

DE Part C

FFY2013 State Performance Plan / Annual Performance Report

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

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.

Starting in 2015, the Office of Special Education Programs (OSEP) requires that State Performance Plans and Annual Performance reports be submitted using an online submission tool.

Review of Delaware's General Supervision system includes the following components:

- current initiatives
- fiscal
- data system
- monitoring and accountability
- technical assistance
- professional development
- stakeholder involvement
- reporting to the public

Current Initiatives:

The Birth to Three Early Intervention System (Birth to Three) collaborated with the Delaware Office of Early Learning and the Help Me Grow initiative to provide follow up services for children screened and found to be high risk based on the Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages developmental screening tools. Birth to Three/Child Development Watch is an active participant of the Delaware Early Childhood Council, whose goal is improved screening and follow-up, inclusive of strengthening young child mental health services.

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

In addition, Birth to Three collaborates with Delaware Text4baby to distribute the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals. Approximately 12,000 English and Spanish portfolios were distributed annually and are also available on the Birth to Three website. This is available in English and Spanish.

In 2013, Birth to Three was invited to participate in a telehealth project where specialty services will be provided at CDW Southern Health Services, located in Sussex County through videoconferencing by Riverside Hospital (Christiana Care Health System). This will ease the burden of lengthy travel for families with children with disabilities. By Spring 2015, equipment should be procured and staff should be trained. Specialty professionals, specifically neurologists, are already strategizing how this might best work.

Fiscal:

Birth to Three utilizes a central billing system to process claims. With parent consent and notification, private and public insurances are accessed to contribute additional funds for services. A sliding fee scale is utilized when parent do not provide consent to utilize their private insurance; however, service provision is not contingent upon any family's inability to pay for services.

Data System:

The data system (DHSSCares) is a vital component to the general supervision system. Regional data is essentially organized by county, with New Castle County in one region and Kent and Sussex Counties in the second region. Regional CDW programs enter and maintain their own data in DHSSCares. Reports can be generated on a child, service coordinator, region, or statewide level. Birth to Three and Child Development Watch staff review regional and statewide data reports on a monthly basis. Birth to Three continues to work on revising and updating their statewide data system to ensure valid and reliable data collection and state and federal reporting. The data system is a customized off the shelf (COTS) product created by a third party vendor which was modified with guidance from the program. The data system is web-based to allow for data to be entered from state offices and remote, third party locations. Included in the system are basic demographics, Part C eligibility, IFSP including assessment and service delivery data, child outcome scores and relevant information, and progress notes. DHSSCares also generates the Annual Child Count reports, child outcome reports, and various reports used for compliance and quality management purposes.

Monitoring and Accountability:

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

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

In fiscal year 2013, regional programs conducted self-assessments, providing their results to the Birth to Three office for analysis. In addition, both the Quality Management Coordinator and the Compliance Coordinator have conducted on-site monitoring activities as necessary. Results are summarized in their corresponding indicators.

The monitoring plan used for onsite chart audits has been previously accepted by OSEP and is provided as an attachment.

Technical Assistance System:

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

The Birth to Three office works with Child Development Watch leadership staff to assure that program activities and technical assistance result in continued progress towards compliance and high quality programming. All new staff participate in a 15 hour orientation to early intervention which utilizes both online and in-person learning. New staff also receive a mentor, and have the opportunity to observe seasoned staff and then are themselves observed demonstrating competence with essential practices.

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

The Birth to Three' Training Administrator is part of a small workgroup of professionals from the [Early Intervention-Early Childhood Professional Development Community of Practice](#) developing a Universal Online Curriculum for early intervention. The workgroups goal is to develop an online early intervention curriculum, highlighting best practices in the early intervention process, that can be shared as a training tool

and/or family resource for anyone in the nation.. The content includes research based methods and materials and is not state or territory specific. In Delaware, modules on the Seven Key Principles and Agreed Upon Practices and Foundational Pillars of Early Intervention are being used to compliment and supplement other early intervention technical assistance, and awareness efforts.

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

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.

Birth to Three partners with the Delaware Institute for Excellence in Early Childhood, a part of the University of Delaware to offer high quality training. The role of the Institute is to develop a system to support Quality Early Childhood Programming. The system of programs and providers who work with young children includes those who work in child care centers, Early Head Start, Head Start and Early Childhood Assistance Programs (ECAP). In addition, those people who work with early intervention services through Birth to Three and the Part B programs administered by the school districts are included, such as occupational therapists, physical therapists, and speech language pathologists. The partnership with the Institute increases the range and quality of training opportunities focusing on inclusion and natural learning opportunities for a broad range of early childhood professionals.

Delaware has been chosen to work with Mary Beth Bruder and the Early Childhood Personnel Center on an intensive TA personnel development project. The intensive TA will utilize a strategic planning model to assist Delaware to develop, implement and evaluate an Early Childhood CSPD across all personnel serving infants and young children with disabilities. The CSPD will be comprised of each of the following components: Personnel Standards; Needs Assessments; Preservice Programs; Inservice Programs: Technical Assistance and Evaluation. The outcome will be a viable and integrated system of six interrelated CSPD components contributing to a statewide Early Childhood CSPD that can be used as model for other states.

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

In addition, through the use of newly acquired videoconferencing equipment, Al DuPont Children's Hospital, located in New Castle County, will be able to offer staff development and training on a variety of child-related conditions and disabilities for CDW staff located in Milford.

Stakeholder Involvement:

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

The Interagency Coordinating Council (ICC) and the ICC Executive Committee are the primary stakeholders for the Birth to Three Early Intervention System and review and provide input for the Annual Performance Report (APR) and State Systemic Performance Plan (SSIP). The ICC met on May 7, 2014 and July 22, 2014 to learn about Annual Report revisions and discuss SSIP planning. ICC had an opportunity to provide input on targets on October 28, 2014.

In addition, a Leadership group convened on May 13 and discussed preliminary planning of the SSIP; subcommittees, including a data subcommittee, an infrastructure committee, and a state initiative/stakeholder committee, met on individual days in June 2014 to discuss structural elements

necessary to define the SSIP.

