction. The state verifies that the Regional Program: (1) is correctly implementing the specific regulatory requirements based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the early intervention program or provider. In monitoring reports issued to the Regional Programs on January 4, 2021, Administration made findings of noncompliance based on FFY 2019 data, requiring correction by January 4, 2022. As directed by OSEP, DHSS will report on the correction of those findings of noncompliance in its FFY 2021 APR, due February 1, 2022, including detailing the actions that DHSS has taken to verify systemic and individual correction.

To achieve correction and compliance, Administration collaborated with the Regional Programs to identify root causes for noncompliance and strategies to address those root causes.

In order to ensure that individual instances of noncompliance are addressed, those charts found noncompliant either through no documentation for the delay or a delay not due to exceptional family circumstances, are sent to the Regional Programs for review and comment. Upon review, the Regional Program submits data to Administration indicating that while timelines were not met those services or actions were completed, although late. For instances of no documentation, the Regional Program addressed this as a systemic concern at the program level.

In Spring 2020 and continuing into FFY 2020 and FFY 2021, Administration began the development of a more in-depth accountability system for the monitoring and accountability component of the General Supervision system. The program Corrective Action Plan (pCAP) template was developed and continues to be used as a tool for Administration, the Regional Programs and external E.I. service providers determining reasons for noncompliance using root cause analysis logic and benchmarks for improvements.

Administration maintains interagency agreements for statewide coordination and collaboration with the Department of Services for Children, Youth, Families, the Department of Education, and Head Start.

Participation in outreach events occur throughout the year. Program staff attend and provide resource materials to at risk populations, general public and E.I. professionals. Some of the outreach activities are designed to reach military families, underserved populations, more specifically the Amish community in Delaware. A brochure about the Birth to Three program is available in English and Spanish. Foster families, homeless or displaced families and multi-cultural populations are a main focus of several of the outreach activities. Statewide collaboration occurs with many families and child servicing organizations including; New Directions Early Head Start, the Child Care Association of Sussex County Delaware, Exceptional Family Member Program at the Dover Air Force Base, and Christiana Care's health community workers to name a few.

Prior to the pandemic, Birth to Three staff also participated in the planning of, attendance to and provision of vendor information tables at conferences throughout Delaware. Due to continuing COVID concerns, Birth to Three – Administration was not able to participate recently in as many face to face vendor events, however staff were able to attend select virtual events.

Fiscal Management and Accountability:

Administration has in place a System of Payment policy, approved by OSEP in 2015 and reapproved in August 2021. Birth to Three – Administration utilizes a central billing system to process claims. With written parental consent and prior written notification, private and public insurances are accessed to contribute 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 ability to pay for services. Administration ensures that federal Part C funds are used as the payor of last resort, as well as obligated and liquidated within the allowable timeframe and for appropriate activities.

Through technical assistance provided by CIFR, Administration fiscal staff have revised and improved billing and fiscal data guidelines for programs, strengthened the communication with finance staff in DHSS to ensure accurate tracking of funding revenue and expenses, and increased oversight of the use of funds by Regional Programs. Through the contract with WestEd, plans are being developed for robust fiscal monitoring to be implemented in spring 2022.

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.

During the past year Birth to Three - Administration has engaged in extensive technical assistance to address some of the state-identified needs as well as the information addressed during the OSEP onsite visit. These TA activities included participation in:

- o National Service Coordinator Training Workgroup and the subgroup on the SC Leadership both supported by DEC and ECPC
- o Part C Data Manager Calls that are set up by ECTA
- o Monthly OSEP TA calls
- o Frequent COVID-19 webinars sponsored by the Infant and Toddler Coordinators Association (ITCA)
- o Participation in multiple webinars put on by national TA Centers
- o Participation with CIFR in the Community of Practice calls and engagement in Intensive TA
- o Regular TA meetings and work with independent contractors, Ardith Ferguson (WestEd) and Larry Ringer

Birth to Three – Administration provides training and technical assistance for each of the two Regional Programs – CDW locations. Program leadership provides regulatory guidance and technical assistance to ensure progress towards compliance and evidence-based service delivery practices. All new staff are required to participate in a 16-hour training and orientation on federal policies and regulatory guidance on early intervention and service coordination, as well as on the Delaware specific early intervention program. The training modules are also utilized as resources for veteran service coordinators to ensure consistency of information and best practices. In January 2021 Open Office Hours were created by the Part C Coordinator to engage one on one discussion of programmatic concerns with the Regional Programs. All staff are encouraged to participate.

Birth to Three – Administration provides individualized, targeted technical assistance as needed, and ongoing TA occurs via phone and email. Birth to Three - Administration also provides training on the DHSSCares data system to allow for consistency in data management and program documentation. One-on-one technical assistance is also available to individual staff as requested or identified through monitoring. Training and ongoing technical assistance are offered on topics such as transition, early childhood outcomes, birth mandates, and other topics as necessary. In April 2021, Data Open

Office Hours were created by the Part C Data Manager to encourage engagement of the Regional Programs – CDW in technical questions regarding the DHSSCares data system or data which is used in year reports.

Birth to Three – Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware’s children and their families. Birth to Three – Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State’s three-year-olds by 25% within 60 months (July 2022). In addition, Birth to Three – Administration collaborates, in attendance, with the Early Hearing Detection and Intervention Advisory Board (EHDI) program and The Governor’s Advisory Council for Exceptional Citizens (GACEC).

Birth to Three – Administration has worked with WestEd to develop training and materials to explain the dispute resolution options under Part C of the IDEA: mediation, written state complaints and the due process complaint and hearing procedures specific to families with infants or toddlers with disabilities. Materials from the Center for Appropriate Dispute Resolution in Special Education (CADRE) are also being shared as part of the training. Delaware adheres to Delaware Part C due process hearing procedures. Birth to Three - Administration developed a section of the policy manual to address dispute resolution and received approval from OSEP in August 2021. Birth to Three - Administration will also continue to work with contracted TA consultants to solidify a process for tracking any disputes and resolutions that may occur in Delaware.

While Delaware received “Meets Requirements” status for the FFY 2019 submission, Birth to Three continues to engage technical assistance, through DASYS, ECTA, CIFR, OSEP, Delaware Department of Education (DDOE) / Office of Early Learning (OEL) and independent contracted consultants.

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.

The Birth to Three Program has mechanisms in place to ensure that service providers are provided ongoing training and technical assistance to effectively provide services that improve results for infants and toddlers with disabilities and their families. Delaware has received technical assistance from ECTA’s Early Childhood Personnel Center (ECPC) and participated in ECPC leadership institutes to support a birth to five comprehensive systems professional development plan to address training and professional development needs in early intervention and early childhood systems. This plan is currently being reviewed by Delaware stakeholders to assess this cross sector sustainable personnel and professional development system for all programs serving young children, in order to sustain a qualified work force. Birth to Three - Administration actively participates in the Early Childhood Early Intervention Professional Development Community of Practice (ECEIPDCoP), and National Service Coordinators Training Workgroup to address training needs of early intervention service coordinators. Birth to Three staff access both national and local resources, including conferences and webinars, to stay current on best practices and federal requirements. While the Program’s early intervention personnel standards are still in the earliest stages of redevelopment, the current standards are reinforced through provider contracts and enhanced communication with Regional Program staff.