The APR is also shared with the Child Development Watch Leadership team, the Interagency Coordinating Council at its January 2015 quarterly meeting, the Governor's Advisory Council for Exceptional Citizen's Early Childhood Committee, and Parent Information Center of DE, Parent Training and Information (PTI) agency for Delaware. It is also shared with the Department of Education Early Childhood Transition Workgroup and the Early Intervention Provider network.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

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

At Delaware's Annual LIFE Conference on January 15, 2015, Birth to Three and the Department of Education presented overviews of their State Systemic Improvement Plans to a diverse audience of approximately 80 participants, consisting primarily of parents but also included early intervention providers and representatives from other state agencies. They also provided input on how programs could better share information with the communities. After these are reviewed, the State will determine the efficacy of their implementation.

State revision resulting from OSEP response:

In response to the following comment:

The State has not publicly reported on the FFY 2012 (July 1, 2012-June 30, 2013) performance of each Early Intervention Program (EIP) located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA.

The Birth to Three office has included regional performance within each of the Program's APRs. However, as requested, the State will pull out those data and additionally provide site-specific reports which will also be included on the Program's website.

OSEP Response

The State publicly reported on the FFY 2012 (July 1, 2012-June 30, 2013) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA. The State included the link to where the FFY 2012 reports are published.

Required Actions

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	993	134

Explanation of Alternate Data

Monitoring data was used for this indicator. For the 134 children that appeared on this report, 75 were followed by CDW Northern Health Services, and the remaining 59 were followed by CDW Southern Health Services.

FFY2013 data was calculated this year as it was done in previous reports. This year, 134 charts were monitored. Of those monitored, 92 children received all of their services within the 30 day state-designated timeline. An additional 21 children experienced service delay as a result of exceptional family circumstances. As calculated in the past, this results in compliance data as 84.33% as Delaware has been retaining the exceptional family circumstances in both the numerator and the denominator. Retaining the original monitoring sample is crucial because of the relatively small number of children in Delaware's Part C population.

Data provided in the "Additional Information" field further details the monitoring results statewide and by region.

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
113	134	81.73%	100%	84.33%

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)	0
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

A report was run in DHSSCares, the data system for the Birth to Three program in Delaware, to identify all children who were referred and made Part C eligible between July 1, 2013 and August 31, 2013.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern Health Services, are monitored annually.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. This plan is included as an attachment within the Introduction.

As in previous Annual Performance Reports, included in this calculation are children for whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child’s record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Provide additional information about this indicator (optional)

Statewide:

Data indicated that 84.33% of eligible infants and toddlers (113 of 134) received the early intervention services included on their IFSPs within the state recommended guideline of thirty days from the date referred for service to the date a service starts, or exceptional family circumstances prohibited services from starting within the state recommended guidelines. The date referred for service is defined as the date that the parent consents for services. Delaware’s data system includes a report that automatically calculates referral and start dates on each IFSP. In FFY2013, Birth to Three identified statewide progress in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner, up from 81.73% in FFY2012.

Of the 134 children, services initiated within 30 days for 92 children (68.66%), an additional 21 children (15.67%) experienced delays categorized as exceptional family circumstances (ten families requested the services be delayed, the program temporarily lost contact of three children, two children were unavailable for their initial service visit, two families initially refused the service, one family rescheduled their initial service visit, and three children had an condition preventing timely delivery of services).

Of the 21 infants and toddlers who had a service started beyond the thirty days for reasons other than family circumstances, one instance was identified as a provider concern, one instance was identified where the

provider cancelled the initial visit, five were due to scheduling delays issues between CDW and provider agencies, and 14 were due to services being unavailable.

The 21 instances of noncompliance identified were corrected and services were provided, although late, in less than 3 months from identification of the finding. Subsequent reports generated from DHSSCares verified that all of these services were provided according to the IFSP for each of the individual children, although late, as documented on the IFSP. Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(a), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through follow-up file review of five charts for each of the service coordinators to assure compliance, and by providing on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance (less than 6 months year from identification).

Child Development Watch Northern Health Services (CDWNHS):

For CDW Northern Health Services, there was progress in their timely delivery of services from 83.82% in FFY2012 to 85.33% in FY2013. CDW Northern Health Services (NHS) monitoring data indicated that 47 out of 75 (62.67%) infants and toddlers had all services on the IFSP started within the 30 day state guideline. Of these 28 children whose services started late, services commenced within 60 days. Program issues resulted in delays for 11 children and 17 children had exceptional family circumstances that accounted for the delay in start of timely services (nine families requested the services be delayed, the program temporarily lost contact of two children, one child were unavailable for their initial service visit, one families initially refused the service, one family rescheduled their initial service visit, and three children had an condition preventing timely delivery of services).

Eleven (11) infants and toddlers in CDW Northern Health Services had a service started beyond the thirty days for other than family circumstances. Services were provided according to the IFSP for all of the 11 individual children although late, as documented on the IFSP. Of these 11 instances, nine were due to insufficient availability of services; one was a result of provider concern and one was a result of scheduling difficulties between the provider and the CDWNHS program. Birth to Three Monitoring team verified that services for each of these 11 children had commended, although late, and all 11 instances of noncompliance have been fully corrected before a letter of findings was issued (less than 3 months from identification). The second prong of State monitoring from November 2013 through January 2014 verified that all noncompliance was corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the requirements. Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through file review and the provision of on-site technical assistance, that they are fully correctly implementing these regulations and achieved 100% compliance (less than 3 months from identification).

Child Development Watch Southern Health Services (CDWSHS):

CDW Southern Health Services demonstrated slippage in their timely delivery of services from 86.18% in FY2012 to 83.05% in FY2013.

In CDW Southern Health Services (SHS), FFY2013 report data indicated that 45 out of 59 (76.27%) infants and toddlers had all services on the IFSP started within the state guidelines of 30 days. Of these 14 children whose services started late, services commenced within 60 days. Program issues resulted in delays for 10 children and four had exceptional family circumstances that accounted for the delay in start of timely services (the program temporarily lost contact with one family, one child was unavailable for their initial service visit, one family initially refused the service, and one family requested the services be delayed).