In addition, Birth to Three – Administration also collaborates with Regional Program – CDW leadership in the hiring of all Early Childhood Special Educators (ECSE) providing services to infants and toddlers with disabilities that participate in early intervention services in Delaware. Birth to Three – Administration has developed a Personnel Standards and Guidelines Matrix that ensures all ECSEs have appropriate collegiate certification and professional experience with a focus on infants and toddlers with special needs, and their families.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware’s ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee “opportunity” calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware’s children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State’s three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor’s Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by

analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

YES

Number of Parent Members:

5

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Whenever there was an opportunity to involve individual parents and advocates, Birth to Three staff sent invitations to and through the Interagency Coordinating Council (ICC) which occurs quarterly, Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. There was a parent member who attended the target setting stakeholder groups as well as various focus groups made available. As a result of enhanced communication via emails, word of mouth, and announcements made for inviting parent feedback, improvement strategy recommendations were also gathered from parents in one-on-one conversations with the Part C coordinator. We were able to incorporate parental feedback.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Stakeholder groups were invited to capture diverse representation of our population in make decisions on future targets and implementation strategies. The stakeholder groups intend to continue to meet at least on a quarterly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

The translation, and distribution of the Guide to Parents Rights was completed which aided the understanding of parental rights among the Spanish speaking and Haitian/Creole population.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Ongoing stakeholder meetings occur on weekly, biweekly and monthly basis. These groups are comprised of early intervention service providers, parents, Department of Education representatives, independent contractors for provider agencies, and other interested parties. The SSIP work groups are held as are Ages and Stages reviewer meetings. Open office hours for both general information and data information are held on alternate weeks and any interested party can attend. Community of practice calls for child find activities such as screenings are held monthly. Each of these meetings are utilized to look at current data, discuss the validity and accuracy as well as developing improvement strategies to determine if the targets are being met.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

Discussions surrounding target setting are conducted on a monthly basis and the results and recommendations that stakeholders make are presented quarterly at ICC meetings. Continued data analysis is presented at the quarterly ICC Meetings.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program 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 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

Birth to Three - Administration reports to the public on the performance of each Regional Program on the targets in the SPP/APR as soon as practicable, but not later than 120 days following the submission of its FFY APR as required by 34 CFR §303.702(b)(1)(i)(A).

The state has reported to the public, as required, for FFY 2019 at the following URL:
<https://dhss.delaware.gov/dhss/dph/birthtothree/files/2019RegionalProgData.pdf>.

A complete copy of the Program's SPP, including any revisions, and the APR are located on the Birth to Three website at [anuperformancerept2019.doc](#) (live.com)

Birth to Three - Administration reports on the following:

- A. Current data;
- B. Current data performance in relation to state targets and the two Regional Programs using percentage measurements;
- C. Description of whether the Regional Program met the target, made progress or slipped.

The Regional Program Performance Report also includes:

Data are generated from the following sources:

- A. DHSSCares data system;
- B. Family Outcomes Survey;
- C. Onsite monitoring;
- D. Table 1 Report of Children Receiving Early Intervention Services in Accordance with Part C; and,
- E. Table 2 Report of Program Setting Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C

Per section 508 and Section 255 of the Rehabilitation Act of 1973, each report is completed within 508 compliance to be visually safe and accessible for individuals with disabilities

Intro - Prior FFY Required Actions

The State must provide the FFY 2020 required data for Indicator 11, including the State's progress in implementing the State Systemic Improvement Plan, in the FFY 2020 SPP/APR.

Response to actions required in FFY 2019 SPP/APR

The state has submitted the State Systemic Improvement Plan, Indicator 11, as part of its FFY 2020 SPP/APR.

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

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

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

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	81.28%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	79.00%	79.75%	64.54%	55.33%	82.37%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
201	324	82.37%	100%	85.19%	Did not meet target	No Slippage

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.

75

Provide reasons for delay, if applicable.

Of the 75 families for whom the delays in the initiation of services were due to exceptional family circumstances, 31 were impacted by COVID, either by a sick family member or concern of exposure. Two children were hospitalized so it was not possible to begin the service within 30 days, one family had a sick family member, 15 delays were due to family request, four families did not show for their initial visit, four families rescheduled their initial visit for a time beyond the 30 day timeline, contact was lost for nine families after agreeing to the service initially, and an additional nine families had consented to services but subsequently withdrew consent to the services in their IFSP.

A total of 48 families had delays in services not related to exceptional family circumstances. Families of five infants/toddlers experienced delays due to services not being available through the Regional External Early Intervention Service Providers. This number decreased from the 20 families reported in FFY 2019. For the remaining 43 families, although 30 days had elapsed since the date of parent consent, the child's record in DHSSCares showed no date on which services began or if they had begun. There were zero delays due to family service coordinator scheduling issues.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

The state determines that the definition of timely service delivery to be that each service will start within 30 calendar days of the written parental consent which is indicated as a signature on the IFSP (Section 12). Birth to Three – Administration calculates timeliness by the time period elapsed between the date the parent provides written consent to each of the services in the IFSP and the actual start date of each service.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

DHSS monitors both Regional Programs every year for all compliance indicators

Provide additional information about this indicator (optional)

ADDITIONAL INFORMATION ABOUT IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE

The FFY 2019 data for Indicator 1 for both Regional Programs were less than 100%, showing noncompliance. The state identified each Regional Program's FFY 2019 noncompliance for Indicator 1 in monitoring reports, dated January 4, 2021 (in FFY 2020), with correction required by January 4, 2022.

As directed by OSEP, DHSS will report, in the FFY 2021 APR, due February 1, 2023, on correction of those January 4, 2021 FFY 2019 findings because the monitoring reports identifying the noncompliance were not issued until FFY 2020. This will include reporting in detail on the steps that the state has taken to verify whether each Regional Program: (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.

ADDITIONAL INFORMATION ABOUT FFY 2020 DATA

During FFY 2020 charts were randomly selected and reviewed by Birth to Three – Administration staff. Those charts chosen were those that contained services for which the 30-day timeline for timely services elapsed between July 1, 2020 and April 14, 2021. A total of 324 charts were reviewed ; 185 from Regional Program – New Castle and 139 from Regional Program – Kent/Sussex.

IMPACT OF COVID ON FFY 2020 DATA

Birth to Three – Administration saw an increase of delay reasons due to COVID during this reporting year. In FFY 2019, Delaware reported that six of the 295 (2.03%) families had delays in services due to COVID concerns. Delaware is reporting, in its FFY 2020 data, an increase of 7.24% in delays in services, due to COVID-related issues, with 31 of the 324 (9.27%) families having delays in services due to COVID concerns.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State issued findings of noncompliance, based on FFY 2018 data, in January 2021, the State must report on the status of correction of those findings in FFY 2020 SPP/APR due February 1, 2022. Additionally, because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings issued in January 2021, or with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

OSEP REQUIRED ACTION RELATED TO "FINDINGS BASED ON FFY 2018 DATA

OSEP indicated in its review of the state's FFY 2019 APR that, "Because the State issued findings of noncompliance, based on FFY 2018 data, in January 2021, the State must report on the status of correction of those findings in FFY 2020 SPP/APR due February 1, 2022." The state's January 4, 2021 monitoring reports identified findings of noncompliance based on FFY 2019 data, and not based on FFY 2018 data.