Ten (10) infants and toddlers had a service started beyond the thirty days for other than family circumstances.

Of these ten instances, four were due to scheduling delays issues between CDW and provider agencies, five were due to services being unavailable; and there was a single instance where the CDW service coordinator contacted the provider late, causing a service delay over 30 days.

Follow-up monitoring verified that all of the instances of noncompliance (10 instances) have been fully corrected (less than 3 months from identification of the finding). The second prong of State monitoring conducted between November 2013 and January 2014 verified that all noncompliance was corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the requirements. Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through data review and the provision of on-site technical assistance, that they are fully correctly implementing these regulations and achieved 100% compliance (less than 3 months from identification of the finding).

Issuance of Findings:

There were two new findings of noncompliance; one for Child Development Watch Northern Health Services and one for Child Development Watch Southern Health Services due to insufficient availability of services. Birth to Three verified that all services were fully corrected and services were provided according to the IFSP for each of the individual children, although late (less than three months from identification of the finding).

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

There were two new findings of noncompliance: one for CDW Northern Health Services and one for CDW Southern Health Services due to insufficient availability of services. The Birth to Three Monitoring team verified that all instances were fully corrected and services were provided according to the IFSP for each of the individual children, although late (less than 6 months from identification of the finding).

Delaware has been able to fully correct all instances and findings of noncompliance due to lack of available services. The Birth to Three Monitoring Team verified that all children received the service, although late. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from September and October 2013 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance at the child-specific and system 09-02 requirements (less than one year from identification of the finding).

The root cause of both findings was the lack of capacity of early intervention personnel. The specific findings regarding lack of available early intervention personnel were a result of insufficient availability of services primarily in physical therapy and occupational therapy. Since early intervention personnel in Delaware and across the nation are often highly mobile young professionals, sufficient capacity can be dependent either on national, regional, or local trends, and difficult to predict and/or resolve by one state's improvement activities. While the larger provider agencies have been able to hire early intervention personnel, high turnover continues and retention of early intervention personnel in order to maintain and increase capacity remains an issue.

The statewide centralized data system, Integrated Services Information System (ISIS360) was updated and now utilized to generate state and federal reports. These reports include generating data on service referral and actual start dates for all

services included on each child’s IFSP. The Program utilizes this report to monitor timely delivery of service as well as timely correction of all noncompliance when a service starts more than 30 days past the service referral date. Each regional CDW leadership team has been provided technical assistance on providing appropriate documentation whenever a service is not provided within thirty days of referral.

Birth to Three continues to sponsor Hanen groups for families of children with communication delays. Hanen is a parent training program that promotes early language development for children with language delays. Birth to Three co-sponsored 4 Hanen groups statewide during this year. These parent groups are not considered a service but an additional support to families, and promote maximum utilization of personnel. A MacArthur-Bates Communicative Development Inventory and final treatment summary is submitted by the speech language pathologist for each family completing the program. Families also complete session evaluations each week as well as a final course feedback form. This is continuing through Department of Education (DOE)/Birth to Three collaborative funding.

Another program continuing to have a positive effect on the utilization of early intervention is Enhanced Watch and See (EWS). EWS is a program within CDW and supported by Birth to Three Early Intervention System. EWS offers language enrichment opportunities for those children with only identified expressive language delays. These children who may be late talkers are not considered Part C eligible and allow better utilization of existing speech language pathology resources.

Improvement activities conducted in previous years are being reviewed and Delaware will consider integrating these into future improvement strategies.

Correction of Findings of Noncompliance Identified in FFY 2012

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

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State reported on the status of correction of noncompliance identified in FFY 2013 for this indicator in the FFY 2013 APR. In addition, the State demonstrated in the FFY 2013 APR, that two uncorrected findings of noncompliance and 21 instances of noncompliance identified in FFY 2013, were corrected. The State reported, in its FFY 2013 APR, that it has verified that each EIS program with findings of noncompliance identified in FFY 2013: (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 2013 APR, the State described the specific actions that were taken to verify the correction.

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	90.00%	90.01%	90.02%	90.03%	90.04%	90.05%

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on October 28, 2014 to review targets for this indicator. Members and participants discussed, at length, the idea that natural environment should be viewed more as a set of routines rather than a physical location, and the need for all children to be receiving services in natural environments.

While all were in agreement, the State reminded the group that services were conducted in the child's natural environment unless the IFSP team determines that intervention services cannot be achieved satisfactorily in a natural environment (such as children who are medically fragile or reside in residential treatment facilities).

Reviewing past data trends, and understanding that a relative few number of children can impact Annual Child Count numbers, The ICC recommended that the target for 2013 start at 90%, higher than Delaware's baseline, with very modest increases though the year 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	931	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	993	

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
931	993	94.01%	90.00%	93.76%

Provide additional information about this indicator (optional)

Delaware’s statewide inclusion conference offers a strand specifically targeted to early childhood. Last year’s conference, which was held in Dover, was attended by more than 500 individuals including staff from state agencies, school districts and early childhood centers. The keynote, “Enviably Lives”: A Lifespan Perspective on Family and Community Partnership” was presented by Ann Turnbull. She highlighted the family and community partnerships that led to an “enviable life” for her son, Jay (1967-2009), who experienced multiple disabilities. She also shared ways educators can foster family and community partnerships during school years that will enable individuals with disabilities and their families to experience no double standard in living their lives inclusively over their entire lifespan. Last year’s four hour early childhood workshop was, “Promoting Participation, Development and Enjoyment among Young Children through Assistive Technology and Related Strategies.” The presenters represented three federally-funded model demonstration programs enhancing AT access and use for young children and their families. Participants learned about the use of AT and how it serves as a bridge to achieving healthy child development and well-being. This session provided practical information with an emphasis on evidence-based and recommended best practices.

Delaware recently revised their quality rating system known as “Delaware Stars”. The revisions include a structural change from building blocks to a points/hybrid system. There is greater emphasis on stakeholder involvement and systems change and a goal to reinvigorate technical assistance with a strengths-based, action-oriented model. EIEIO provided input on the standards and the new Stars design lists inclusion as one of the three primary redesign principles. A vital goal for Delaware centers is on increasing the number of high-quality Stars programs, while also increasing the number of high needs children, including those with developmental delays and disabilities, enrolled in Stars programs, particularly at the top tiers of quality

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2008	Target ≥					40.00%	40.00%	46.63%	46.63%
		Data				46.63%	45.93%	48.34%	52.02%	48.39%
A2	2008	Target ≥					40.00%	40.00%	48.73%	48.73%
		Data				48.73%	47.18%	47.06%	42.99%	39.22%
B1	2008	Target ≥					40.00%	40.00%	48.39%	48.39%
		Data				48.39%	51.29%	50.43%	58.65%	58.27%
B2	2008	Target ≥					40.00%	40.00%	41.53%	41.53%
		Data				41.53%	35.92%	41.18%	36.14%	48.37%
C1	2008	Target ≥					40.00%	40.00%	50.54%	50.54%
		Data				50.54%	55.74%	45.99%	48.91%	57.36%
C2	2008	Target ≥					40.00%	40.00%	47.46%	47.46%
		Data				47.46%	43.66%	40.14%	34.58%	48.37%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	48.00%	48.10%	48.20%	48.30%	48.40%	48.50%
Target A2 ≥	40.00%	40.10%	40.20%	40.30%	40.40%	48.75%
Target B1 ≥	50.00%	50.10%	50.20%	50.30%	50.40%	50.50%
Target B2 ≥	45.00%	45.10%	45.20%	45.30%	45.40%	45.50%
Target C1 ≥	50.00%	50.10%	50.20%	50.30%	50.40%	50.55%
Target C2 ≥	45.00%	45.10%	45.20%	45.30%	45.40%	47.50%

Targets: Description of Stakeholder Input

A lengthy conversation ensued at the ICC meeting on October 28, 2014 regarding targets, particularly those for the child outcomes indicator. While the ICC understood and agreed on the need to increase targets, they ultimately agreed to initiate the targets based on data reported out over the past five years, taking into account data peaks reported in individual years. The ICC also agreed to set minor increments until 2018.

State revision resulting from OSEP response:

In response to the following comment:

OSEP accepts the targets for A1, B1, B2, but OSEP cannot accept the targets for A2, C1, and C2 because the

State's end target for A2, C1, and C2 for FFY 2018 does not reflect improvement over the baseline data. The State must revise its FFY 2018 target for A2, C1, and C2 to reflect improvement.

The Birth to Three office has made revisions to the following targets:

- Target A2 ≥ 48.75 for 2018
- Target C1 ≥ 50.55 for 2018
- Target C2 ≥ 47.50 for 2018

Birth to Three plans to meet with ICC stakeholders to discuss further revisions to each of these targets. These revisions will be submitted in the FFY14 APR.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	391
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Does 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)? No

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

	Number of Children
a. Infants and toddlers who did not improve functioning	5
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	119
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	55
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	82
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	130

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	137	261	48.39%	48.00%	52.49%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	212	391	39.22%	40.00%	54.22%

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

	Number of Children
a. Infants and toddlers who did not improve functioning	5
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	116
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	81
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	112

	Number of Children
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	77

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	193	314	58.27%	50.00%	61.46%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	189	391	48.37%	45.00%	48.34%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	5
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	134
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	68
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	120
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	64

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	188	327	57.36%	50.00%	57.49%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	184	391	48.37%	45.00%	47.06%

Was sampling used? No

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

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

Delaware has demonstrated overall progress in each of the child outcome indicators. Two attachments are provided, one depicting this year's data, the second showing the State's progression from FFY06-FFY13.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2006	Target ≥				48.30%	48.00%	52.30%	52.30%	52.30%
		Data		46.30%	48.10%	48.00%	48.60%	55.40%	57.20%	50.60%
B	2006	Target ≥				57.40%	55.10%	61.40%	61.40%	61.40%
		Data		49.00%	52.30%	55.90%	55.30%	62.00%	63.70%	50.70%
C	2006	Target ≥				56.30%	59.40%	60.30%	60.30%	60.30%
		Data		55.90%	55.50%	55.80%	59.50%	61.70%	62.10%	50.90%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	90.00%	90.40%	90.80%	91.20%	91.60%	92.00%
Target B ≥	93.00%	93.40%	93.80%	94.20%	94.60%	95.00%
Target C ≥	93.00%	93.40%	93.80%	94.20%	94.60%	95.00%

Targets: Description of Stakeholder Input

A lengthy conversation ensued at the Interagency Coordinating Council (ICC) meeting on October 28, 2014 regarding targets for the family outcomes indicator. The ICC voted to reset the targets, revising the original targets reported in FY2006 through FY2012 which only measured the categories "Very Strongly Agree" and "Strongly Agree". This decision resulted from the fact that all other states set targets and reported on all "Agree" categories. This change moved Delaware to the same scale that other states used.

While the ICC understood and agreed on the need to increase targets, they ultimately agreed to initiate the targets based on data reported out over the past five years, taking into account data peaks reported in individual years. The ICC also agreed to set minor increments until 2018.

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

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	182
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	166
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	182

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	174
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	181
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	174
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	182

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	50.60%	90.00%	91.21%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	50.70%	93.00%	96.13%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	50.90%	93.00%	95.60%

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

The data and narrative that follows is from the 2013 Family Survey prepared by Ximena Uribe-Zarain, PhD, and Charlotte Marshall of the Delaware Education R&D Center at the University of Delaware. Results of the study have been reviewed by Birth to Three and CDW administration.

The Family Survey was created through collaboration between the University of Delaware and members representing Birth to Three and CDW.

The University completed a total of 297 surveys. Multiple efforts were made to communicate with all families. After the initial mailing and two subsequent reminder postcards to all 1,533 families, 177 surveys were received via mail and 88 via Internet. A total of 112 surveys were returned due to inaccurate address. During the next two months, multiple telephone calls were made to contact all of these families who had not returned the mailed survey. Completed surveys were received for another 32 families for a grand total of 297. Some of the reasons many calls could not be completed included: (a) invalid phone numbers b) disconnected phones (c) families failed to answer (d) phone numbers were not provided. Voicemail messages were left whenever possible. Of the 1,236 families not completing surveys, 5 families declined to complete the survey, 178 numbers were missing from the database, 294 numbers were disconnected, invalid, wrong, or not accepting calls, and 759 messages were left but not answered.