OSEP REQUIREMENT FOR EXPLANATION OF WHY NO FINDINGS OF NONCOMPLIANCE IN FFY 2019

As noted by OSEP, the state's FFY 2019 data for this indicator were less than 100%, with noncompliance in both Regional Programs. DHSS issued findings of noncompliance, based on those FFY 2019 data, on January 4, 2021.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.12%

FFY	2015	2016	2017	2018	2019
Target>=	90.02%	90.03%	90.04%	90.05%	95.41%
Data	94.72%	96.21%	96.52%	95.41%	95.59%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.58%	95.61%	95.64%	95.67%	95.70%	95.73%

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birththreeto/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee "opportunity" calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor's Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the

ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team. The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

For FFY 2005, Birth to Three set the Baseline for this indicator at 85.12%. Targets were set at 90.00% with increases of .01% increments over each of the next six years. Since 2013, Delaware's average for children receiving IFSP services being held in the natural environment has been 95.37%. This range is commensurate with national average.

It is the recommendation of the stakeholder group that the baseline be maintained at 85.12% and the initial target for FFY 2020 be set at 95.58%, which mirrors the data from FFY 2020, with an increase of .03% per year thereafter bringing us to a final target of 95.73% after six years. The target for FFY 2025 will be 10.61% over baseline.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	909
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	951

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
909	951	95.59%	95.58%	95.58%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

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)

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the 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), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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)? (yes/no)

NO

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

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The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of change will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

In May 2018, a new COS manual was developed which contained better guidance and training and was distributed to the Regional Programs. The programs included both Child Development Watch and early intervention service providers since each plays a role in the COS process. Based on the data presented, stakeholders acknowledged that children within the Statement 1 category were less challenging to measure progress because any amount of progress could be taken into consideration. The data show that the training and education of the new COS manual did not have a significant impact on Statement 1. However, a significant change in Statement 2 data was noted. It was determined that it is more challenging to measure progress in Statement 2 because of the expectation that children will be age appropriate at exit. It was determined that while the training and education of the new COS manual occurred for both Statement 1 and Statement 2, only Statement 2 was affected. The training caused more stringent scoring for Statement 2, in turn impacting the data. The improved procedures increased the reliability in data which made us have to change the baseline. We are able to collect new and better data because everyone is using a consistent practice. For this reason, the stakeholders and the State recommend lowering the baseline to Statement 2 categories because of the effect of the new COS manual and subsequent training. Since the advent of the COS manual did not affect Statement 1 categories, it is recommended to maintain their baseline.

Outcome A, Statement 2 would go from a baseline of 48.73% to 38.00% to coincide with the FFY 2018 data.

Outcome B, Statement 2 would go from a baseline of 41.53% to 34.62% to coincide with the FFY 2018 data.

Outcome C, Statement 2 would go from a baseline of 47.46% to 41.25% to coincide with the FFY 2018 data.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2008	Target>=	48.20%	48.30%	48.40%	48.50%	48.60%
A1	46.63%	Data	61.15%	64.89%	63.79%	63.74%	68.01%
A2	2020	Target>=	40.20%	40.30%	40.40%	40.50%	49.24%
A2	38.00%	Data	50.41%	53.63%	41.46%	38.00%	39.29%
B1	2008	Target>=	50.20%	50.30%	50.40%	50.50%	50.60%
B1	48.39%	Data	74.22%	70.44%	67.68%	69.25%	69.51%
B2	2020	Target>=	45.20%	45.30%	45.40%	45.50%	45.60%
B2	34.62%	Data	50.41%	49.79%	36.15%	34.62%	33.58%
C1	2008	Target>=	50.20%	50.30%	50.40%	50.40%	51.06%
C1	50.54%	Data	71.23%	65.30%	65.28%	67.05%	71.01%
C2	2020	Target>=	45.20%	45.30%	45.40%	45.50%	47.98%
C2	41.25%	Data	55.31%	50.62%	42.61%	41.25%	39.83%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	61.25%	61.50%	61.75%	62.00%	62.25%	62.50%
Target A2>=	33.49%	33.69%	33.89%	34.19%	34.39%	38.01%
Target B1>=	65.42%	65.67%	65.92%	66.17%	66.42%	66.67%
Target B2>=	27.77%	27.97%	28.17%	28.37%	28.57%	34.63%
Target C1>=	65.97%	66.22%	66.47%	66.72%	66.97%	67.22%
Target C2>=	36.67%	36.67%	36.70%	36.73%	36.76%	41.26%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

857

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	291	33.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	279	32.56%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	181	21.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	106	12.37%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	460	751	68.01%	61.25%	61.25%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning	287	857	39.29%	33.49%	33.49%	N/A	N/A

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
within age expectations in Outcome A by the time they turned 3 years of age or exited the program							

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	269	31.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	350	40.84%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	159	18.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	79	9.22%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	509	778	69.51%	65.42%	65.42%	Met target	No Slippage
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	238	857	33.58%	27.77%	27.77%	N/A	N/A

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	275	32.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	265	30.92%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	274	31.97%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	40	4.67%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	539	817	71.01%	65.97%	65.97%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	314	857	39.83%	36.67%	36.64%	N/A	N/A

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
turned 3 years of age or exited the program							

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,156
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	288

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The COS is completed as part of the IFSP process at the Initial IFSP meeting and after the completions of Transition activities. Information for the initial rating is collected during the MDE and MDA process, using a variety of developmental assessment tools, observation, and family report; and the exit rating is based on the most current assessments of the providers, observation, and family report. The IFSP team uses the Child Outcomes Summary (COS) process to collect and report child outcomes data to the federal government.

Birth to Three - Administration runs a SQL report of raw data based on the criteria necessary to complete this indicator, which is then interpreted for the use in the COS reporting. Periodic review is conducted to ensure valid and reliable child outcome data are entered.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

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)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

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

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	90.80%	91.20%	91.60%	92.00%	92.40%
A	46.30%	Data	92.12%	89.18%	93.75%	92.23%	92.23%
B	2006	Target>=	93.80%	94.20%	94.60%	95.00%	95.40%
B	49.00%	Data	96.27%	97.39%	97.37%	96.11%	96.11%
C	2006	Target>=	93.80%	94.20%	94.60%	95.00%	95.40%
C	55.90%	Data	97.10%	94.78%	97.04%	96.82%	96.82%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	92.23%	92.33%	92.43%	92.53%	92.63%	92.73%
Target B>=	95.35%	95.45%	95.55%	95.65%	95.75%	95.85%
Target C>=	96.19%	96.29%	96.39%	96.49%	96.59%	96.69%

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee "opportunity" calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor's Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of change will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	1,061
Number of respondent families participating in Part C	345
Survey Response Rate	32.52%

A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	339
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	345
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	329
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	345
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	332
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	345

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	92.23%	92.23%	98.26%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.11%	95.35%	95.36%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.82%	96.19%	96.23%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	2019-2020 CDW Family Outcomes Survey_Final Report_(Final)
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

Survey Response Rate

FFY	2019	2020
Survey Response Rate	33.45%	32.52%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The research team conducted a jurisdictional scan to uncover how other states survey families to help guide the survey revision. The scan revealed that there are four approaches to family outcomes measurement:

- ECO Family Outcomes Survey - Original
- ECO Family Outcomes Survey - Revised
- NCSEAM Survey
- State-Developed Surveys (n=6)

The research team then created a survey crosswalk, which mapped the CDW survey tool to the surveys discussed above. Specifically, items were grouped according to the outcome addressed and items that were similar in content were mapped together.

Research Design and Methods

Sample: All (n=1061) families who were receiving services from CDW during the 2020-2021 fiscal year were included in the survey sample.

Procedure: The research team mailed informational brochures to all families to introduce the survey. In addition, the research team attempted to contact families by phone and text message to invite them to participate.

Analyses: Survey responses from 345 families were analyzed for this report. Descriptive and summary statistics were used to describe the survey data. In addition, tests of significance (independent-sample t-tests and one-way ANOVAs) were conducted to compare how families scored across demographic characteristics (i.e., child's sex, age, race, ethnicity, and county). Moreover, open-ended survey responses were qualitatively coded using open coding to identify themes.