Volunteer sampling was used to collect data from families by reaching out to all families in the program by mail and/or by telephone. The surveys were collected either by mail, Internet, or telephone. These families represent 19.4% of the total number of families in the annual database. As in previous years, the goal was to have at least 30% of the total number of families receiving services complete the survey, however, given the new data system, the database this year was exceptionally large. From these 297 families, 61.3% were from the northern region of the state (New Castle County) and 38.7% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 65.3% Caucasian, 13.1% African American, 13.5% Hispanic or Latino, 3.0% Asian, and 5.1% Other. The attached table (Method of Family Survey 2013 Completion by Region and Race) displays the method of survey completion for 2013 by region and race.

Of the families that completed the survey, 65.7% of the families had male children enrolled in CDW and 34.3% of the families had female children enrolled in CDW. The percentage of males was somewhat higher than in previous years. The most recent CDW enrollment data (2012 Annual Child Count) indicates that there

were 62.2% males and 37.8% females enrolled in the program.

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

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

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

This is the second year that the Family Survey was administered by the Delaware Education R&D Center (DERDC). The survey contains 48 questions and is divided into seven sections. The majority of items ask respondents to check the appropriate response (e.g., gender, age, income level) or mark their agreement on a five-point Likert scale (i.e., strongly agree to strongly disagree and N/A). Although in some cases a 7-point Likert scale is preferred over a 5-point scale (Alwin & Krosnick, 1991), this year it was decided to reduce the scale from 7 to 5 points. There were several reasons for this decision. First, while a 7-point scale has more discrimination and is better for statistical analyses, for this survey we only present the percentages of each response and no statistical analysis is performed. This has been the report's format since 2009. Second, after administering the survey last year, it was questioned if respondents could really differentiate between a "strongly agree" and a "very strongly agree" opinion. In fact, due to the lack of variability between these categories, in previous years, the agree categories ("very strongly agree," "strongly agree," and "agree") were collapsed in the report. Furthermore, this survey was conducted over the phone; we found a 7-point made the survey very lengthy, which discouraged respondents' completion. All of these reasons led to our decision this year to reduce the from a 7- to 5-point Likert scale.

The University of Delaware developed a stratified sample that mimics the state's demographic composition. The sample is comprised of families who either had active Individualized Family Service Plans (IFSP) in CDW or had stopped receiving services from CDW no more than 6 months prior to being surveyed. CDW provides the University with a complete list of these families, postal and email addresses, and telephone numbers. Attention will be paid to ethnicity (i.e., Caucasian, African American, Hispanic Latino, and Asian Other) and geographic regions of the state (i.e., north and south). The goal is to obtain responses from 30 percent of the families actively participating and our sample will be representative of the population of families serve.

A paper version of the survey to all the families, along with a link to complete the survey online. Families that chose to participate online completed a web based version of the survey using the secure Internet website Qualtrics, an industry-leading provider of online survey software. In addition to mailing a paper version of the survey and a postcard encouraging families to participate, we also called families on the telephone. The personal identifying information was stored electronically on a secure server in a password-protected file accessible only to DERDC personnel conducting the survey. The structure of the survey was the same as in the previous year with the entire survey fitting inside a four-page booklet.

The initial package mailed to families included: (1) a cover letter signed by the CDW clinic manager that explained the purpose of the survey, the usefulness of family feedback to CDW, assurances of confidentiality, the time it would take to complete the survey, and contact number of the principal evaluator at the Delaware Education R&D Center in case they had questions about the survey; (2) an information sheet that included instructions on how to complete the survey via the Internet; and (3) a copy of the survey and a prepaid postage envelope to return the survey. This package was mailed to the families in the database.

Provide additional information about this indicator (optional)

Narrative Summary of Data

Federal Outcome 1: Families Know their Rights

The first federal outcome addresses if families believe that they know their rights with the CDW program. The survey includes four items. When families' responses were averaged across all four items, 90.6% of families responded positively to these questions and 9.4% disagreed. Families expressed the most dissatisfaction with feeling their family's rights were not being addressed (12.2%) and knowing who within Child Development Watch could help them if they had a complaint (10.9%). Compared to the results in previous years, a similar proportion of families responded positively to the questions regarding the concept of families knowing their rights. See (Tables 4.6 – 4.8) for more information.

We compared families' average ratings by race and ethnicity, the percentages of families knowing their rights were as follows: 92.4% of Caucasians, 88.2% of African Americans, and 85.8% of Hispanics/Latinos responded favorably toward the first federal outcome, "Families Know their Rights." Likewise, 85.8% of all "other" ethnicities represented in the survey responded positively to the first federal outcome (see Table 4.7). Caucasian families' responses were the most positive of all ethnicities.

We also disaggregated families' average ratings by the region where families received their services, 93.3% of families receiving services in Southern Delaware articulated knowing their rights. This percentage was higher than the northern counterpart, where 88.8% of families receiving services responded positively to this outcome.

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

The second federal outcome addressed whether families are able to effectively communicate their children's needs within CDW. The subscale consisted of five items that addressed this outcome. When families' responses were averaged across all five items, 95.9% of families responded positively to the questions for the second federal outcome "Families Effectively Communicate their Children's Needs." Compared to the results from 2012, a slightly lower percentage of families in 2013 responded positively to the questions regarding the concept of families effectively communicating their children's needs, however the 2013 results were similar to previous year's results.

Average ratings based on the ethnicity of families was also compared; 97.0% of Caucasians, 94.9% of African Americans, and 96.5 % of Hispanics/Latinos responded favorably toward the second federal outcome, "Families Effectively Communicate their Children's Needs." Likewise, 96.4% of all "other" ethnicities represented in the survey responded positively to the second federal outcome which increased from 2012 (90.2%). Similarly to the first federal outcome, Hispanic and Caucasian families' responses were again the most favorable.

Referring to the responses by the region where families received their services, the average ratings were as follows: 96.6% of families receiving services in Northern Delaware and 95.1% of families receiving services in Southern Delaware responded positively to the second federal outcome, "Families Effectively Communicate their Children's Needs".

Federal Outcome 3: Families Help Their Children Develop and Learn

The third federal outcome addressed whether families have learned to help their children develop and learn. The subscale consisted of four items that addressed this outcome.

When families' responses were averaged across all four items, 94.8% of families responded positively to the questions for the third federal outcome. Similar proportions of families in previous years responded positively to the questions regarding the concept of families helping their children develop and learn. Again, 2013 results were slightly less favorable than previous years.

We compared families' average ratings by race and ethnicity, 95.1% of Caucasians, 96.6% of African Americans, and 94.1% of Hispanics/Latinos responded favorably toward the third federal outcome, "Families Effectively Communicate their Children Develop and Learn." In addition, 89.2% of all "other" ethnicities represented in the survey responded positively to the third federal outcome. In this federal outcome, African American families' responses were the most favorable, and as in federal outcomes 1 and 2, the families categorized as "Other" (Asian and "Other") were the ones with the largest percentages of disagreement. However, it is important to notice that such disagreement percentages were minimal overall.

We also disaggregated families' average ratings by the region where families receive their services, 96.5%

of families receiving services in Northern Delaware and 94.6% of families receiving services in Southern Delaware responded positively to the third federal outcome, "Families Help their Children Develop and Learn".

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		1.32%	1.33%	1.04%	1.03%	1.03%	1.04%	1.06%
Data	0.98%	0.99%	1.03%	0.93%	0.86%	1.20%	1.26%	0.91%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	1.00%	1.01%	1.02%	1.02%	1.04%	1.05%

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on October 28, 2014 to review targets for this indicator. Members and participants agreed that even with increased child find efforts, with the relative small number of families, a small number of children (less than five) can create a large impact on Delaware's data.

Reviewing past data trends, the ICC recommended that the target for 2013 start at 1.00%, higher than Delaware's baseline, with very modest increases through the year 2018. The ICC is mindful that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	124	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	11,264	null

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
124	11,264	0.91%	1.00%	1.10%

Provide additional information about this indicator (optional)

For FFY2013, Delaware achieved the stakeholder-established target. While the State may not have surpassed the national percent of children receiving early intervention services (1.11%), this difference represents a single child. In other words, if Delaware had reported 125 infants and toddlers, birth to age one with IFSPs, instead of 124 for FFY2013, then the State would have reached the national rate of 1.11%.

Comparison of Delaware's results to the national data can also be found in the attachment.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.70%	2.71%	2.72%	2.73%	2.74%	2.95%

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on October 28, 2014 to review targets for this indicator. Members and participants agreed that even with increased child find efforts, with the relative small number of families, even a small number of children (less than 10) can create a large impact on Delaware's data.

Reviewing past data trends, the ICC recommended that the target for 2013 start at 2.70% with very modest increases though the year 2018. The ICC is mindful that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

State revision resulting from OSEP response:

In response to the following comment:

The State provided targets for FFYs 2013 through 2018 for this indicator, but OSEP cannot accept those targets because the State's end target for FFY 2018 does not reflect improvement over the baseline data. The State must revise its FFY 2018 target to reflect improvement.

The Birth to Three office has made revisions to the following target:

- Target >= 2.95% for 2018

Birth to Three plans to meet with ICC stakeholders to discuss further revisions to the targets. These revisions will be submitted in the FFY14 APR.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	993	

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
Data Groups				
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	34,119	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
993	34,119	2.71%	2.70%	2.91%

Provide additional information about this indicator (optional)

For FFY2013, Delaware achieved the stakeholder-established target. In addition, the State surpassed the national percent of children, birth to age 3, receiving early intervention services (2.77%).

Comparison of Delaware's results to the national data can also be found in the attachment.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
131	134	93.97%	100%	97.76%
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)				null

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern Health Services, are monitored annually.

A report was run in DHSSCares, the data system for the Birth to Three program in Delaware, to identify all children who were referred and made Part C eligible between July 1, 2013 and August 31, 2013.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous Annual Performance Reports, included in this calculation are children for whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when

calculating compliance.

Provide additional information about this indicator (optional)

Statewide:

Monitoring data was used for this indicator. For the 134 children that appeared on this report, 75 were followed by CDW Northern Health Services, and the remaining 59 were followed by CDW Southern Health Services.

FFY2013 data was calculated this year as it was done in previous reports. This year, 134 charts were monitored. Of those monitored, 121 children received all of their services within the 45 day timeline. The initial IFSP meeting was delayed for ten children as a result of exceptional family circumstances. As calculated in the past, this results in a rate of compliance of 97.76% as Delaware has been retaining the exceptional family circumstances in both the numerator and the denominator. Retaining the original monitoring sample is crucial because of the relatively small number of children in Delaware's Part C population.

Data indicated that 97.76% of eligible infants and toddlers (131 of 134) had a timely multidisciplinary assessment (MDA) and initial IFSP conducted or exceptional family circumstances prohibited services from starting within Part C's 45-day timeline. Data for those IFSPs outside of the 45-day timeline were reviewed and analyses conducted for reasons why IFSPs were initiated outside of the timeline.

In FFY2013, Birth to Three identified statewide progress in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner, up from 93.97% in FFY2012.

Of the 134 children monitored, MDAs and IFSP were initiated within 45 days for 121 children (90.29%), an additional 10 children (7.5%) experienced delays categorized as exceptional family circumstances. These exceptional family circumstances included child's condition such as illness (1) and hospitalization (1), family scheduling issues (3), initially refusing the initial IFSP (1) and temporarily losing contact with the family (as occurs with transient families and those consistently unavailable by phone or home visits) (4).