DHSS, the Birth to Three Administration and CDW leaders will explore some unique findings that indicate potential differences by race, ethnicity, and county. Focus groups or qualitative interviews with families and staff will be conducted to explore critical issues in communications, issues of respect, and general support needs.

DHSS, the Birth to Three Administration and CDW leaders will consider revisiting outreach strategies, relying less on mail and more on outreach from providers and staff. This outreach would provide the families more information on the importance of providing feedback for the survey and how their responses will be used to better the services for their families.

DHSS, the Birth to Three Administration and CDW leaders will continue to learn from and reflect on the COVID-19 experience. This reflection will guide the principles and practices of the program in relation to services provided to families as well as to help determine the steps moving forward to ensure positive outcomes for how families to know their rights, communicate their family's needs and determine if early intervention has helped their child develop and learn.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

In order to reduce any nonresponse bias, we used a combination of total population and stratified sampling techniques to recruit participants. In phase one of data collection, the research team attempted to contact every family via mail, phone, and text message (more information provided in procedures) to invite them to participate in the survey. In phase two, we examined the completion rates based on children's demographic characteristics. To achieve representation of the broader survey population, we sought to sample 30% of families with children from the following sub-groups: child's race (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), child's ethnicity (Hispanic, non-Hispanic), child's biological sex (boy, girl), age (0-1, 1-2, 2-3), and county of residence (New Castle, Sussex, and Kent). Using this data, the research team made a second round of phone calls and outreach to help fill stratification gaps and ensure that the survey sample was representative of the overall Birth to Three population. Upon completing both recruitment phases, we were able to sample at least 30% of families across most domains

All families who were eligible for Part C and had an IFSP for at least six months and had been closed no more than 6 months from the data of the data pull were considered. This maintained the representativeness of our population as all individuals were able to be considered.

Families were invited to visit <http://www.cresp.udel.edu/cdw> to learn more about the study and to complete the survey via telephone, mail, and text outreach. Each family was provided with a unique PIN to identify whether they had completed the survey. Mail outreach comprised of a flyer, which invited participants to the webpage where they could learn more about the survey and access a screener and the survey tool. To protect identities families logged in with a PIN and did not use names. In order to address concerns raised by the DHSS HRSB regarding the potential for PINs to be misused by fraudulent families, families that received flyers without envelopes, and whom responded to the survey without any additional contact (n=27) (i.e., phone, text message, or email) were called and interviewed directly to confirm the authenticity of response. Seventy-four percent (n=20) of families were reached after five attempts. Of those, 100% of families authenticated their survey results (no fraud identified). The surveys for those families who were not reached (n=7) were discarded and not used in subsequent analyses.

In addition to contacting families by mail, we attempted to contact every family by phone to introduce the survey and to invite them to complete the survey. Moreover, over the course of data collection, three text messages were sent to families that provided a link to the CRESP website, a link to the survey, and the family's individual PIN. All survey materials (i.e., recruitment brochure, CRESP website, text messages, and survey) were written in three languages – English, Spanish, and Haitian Creole. Likewise, members of the research team contacting families were fluent in English, Spanish, and Haitian Creole.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

Based on the Child Count and Settings report compared to the Family Survey, based on race were 19.35% (25.80% Family Survey) of the population was Hispanic, .53% (.58% Family Survey) were American Indian / Alaska Native, 4.21% (4.06% Family Survey) were Asian, 23.24% (19.42% Family Survey) Black, .21% (0.00% Family Survey) NH/PI, 52.26% (54.49% Family Survey) Ca, .21% (9.28% Family Survey) of more than one race. Our Child Count report shows that 5.57% of the children were Birth to 1 years, the Family Survey shows that 1.39% of children were represented. For the one – two year population of 28.81%, the Family Survey showed that 15.24% were represented. For the two to three year population of 65.62%, the report showed that 50.42% of the population were represented.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The confidence intervals for data from FFY 2019 and FFY 2020 are as follows: Parents know their rights, FFY 19 ± 2.64%, and FFY 20 ± 1.22% which is a significant and meaningful difference. The data percentage increased from a 92% rate of success to 98% rate of success. Qualitative questions were asked which helped us to determine that due to renewed and better training of the Family Service Coordinators helped them to discuss and assist parents with understanding and knowing their rights. For parents being able to effectively communication their child's needs – FFY 19 ± 1.94% and FFY 20 ± 1.89% which is not a significant difference. Lastly, for parents who feel they can help their child develop and learn, FFY 19 - ± 1.77% and FFY 20 ± 1.72% which again is not a significant difference.

Geographic Location

Of the families located in New Castle County, 35.25% (184/522) of the sampled data completed a survey which was 53.33% of the target group. While 31.95% (85/266) of the sampled families from Kent County completed a survey, which was 24.64% of the target group. Sampling percentages for families from Sussex County were 25.64% (70/273). This fell below the 30% threshold which was 20.29% of the target group.

Age of infant or toddler.

Sampled infants' birth to one year completed 35.71% surveys which was 1.39% of the target group. Infants one to two years completed 45.08% of the sampled surveys which was 15.24% of the target group. Infants two to three years completed 44.39% of the sampled surveys which was 50.42% of the target group. Because some children had exited the program during the sampling period for the survey, there were 20.00% of sampled toddlers over three years old who completed the survey which was 28.53% of the target.

Race/Ethnicity of Infant or Toddler

Infants identifying as white completed 33.75% of the sampled surveys making them 54.49% of the target group. Infants who identified as Black or African American completed 25.67% of the sampled surveys making them 19.42% of the target group. Infants identifying as Asian completed 33.33% of the sampled surveys, making them 4.06% of the group. American Indian or Alaskan Natives infants completed 50.00% of the sampling which made them .58% of the target group. Native Hawaiian or Pacific Islander infants completed 0% of the sampled surveys which resulted in 0% of the target group. Infants identifying as of more than two races completed 42.11% of the sampled surveys which resulted in them being 9.28% of the target group. There was 32.77% of infants and toddlers who chose not to identify as one of the represented races, making up 11.30% of the target group. Individuals

identifying as of Hispanic ethnicity represented 42.58% of the sampled population making up 25.80% of the target. Individuals identifying as not being of Hispanic ethnicity represented 30.05% of the sampled population making up 74.20% of the target.

Provide additional information about this indicator (optional).

An independent T-test was used to examine whether families with children of Hispanic ethnicity answered significantly differently than families with children of non-Hispanic ethnicity. The test indicated that the item "You know who you need to speak with if you feel your family's rights are not being addressed within the program," was scored greater by families with non-Hispanic children (M = 3.40, SD = .73) than for families with Hispanic children (M=3.21 SD= .75); $t(342) = 2.02, p = .04$.

An independent T-test was used to compare whether families with children of Hispanic ethnicity answered significantly differently than families with children of non-Hispanic ethnicity. The test indicated that the item "You feel your child's quality has improved," was scored higher by families with Hispanic children (M= 3.69 SD= .513) than for families with non-Hispanic children (M= 3.50, SD= .621); $t(340) = -2.50, p= .01$. In addition, the test indicated that the item "You feel that the services provided by the B23/CDW program are useful to your family," was scored higher by families with Hispanic children (M= 3.71, SD= .482) than for families with non-Hispanic children (M= 3.55, SD= .593); $t(341) = -2.30, p=.02$ (not shown in table). A one-way ANOVA test was used to compare whether families living in New Castle, Sussex, and Kent Counties answered items significantly differently. The test indicated that the item "You feel your child's quality has improved," was scored differently by families [$F(2, 333) = 3.24, p= .04$] between counties. Post hoc comparisons indicated that the mean score for New Castle County (M= 3.49, SD= .636) was significantly different than Sussex County (M= 3.70, SD= .492). However, Kent County (M= 3.55, SD= .602) did not significantly differ from the New Castle and Sussex County.

Data for FFY 2018 and FFY 2019 were the same due to contractual challenges during those data collection years. It was not possible to collect data for this indicator during FFY 2018. The data reported in the FFY 2018 APR were collected after June 30, 2019 (during August and September 2019) and were, therefore, FFY 2019 data. That is the reason why the data reported in the FFY 2018 APR are the same as the FFY 2019 data reported in this APR.

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.98%

FFY	2015	2016	2017	2018	2019
Target >=	1.02%	1.02%	1.04%	1.05%	1.06%
Data	1.33%	1.14%	1.03%	0.83%	0.89%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.50%	0.60%	0.70%	0.80%	0.90%	1.00%

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

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The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration

staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	53
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 1	10,497

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
53	10,497	0.89%	0.50%	0.50%	Met target	No Slippage

Provide additional information about this indicator (optional)

Data decreased drastically due to effects of COVID. More parents decided to close to the program and wait until services were able to be delivered face to face rather than via telehealth. This caused a reduction of children who were Part C eligible with active IFSP's during our December 1 count. DHSS collaborates with the Department of Education (DOE) and the Office of Early Learning (OEL) by adding an Ages and Stages Questionnaire (ASQ) link to the Birth to Three website. This is to offer families an additional opportunity to access developmental screenings. Birth to Three – Administration continues to contract with Help Me Grow/211 to ensure that any ASQ screenings that come through the Birth to Three – Administration portal are processed timely so that parents are aware of their child's current developmental needs. Should a screening indicate the need for further evaluation, a referral is sent to the Regional Program – CDW. The governor has approved legislation, that beginning July 2023, all licensed childcare providers must conduct Ages and Stages screenings on the children enrolled in the childcare programs in order to maintain their licensure. This will mean an increase in the number of referrals that the Regional Programs - CDW will receive. Birth to Three - Administration is working with the DOE/OEL Developmental Screening Technical Assistant team to determine the impact that the new legislation may have on our programs. Birth to Three staff continue to attend core leadership team meetings as well as community of practice meetings in conjunction with the school districts to collaborate on resources and mechanisms to put into place when the 2023 timeline starts.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.94%

FFY	2015	2016	2017	2018	2019
Target >=	2.72%	2.73%	2.74%	2.75%	2.76%
Data	3.20%	3.31%	3.31%	3.27%	3.50%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.97%	3.00%	3.03%	3.06%	3.09%	3.12%

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7,8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee "opportunity" calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor's Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by

analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	951
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 3	32,041

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
951	32,041	3.50%	2.97%	2.97%	Met target	No Slippage

Provide additional information about this indicator (optional).

Data decreased drastically due to effects of COVID. More parents decided to close to the program and wait until services were able to be delivered face to face rather than via telehealth. This caused a reduction of children who were Part C eligible with active IFSP's during our December 1 count.

Birth to Three – Administration collaborates with the Department of Education (DOE) and the Office of Early Learning (OEL) by adding an Ages and Stages Questionnaire (ASQ) link to the Birth to Three website. This is to offer families an additional opportunity to access developmental screenings. Birth to Three – Administration continues to contract with Help Me Grow/211 to ensure that any ASQ screenings that come through the Birth to Three – Administration portal are processed timely so that parents are aware of their child’s current developmental needs. Should a screening indicate the need for further evaluation, a referral is sent to the Regional Program – CDW. The governor has approved legislation, that beginning July 2023, all licensed childcare providers must conduct Ages and Stages screenings on the children enrolled in the childcare programs in order to maintain their licensure. This will mean an increase in the number of referrals that the Regional Programs - CDW will receive. Birth to Three - Administration is working with the DOE/OEL Developmental Screening Technical Assistant team to determine the impact that the new legislation may have on our programs. Birth to Three staff continue to attend core leadership team meetings as well as community of practice meetings in conjunction with the school districts to collaborate on resources and mechanisms to put into place when the 2023 timeline starts.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.90%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	93.50%	89.67%	82.11%	92.67%	86.78%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
309	350	86.78%	100%	97.71%	Did not meet target	No Slippage

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.

33

Provide reasons for delay, if applicable.

Data indicated that while 88.29 % (309/350) of families had an IFSP meeting conducted within 45 days, a total of 41 (11.71%) of families did not receive an initial IFSP meeting within 45 days of the referral date. Of those 41 families, 33 (9.42%) had initial IFSP meetings beyond the 45-day timeline due to exceptional family circumstances. Those reasons were indicated as three families were unable to attend a multi-disciplinary evaluation to determine eligibility in a timely manner, one family cancelled the initial IFSP meeting, five families requested that the initial IFSP meeting be rescheduled, seven families requested that the initial IFSP meeting be conducted outside of the 45 day timeline, one family did not show for the initial IFSP meeting, 13 families were unable to be located in order to set up the initial IFSP meeting and three families had delays due to COVID. The remaining eight families who did not receive an initial IFSP meeting within the 45 days were due to circumstances not surrounding exceptional family circumstances; those being seven multi-disciplinary evaluations being scheduled late by the Regional Program causing the initial IFSP to be conducted late, and one chart was unable to have the timeline determined due to no documentation in the chart.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Both Regional Programs – CDW (Kent/Sussex and New Castle) -- are monitored annually.

Provide additional information about this indicator (optional).

ADDITIONAL INFORMATION ABOUT IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE

The FFY 2019 data for Indicator 7 for both Regional Programs were less than 100%, showing noncompliance. The state identified each Regional Program's FFY 2019 noncompliance for Indicator 1 in monitoring reports, dated January 4, 2021 (in FFY 2020), with correction required by January 4, 2022.

As directed by OSEP, DHSS will report, in the FFY 2021 APR, due February 1, 2023, on correction of those findings, based on FFY 2019 data with the monitoring reports issued in FFY 2020 (on January 4, 2021). This will include reporting on the steps that the state has taken to verify whether each Regional Program: (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.

The state notes that, as documented in its July 19, 2021 memorandum to the Kent/Sussex Regional Program, the Regional Program has achieved both timely systemic and individual correction of the finding issued on January 4, 2021 (based upon FFY 2019 data), and will report in the FFY 2021 APR, due February 1, 2023, in detail on how the state has verified such correction.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State issued findings of noncompliance, based on FFY 2018 data, in January 2021, the State must report on the status of correction of those findings in FFY 2020 SPP/APR due February 1, 2022. Additionally, because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings issued in January 2021, or with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

OSEP REQUIRED ACTION RELATED TO "FINDINGS BASED ON FFY 2018 DATA"

OSEP indicated in its review of the state's FFY 2019 APR that, "Because the State issued findings of noncompliance, based on FFY 2018 data, in January 2021, the State must report on the status of correction of those findings in FFY 2020 SPP/APR due February 1, 2022." The state's January 4, 2021 monitoring reports identified findings of noncompliance based on FFY 2019 data, and not based on FFY 2018 data.