Of the three infants and toddlers identified statewide (one identified at CDW NHS; two identified at CDW SHS) whose initial IFSP was held outside the timeline for reasons other than exceptional family circumstances, CDW program scheduling challenges was cited as the reason for not meeting the timeline. Through onsite chart reviews and data system verification, the local programs confirmed that all three infants and toddlers received these evaluations and their initial IFSP meetings were held, although late. In addition, the State verified that all instances of noncompliance were corrected (less than 6 months after identification of the finding). Birth to Three provided technical assistance relating to MDA and IFSP meetings and specific to the federal OSEP 09-02 requirements timelines. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from November 2013 through January 2014 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c).

Child Development Watch Northern Health Services (CDWNHS):

For CDWNHS, 74 out of 75 infants and toddlers had their MDA completed and initial IFSP meeting conducted within the 45-day timeline, or indicated that exceptional family reasons prevented this, demonstrating substantial progress from last year (98.67% compared to 91.10% last year). The seven instances identified as exceptional family circumstances included child illness (1), child hospitalization (1), family scheduling issues (1), and temporarily losing contact with the family (4). The single instance of noncompliance resulted

because of a service coordinator scheduling delay. Data within DHSSCares indicated that an initial IFSPs was provided for this child, although late, and this was verified by the Birth to Three staff during followup monitoring of five charts for each of the service coordinators who previously demonstrated noncompliance. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement.

Child Development Watch Southern Health Services (CDWSHS):

For CDWSHS, 57 out of 59 infants and toddlers had their MDA completed and initial IFSP meeting conducted within the 45-day timeline, or indicated that exceptional family reasons prevented this, demonstrating minor slippage from last year (96.61% compared to 97.81% last year). The three instances identified as exceptional family circumstances included family scheduling issues (2), initially refusing the initial IFSP (1). The two instances of noncompliance resulted because of service coordinator scheduling delays. Data within DHSSCares indicated that an initial IFSPs was provided for both of these children, although late, and this was verified by the Birth to Three staff during followup monitoring of five charts for each of the service coordinators who previously demonstrated noncompliance. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Of the 45 infants and toddlers identified statewide (38 identified at CDW NHS; 7 identified at CDW SHS) whose initial IFSP was held outside the timeline for reasons other than exceptional family circumstances, CDW program scheduling challenges was the primary reason for not meeting the timeline. Through onsite chart reviews and data system verification, the local programs confirmed that all 45 infants and toddlers received these evaluations and their initial IFSP meetings were held, although late. In addition, the State verified that all instances of noncompliance were corrected (less than 6 months after identification of the finding). Birth to Three provided technical assistance relating to MDA and IFSP meetings and specific to the federal OSEP 09-02 requirements timelines. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring in September and October 2013 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c),

For CDW NHS, 389 out of 427 infants and toddlers had their MDA completed and initial IFSP meeting conducted within the 45-day timeline, or indicated that exceptional family reasons prevented this, demonstrating progress from last year (91.10% compared to 85.56% last year). Of the 38 instances of noncompliance, twenty-five (25) charts did not provide documentation thorough enough to indicate reason for delay, eleven (11) instances resulted because a clinic or assessor was not available, one (1) was due to CDW scheduling delays, and one (1) resulted because an interpreter was not available. Data within ISIS360 indicated that evaluations and initial IFSPs were provided for each of these individual children, although late, and this was verified by the Birth to Three staff. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement.

A finding was issued to CDW NHS. Birth to Three verified that all 38 instances of noncompliance were fully corrected (less than 9 months from identification of the finding). Two specific factors have contributed to the noncompliance: staff turnover and conversion to a new data system. Although staff had received initial training during orientation, the need for ongoing training and technical support became apparent. As a result, a casual/seasonal position has been created to provide this training and technical assistance. An individual was hired in July 2013 and since then, the State has provided technical assistance to providers and service coordinators and verified that CDW NHS has required improvement plans in place to correctly implement 34 CFR§303.321,303.322, 303.342(a), and 303.310(a)(b)(c). The second requirement of OSEP

Memorandum 09-02 is the prong of monitoring in September and October 2013 verifying that all noncompliance was fully corrected by reviewing program practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c),

For CDW SHS, data indicated that 312 out of 319 (97.81%) infants and toddlers had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. This is consistent with last year (97.73%, or 172 of 176 children, had their initial MDA and IFSP completed with the 45-day timeline in FFY2011). Of the seven (7) instances identified in FFY2012, five (5) were due to insufficient documentation which can be similarly attributed to the issues experienced in NHS SHS, one (1) instance resulted because a clinic or assessor was not available, and one (1) resulted because an interpreter was not available. These instances were corrected in less than three months and before a letter of findings were issued. Birth to Three verified correction. Data within ISIS360 indicated that evaluations and initial IFSPs were provided for each of these individual children, although late, and this was verified by the Birth to Three staff. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from verifying that all noncompliance was fully corrected by reviewing program practices and using updated reports generated by the data system provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c),

State funding has increased in both the July 2012 and again in July 2013. These allocations to the Child Development Watch programs were utilized to maintain most of the contracted and casual/seasonal assessors/service coordinators originally initiated under the ARRA funds. The additional onsite staff at CDW reduces delays in timely evaluations, initial IFSPs, and services. These funds are maintained in the state budget to support staff at CDW to provide service coordination and assessments, positively impacting timely MDAs and initial IFSPs.

The quality of MDAs and IFSPs are reviewed by supervisors routinely. The online service coordinator training modules described within Indicator #2 will provide the foundational concepts and statutory and regulatory responsibilities necessary for Part C service coordination. One of the service coordinator modules developed covers all aspects of the IFSP, inclusive of the process, product and plan.

As mentioned in previous indicators, the new case management data system will provide service coordinators, supervisors, and early intervention providers with real time tracking. This new case management system, functional in early 2013, will improve meeting timelines by enabling the identification and then action before the 45-day timeline occurs.

Delaware has sufficient policies and procedures in place concerning referrals for children covered under the Child Abuse Prevention and Treatment Act (CAPTA), to assure that screening has occurred and referrals to CDW are consistent with criteria. An Operations Agreement and a Memorandum of Understanding regarding CAPTA is in place in Delaware. Developmental screenings occur within the Division of Family Services (DFS) for potential referrals to CDW.