OSEP REQUIREMENT FOR EXPLANATION OF WHY NO FINDINGS OF NONCOMPLIANCE IN FFY 2019

As noted by OSEP, the state's FFY 2019 data for this indicator were less than 100%, with noncompliance in both Regional Programs. DHSS issued findings of noncompliance, based on those FFY 2019 data, on January 4, 2021.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

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 State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	91.36%	88.57%	94.85%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
116	117	100.00%	100%	99.15%	Did not meet target	No Slippage

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.

0

Provide reasons for delay, if applicable.

As noted above, in 116 of the 177 records reviewed, the IFSP included transition steps and services no fewer than 90 days before the child's third birthday. One of the 117 records reviewed did not demonstrate compliance with the requirements of Indicator 8A and 34 CFR §303.209(d).

Two weeks prior to the monitoring for FFY 2020 that began on April 15, 2021 and continued through May 2021, Administration issued to the Regional Programs a memorandum that informed the Regional Programs that: (1) it would base its compliance determinations on the documentation in each child's record in the DHSSCares database; and (2) that each Regional Program need to ensure that all documentation of compliance was entered into the database by April 14, 2021.

To demonstrate compliance for Indicator 8A, each Regional Program needed to ensure that documentation of one of the following was in the database by April 14, 2021: (1) transition steps and services were added to the child's IFSP at least 90 days before the child's birthday (and at the discretion of all parties, not more than nine months prior to the third birthday); (2) delay beyond the 90-day timeline was the result of exceptional family circumstances; or (3) the child had exited the early intervention program more than 90 days before the child's third birthday.

For the one noncompliant record, the IFSP did not include transition steps and services, there was no documentation of a delay that was caused by an exceptional family circumstance, and there was no documentation that the child had left the early intervention program more than 90 days before the child's third birthday. It was not until after the Regional Program received the August 2021 monitoring report that the Regional Program informed Administration that, in fact, the Regional Program lost contact with the family more than 90 days before the child's third birthday.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The state monitors both Regional Programs annually to collect data for each of the compliance indicators.

Provide additional information about this indicator (optional)

RECORDS REVIEWED

During FFY 2020, charts were randomly selected for review. A total of 117 charts were reviewed, 46 cases were managed by Regional Program – CDW Kent Sussex. Regional Program – CDW New Castle managed 71 cases. 116 charts that were audited included transition steps and services.

IMPACT OF HRSA-FUNDED INITIATIVE

Children continue to benefit from Autism-related services funded through HRSA (Health Resources and Services Administration) and AMCHP (Association of Maternal & Child Health Programs) by providing expedited medical evaluations for children identified with Autism Spectrum Disorder (ASD) concerns. This allows children on the Autism Spectrum to receive medical supports as well as other needed supports as determined by the child's and family's IFSP. Children who are of transition age and have a diagnosis of Autism receive early detection evaluations to aid in a quick and smooth transition to school district support services.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

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 State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,281	1,281	100.00%	100%	100.00%	Met target	No Slippage

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

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

An Operations Agreement exists between the Department of Health and Social 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)/Regional Program - CDW liaisons that are employed by DOE. These individuals act as liaisons between the Regional Programs and the local school districts in order to facilitate transition.

This year, notification reports were sent through the DOE liaisons to the local school districts on 100% of the 1281 children identified as potentially eligible for Part B services.

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? (yes/no)

NO

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

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).

The process for ensuring compliance with the notification process is described above. This process provides data for all toddlers who are potentially eligible for Part B preschool special educational services and have reached the age of 33 months for the full FFY (July 1, 2020 through June 30, 2021.)

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

The process for ensuring compliance with the notification process is described above. This process provides data for all toddlers who are potentially eligible for Part B preschool special educational services and have reached the age of 33 months for the full FFY (July 1, 2020 through June 30, 2021.)

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

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 State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	75.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	86.25%	88.41%	81.23%	93.33%	97.06%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred 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	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
76	101	97.06%	100%	91.21%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The reason for slippage is largely attributable to increasing service coordinator caseloads and its impact on timely scheduling of transition conferences.

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.

10

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 not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

7

Provide reasons for delay, if applicable.

During FFY2020 charts were randomly reviewed for each program. A total of 76 charts were reviewed, 46 for Regional Program New Castle and 30 charts for Regional Program Kent/Sussex.

Of the 91 charts reviewed (for children whose parents approved of a transition conference), 76 (83.52%) families had a transition conference at least 90 days (and at the discretion of all parties, not more than nine months), before the child's third birthday. The remaining 15 (16.48%) families did not receive a timely Transition Conference, however of those 15 families, 7 families delays were due to exceptional family circumstances documented in the child's record in DHSSCares. Those were indicated by: 3 families the FSC was not able to offer a time when the parent could meet within the timeline, 2 families moved, and 2 families were unreachable due to lost contact. The remaining families who did not receive a transition conference within 9 months to 90 days before their child's third birthday were due to, 1 school district scheduling late, 4 family service scheduling late, and 2 had no documentation to determine if a conference was conducted timely.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Both Regional Programs – CDW (Kent/Sussex and New Castle) are monitored annually for transition timelines and all other compliance indicators.

Provide additional information about this indicator (optional).

The FFY 2019 data for Indicator 8C for both Regional Programs were less than 100%, showing noncompliance. The state identified each Regional Program's FFY 2019 noncompliance for Indicator 8C in monitoring reports, dated January 4, 2021 (in FFY 2020), with correction required by January 4, 2022.

As directed by OSEP, DHSS will report, in the FFY 2021 APR, due February 1, 2023, on correction of those findings, based on FFY 2019 data with the monitoring reports issued in FFY 2020 (on January 4, 2021). This will include reporting in detail on the steps that the state has taken to verify whether each Regional Program: (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.

The state notes that, as documented in its November 23, 2021 memorandum to the Kent/Sussex Regional Program, the Regional Program has achieved both timely systemic and individual correction of the Indicator 8C finding issued on January 4, 2021 (based upon FFY 2019 data), and will report in the FFY 2021 APR, due February 1, 2023, on how the state has verified such correction.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

When reporting data for this indicator in the FFY 2020 SPP/APR, the State must clarify the circumstances in which it identifies the cause for the delay as exceptional family circumstances, as defined in 34 C.F.R. § 303.310(b).

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

CLARIFICATION OF CIRCUMSTANCES IN WHICH STATE IDENTIFIES CAUSE FOR DELAY AS EXCEPTIONAL FAMILY CIRCUMSTANCE

The State considers the following reasons for delays in conducting a timely transition conference due to exceptional family circumstances: Someone in the family had or was exposed to COVID, the EIS provider had or was exposed to COVID, the child was hospitalized, there was an illness in the family, at the family’s request, the family didn’t show for the scheduled meeting, the family contacted the Family Service Coordinator to reschedule the conference, and when contact is lost with the family. (See also, reasons for delay.)

OSEP REQUIREMENT FOR EXPLANATION OF WHY NO FINDINGS OF NONCOMPLIANCE IN FFY 2019

As noted by OSEP, the state’s FFY 2019 data for this indicator were less than 100%, with noncompliance in both Regional Programs. DHSS issued findings of noncompliance, based on those FFY 2019 data, on January 4, 2021.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

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 under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (*EMAPS*)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The state has adopted Part C due process procedures.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7,8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee "opportunity" calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor's Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team

met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

The state has had no mediations in FFY 2020 therefore is not required to establish baselines or targets.

Historical Data

Baseline Year	Baseline Data
0	0.00%

FFY	2015	2016	2017	2018	2019
Target>=				0.00%	.00%
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Delaware will increase the number and percentage of infants and toddlers who enter early intervention programming below age expectations in the area of Social-Emotional (SE) development and increase their rate of growth by the time they turned three or exited the program.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://dhss.delaware.gov/dhss/dph/birthtothree/files/theoryofaction.pdf>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2008	46.63%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	61.25%	61.50%	61.75%	62.00%	62.25%	62.50%

FFY 2020 SPP/APR Data

Actual # for Indicator 3 (A1)	Total # for Indicator 3 (A1)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
460	751	68.01%	61.25%	61.25%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

The data captured for FFY 2020 was extracted from the statewide data system, DHSSCares.

Please describe how data are collected and analyzed for the SiMR.

Starting in May of 2021, Administration began collecting and analyzing the data which was obtained from DHSSCares. It is the responsibility of the Regional Programs to enter the data with validity and reliability. Administration and the Regional Programs worked collaboratively through September 2021 to ensure that all data that could be collected from the early intervention service providers was completed. Once the data was entered and subsequently extracted, the Part C Data Manager in Administration ran the calculations to determine of the total children captured (751) for Indicator 3 (A1), how many had entered the program below age expectations in Positive Social Emotional Skills substantially increased their rate of growth by the time they exited the program (460) resulting in a 61.25% total.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

DHSSCares continues to capture the quantitative and qualitative data from the Regional Program-Child Development Watch COS liaisons who have been trained to appropriately review and determine progress or decline in a child's skills. They work collaboratively with the Early intervention Service Providers through the Child Outcome Summary process to obtain clinical opinions and assessment ratings for the initial and exit COS. The collection of data was not so much affected as the quality of the results. While the number of children for whom an initial and exit COS was completed has increased in FFY 2020, the data itself has slipped. With new early intervention service providers coming on board through new contract, the Birth to Three program intends to continue to provide updated trainings to ensure a more consistent and targeted look at all subcategories under Indicator 3, with a specific focus on Indicator 3, Outcome A, Statement 1.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

As part of ongoing efforts to reorganize infrastructure and improve overall quality of the Program in its entirety, the Birth to Three Early Intervention Program-Administration is in the developmental phase of implementing a new evaluation plan that will effectively capture qualitative and quantitative data. It is our intention to utilize checklists available through ECTA to determine progress toward that infrastructure building as well as to better determine where our children are in their social emotional development. We intend to use the Vision and Direction in Leadership Checklist as well as the Child Social-Emotional Competence Checklist. We will be able to use the quantifiable data to determine the needs of the State in regard to training and education as well as to determine the quality of interaction with the families.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

The DHSS has made significant changes in the structure of the Program to meet the requirements for a single line of authority and ensure compliance with the requirements of Part C. To address policy enhancements and compliance, DHSS worked with consultants to develop a comprehensive manual, addressing all Part C requirements, entitled Birth to Three Early Intervention Policies and Procedures Manual (the Manual). The Manual includes the Child Outcome Summary Manual, which guides data collection for Social Emotional Outcomes. Two public hearings were held for comments on the Manual. Members of the SSIP core leadership team participated in the commenting period, ensuring that considerations related to policy alignment in implementing evidenced-based practices were made. DHSS submitted the revised Manual to OSEP on September 22, 2020. The Manual was fully approved by OSEP in October 2021. The Program is currently developing training for Regional Program staff and early intervention service providers to ensure consistent and efficient implementation of the policies and procedures. Additional trainings have been implemented to further strengthen Delaware's early intervention system; increasing competency and continuous review of important requirements and regulations has allowed the program to prepare for fuller implementation of best practices while maintaining compliance according to federal regulations, state law, and policies and procedures. In addition to increased training, the Program has executed updated contracts with external early intervention service providers to ensure increased compliance with federal regulation, state law, and program policies and procedures. The updated contracts include stronger communication with the single line of authority,

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

In order to better provide general supervision over Part C, legislators in Delaware determined that Birth to Three Administration would move from the Division of Management Services to the Division of Public Health, which houses the Regional Programs – Child Development Watch. This allowed the state to guarantee a single line of authority for Part C practices. By moving Administration, the State was able to provide better quality oversight to all aspects of the program. Better communication and collaboration helped to contribute to better service provision for families of infants and toddlers. Because of this communication and collaboration, which included more intense training on data entry, prior written notice, procedural safeguards and service provision documentation, Birth to Three Administration is now able to collect more valid and reliable data.

Birth to Three Administration and its stakeholders have identified a standardized tool for use during the COS rating process, which promotes consistency and objectivity across raters. This will help to increase the quality of data captured, as well as detailing how our processes are impacting the lives of the children we serve.

The State has made great strides in improving the amount of completed COS captured in FFY 2020. This is an achievement because while the COS numbers have increased, due to COVID concerns the COS results quality had decreased. We continue to work with Stakeholders to review ways in which to encourage parents to actively participate in helping their child progress with Social Emotional Skills.

In respect to data, a new data extract mechanism (SQL) was made available to Birth to Three – Administration, in order to capture more valid and reliable data in FFY 2020. We were able to track inconsistent reporting and the beginnings of root causes for the decline in the COS quality. Better and standardized trainings are planned for the upcoming fiscal year to ensure that data is captured, entered and calculated with more accuracy. The accuracy of data capture will help to achieve a more realistic view to meet the expectations of the SiMR. By having instantaneous SQL programming available for data extraction, we can use continual, yearlong review of the data to catch quality assurance concerns in real time which will help sustain systems of improvement efforts. This will allow us to understand the needs of the programs, the providers as well as the families quicker.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

The newly identified improvement strategy during FFY 2020 was the ability to extract data from a SQL programming perspective. This programming allows Administration to pull raw data and more accurately calculate the results. In previous years, canned reports, which were created at the inception of the data system in 2012, were used to calculate the data. While this data was and continues to be valid and reliable, the raw data extract allows for better root cause analysis and data definition. The ease of obtaining the raw data periodically throughout the year will help to keep the programs on target and more aware of the needs of the system as well as the families which can be addressed in real time. The continuous improvement strategies will also involve in depth discussions with stakeholders in order to determine the status of our baseline and target data and how to improve the outcomes for children and their families.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The next steps for the data capture are to continue to work collaboratively with the Regional Programs, the Early intervention Service Providers and Administration to develop a yearly timeline for data distribution, technical assistance and root cause analysis development. The updated data and processes will be discussed with the executive ICC and presented in the quarterly ICC meetings for stakeholder input.

List the selected evidence-based practices implemented in the reporting period:

Division of Early Childhood Recommended Practices: Family, Interaction, Teaming

Provide a summary of each evidence-based practice.

The Division of Early Childhood Recommended Practices functions as tools that practitioners use to promote development of young children, ages 0 to 5. These practices also guide families to improve practices in partnership with practitioners.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

Birth to Three and its stakeholders have specifically targeted the Division of Early Childhood (DEC) recommended practices of Family, Interaction and Teaming. By utilizing focus groups, we are able to better gauge where parents are at in respect to their child's social emotional development. By interacting with parents via these focus groups, stakeholder meetings, Interagency Coordinating Council (ICC) meetings, collaboration with the Parent Information Center and general outreach activities, we are better able to adjust our practices to better encourage, coach and enable our families in the participation of their child's developmental progress. The Policy manual, that was approved by OSEP in October 2021, contains a section regarding the IFSP Team. By utilizing this section as a training opportunity for Regional Programs, better goals and outcomes can be developed with the individuals who a part of the child's development, while with the Program. This policy has led to better process decisions and a more focused look at the needs of a child and their family on an individual basis allowing for us to serve the needs of that family. As stated above, we intend to measure our progress by utilizing checklists provided by ECTA to determine progress toward Vision and Direction in Leadership as well as Child Social-Emotional Competence.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The data is collected through the statewide data system DHSSCares. Regional program, Child Development Watch and COS Liaisons are responsible for the data entry of scores provided by evaluator and early intervention service providers. We will also be utilizing the data from the ECTA checklists to better our quality of leadership and the social-emotional competence of the children we serve.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

As we improve our infrastructure for this indicator, it is our intention to develop measures of collecting data that supports the ongoing use of each evidence-based practice.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

Birth to three intends to continue to engage families through focus groups, stakeholder meetings, ICC meetings, interactions with PIC and general outreach to ensure our understanding of what parents needs for their families. Qualitative data will be captured through a survey process for any group discussions. Continued interaction with families through the development of the IFSP and its goals will help the family and IFSP team to determine the needs of the child. Monitoring of these goals will be done yearly to determine if additional training is needed in the development of those goals and outcomes. The use of the Policy manual for training purposes will help the Regional Programs – Child Development Watch and Early Intervention Service Providers to understand the requirement of the IFSP team and the importance of working together to fit the family's needs. This will also be monitored by the quality of interaction through progress notes, email and other communication documented in a child's chart.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

No changes are planned.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In FFY 2020, Administration focused much of its work on the development of appropriate targets for FFY 2020-FFY 2025, engagement with the structure of the new data system, and the preparation of discussions with stakeholders regarding SSIP activities. Administration planned to solicit ongoing stakeholder discussion and input from groups on setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the Interagency Coordinating Council (ICC), the Parent Information Center (PIC), and various stakeholder and topical work groups. The broader stakeholder meetings occurred primarily in FFY 2021.

Delaware's ICC continues to play an integral part in how Birth to Three share federal and state level reporting data with stakeholders. The onset of COVID-19 in March of 2020 presented challenges for conducting meetings face to face. ICC meetings, however Administration ensured that virtual meetings continued to occur. During the ICC meetings held in January, July, September and October, the Birth to Three program shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

Administration conducts weekly Executive Interagency Coordinating Council committee "opportunity" calls to allow for continuous engagement with stakeholders. Each call is lead with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. The activities and issues discussed in these opportunities calls are shared during the ICC quarterly meetings.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year old children by 25% within 60 months (July 2022). In addition, Birth to Three – Administration Part C Coordinator collaborates with and is an active participant in Early Hearing Detection and Intervention Advisory Board (EHDI) meetings and The Governor's Advisory Council for Exceptional Citizens (GACEC)

The Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC advice and assistance in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, Parent Information Center (PIC) and SSIP activity strand workgroups to develop an SSIP Core Leadership Team.

The SSIP Core Leadership Team represents stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually in FFY 2020 and continued the established bi-weekly meetings in response to COVID-19 restrictions. The Birth to the Three Administration staff also met with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the DEC RP they observe in practice with their children.

The Part C Data Manager conducted a series of target setting stakeholder groups where the participants were tasked to engage in the target setting by analyzing data, begin the development of improvement strategies to help better outcome for children and families and to plan on how to evaluation the progress over the next six years to determine if other avenues of charge will be required. The group's recommendations were for the State to maintain baselines for Indicators 2, 3 Statement 1 categories, 4, 5 and 6. The stakeholders indicated that due to the creation and distribution of a new COS manual in May 2018, which led to more strict practices for Statement 2 of Indicator 3, that a change in baseline to FFY 2018 data were warranted. The State saw a drastic decrease in data starting in FFY2017 and a full view of the influence of the COS manual in FFY 2018. Stakeholders recommended the utilization of the ECTA checklist to work toward improvement of the Statement 2 categories for Indicator 3.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the Interagency Coordinating Council (ICC), Parent Information Center (PIC) and other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. The Part C Data Manager conducted stakeholder group meetings to discuss and determine the future targets for FFY 2020 through FFY 2026. The groups utilized quantitative data through year-to-year data comparison to determine the initial targets. Reviews were conducted and from qualitative and personal experience perspectives, those targets were updated to reflect achievable goals for the coming years. The stakeholder groups intend to continue to meet on a monthly basis in order to develop and monitoring strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. In the coming year, we plan to work with the Parent Information Center more closely to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We intend to conduct more focus groups specifically targeting those parents who are part of underserved populations.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Stakeholder engagement has been a targeted area of improvement for Birth to Three Administration. Communication was forged between the Program and key leaders in various partnering entities. These entities included Parent Information Center of Delaware, Delaware's Governor's Advisory Council for Exceptional Citizens (GACEC), the Interagency Coordinating Council, and other community agencies such as the Rodel Foundation. Partnership with the Parent Information Center of Delaware involved collaboration for the development of a bimonthly newsletter that was disseminated within Delaware's communities. These newsletters included articles that provided information to families about the Early Intervention Process, what to expect from the Program, the parent and family role in the early intervention process, and foundational education on social emotional development. In addition to the newsletter, the partnership between the Parent Information Center of Delaware and the Program included cosponsoring events on Facebook Live, including a webinar featuring engagement from a Family Service Coordinator, and one ZOOM webinar in which the Part C Coordinator and the Executive Director of the Parent Information Center of Delaware discussed the role of the parent in the early intervention process. These outreach opportunities allowed the Program to enhance visibility, which will significantly influence the ways in which information is shared across systems, particularly as additional information related to social emotional outcomes and the Program's specific strategies for improving those outcomes for infants and toddlers with developmental delays or disabilities.

Additionally, the Program communicated with partners from the GACEC regarding program infrastructural and systemic improvements that will enhance outcomes for Part C eligible infants and toddlers, and their families. These communications took place at stakeholder meetings, through Core Leadership Meetings, and during ICC meetings. Conversations with the GACEC included topics such as target setting, parent engagement, and updates on contracts and best practices.

Furthermore, extensive communication with the ICC influenced stakeholder engagement in improvement strategies. The ICC recently began developing committees, which will assist the Council in advising and assisting the Program in systemic improvements and the use of best practices. The Best Practices Committee is responsible for advising and assisting the Lead Agency in developing and maintaining best practices for delivering high quality early intervention services to the target population and advise and assist the Lead Agency in ensuring compliance with IDEA Part C federal regulation and state legislation. This includes advising and assisting the Program in implementing best practices for enhancing direct early intervention services that target social and emotional development.

The Rodel Foundation works in Delaware's communities to promote support in the field of Education. As a subprogram of Rodel, the Delaware Readiness Teams support early childhood education initiatives that promote parent engagement in the lives of infants and young children. The Program and the Delaware Readiness teams partnered to support children turning 3 over the summer months by sending care packages that provided tips and strategies for promoting child development, including social emotional developmental strategies.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The Professional Development SSIP committee has determined to use the BABES assessment tool. Training will be provided, and a pilot program will be conducted by a group Early Intervention Service Providers as well as the Regional Program – Child Development Watch Family Service Coordinators.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

This pilot will occur in 2022 with data being collected via DHSSCares. This pilot will determine improved social emotional assessment needs and IFSP goal development.

Describe any newly identified barriers and include steps to address these barriers.

Scheduling with the Babes trainer may be a barrier due to scheduling availability for both the trainer and the regional programs. There may also be a challenge to conduct the training virtually as opposed to face to face. These barriers will be addressed by collaboration between Birth to Three Administration, the trainer and the regional programs to determine what is best suited to everyone's needs. Once the training occurs, a webinar will be created for those who were unable to attend as well as for future reference to new participants of the pilot.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role

Designated 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:

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Title:

Part C Data Manager

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Phone:

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Submitted on:

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