CDW programs have a team of assessors, early intervention providers, and service coordinators who meet periodically to discuss ways to improve the quality of assessments, increase the use of observation and parent input in assessment reports, and improve strategies on utilizing assessment results in IFSP goals. The quality of evaluations and initial IFSPs continues to positively impact overall family outcomes. The DE Family Survey in 2013 indicated that 95.9% of families positively indicate that they are better able to effectively communicate their children's needs. (See indicator #4). Within that family outcomes cluster, 98% of families positively indicated that they have been asked about their child's strengths and needs, and the goals that the family has for their child.

As part of Delaware's Early Learning Challenge grant, CDW is providing follow up to newly identified children through the developmental screening initiatives. Delaware has projected an increase in the number of children who will be referred and require an MDA. Under the goal of the Early Learning Challenge grant, Expand Comprehensive Screening & Follow Up for Young Children, CDW will receive referrals from physicians using the online Parents' Evaluation of Developmental Status (PEDS) and child care providers using the online Ages and Stages, when indicated a referral to early intervention is recommended. These referrals, with proper training provided to the referral sources, should promote high quality referral information that contributes to the MDA.

Correction of Findings of Noncompliance Identified in FFY 2012

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

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State reported on the status of correction of noncompliance identified in FFY 2013 for this indicator in the FFY 2013 APR. In addition, the State demonstrated in the FFY 2013 APR, that three uncorrected findings of noncompliance and ten instances of noncompliance identified in FFY 2013, were corrected. The State reported, in its FFY 2013 APR, that it has verified that each EIS program with findings of noncompliance identified in FFY 2013: (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 2013 APR, the State described the specific actions that were taken to verify the correction.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Explanation of Alternate Data

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

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
232	232	100%	100%	100%

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)	0
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

March 1, 2014 through June 30, 2014.

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

A report was run in DHSSCares, the data system for the Birth to Three program in Delaware, for all children who were potentially Part B eligible and referred to the school district between March 1, 2014 and June 30, 2014. For the 232 children that appeared on this report, 154 were followed by CDW Northern Health Services, and the remaining 78 were followed by CDW Southern Health Services. Since transition steps have traditionally been detailed on a family-friendly triplicate form provided by the service coordinator, this data element has not consistently been entered into the database; therefore, follow up monitoring was made and regional staff was contacted to provide onsite verification of the data available in each child's physical chart.

Provide additional information about this indicator (optional)

Training and technical assistance continues to be offered regionally at both CDW sites by the Department of Education/Child Development Watch (DOE/CDW) liaisons and the Birth to Three Trainer/Educator. Training includes all aspects of transition planning. DOE/CDW liaisons offer individualized onsite training to staff on the implementation of transition steps and services when the child turns two years old.

A CDW/DOE Workgroup, consisting of staff from both agencies, meets quarterly to discuss challenges and plan for technical assistance in order to maintain compliance with transition steps on IFSPs and improve the quality of transition planning.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2012

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

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets. The State reported that it used data from a State database to report on this indicator. The State further

reported that it did not use data for the full reporting period (July 1, 2013-June 30, 2014), and the State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Explanation of Alternate Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
945	945	100%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	null
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Describe the method used to collect these data

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

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

This year, notification reports were sent through the DOE liasons to the local school districts on 100% of the 945 children identified as potentially eligible for Part C services. This number not only includes those children who were identified as potentially Part B eligible, but also those children who still demonstrated a developmental delay under Part C eligibility criteria at time of transition and also those children referred to Child Development Watch less than 45 days prior to their third birthday.

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

Do you have a written opt-out policy? No

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	75.00%	90.00%	93.00%	94.00%	94.00%	94.00%	93.00%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Explanation of Alternate 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

Please explain

Data includes all children for whom a transition conference was expected. It further details those situations, noted below, where a transition conference was late or not held, with a corresponding reason.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
229	232	100%	100%	98.71%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	0

Explanation of Slippage

Of the 232 children monitored, 154 were followed by CDW Northern Health Services, and the remaining 78 were followed by CDW Southern Health Services.

Analysis of findings indicated that for CDW Northern Health Services, of the 154 transition conferences monitored, 145 were conducted 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. Late referrals to Part C (within ninety days of transition) occurred in two (2) instances, and two (2) children experienced delays categorized as exceptional family circumstances (both were outside of the timeline as a result of family scheduling difficulties). Transition conferences were not conducted for three (3) children because their families refused to participate in the actual transition conference. Two instances of noncompliance were identified as two (2) transition conferences were held late due to scheduling issues with the school districts; however these were both scheduled and both school districts were addressed before a letter of finding was issued. The Birth to Three monitoring team verified that both instances of late transition conferences were corrected less than three months from the finding.

Of the 78 conferences conducted by CDW Southern Health Services, 76 were conducted 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. One (1) child experienced a delay categorized as exceptional family circumstances (the program temporarily lost contact with the family). A transition conference was not held for one child because of family refusal to participate in the transition conference. One (1) instance of noncompliance was identified as an internal program scheduling difficulty. The Birth to Three monitoring team did verify that this transition conference did occur within the month, and although late, correction was made prior to issuance of a letter of finding.

As a second prong of state monitoring, Birth to Three monitors subsequent charts (selecting five charts for each of the service coordinators previously demonstrating noncompliance) and updated data ensured that the programs were correctly implementing procedures to convene transition conferences in the implementation of 34 CFR 303.209(b)(1) and (c)(1) at the child-specific and systemic 09-02 requirements (less than 3 months from identification of the finding). General supervision activities are in place to identify and correct all instances of noncompliance, including ongoing supervision and chart reviews at the program level regarding transition, documentation when transition conferences cannot occur within the timeline due to exceptional family circumstances, and ongoing training and technical assistance on how to convene meaningful and timely transition conferences.

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

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

A report was run in DHSSCares, the data system for the Birth to Three program in Delaware, for all children who were potentially Part B eligible and referred to the school district between March 1, 2014 and June 30, 2014. For the 232 children that appeared on this report, 154 were followed by CDW Northern Health Services, and the remaining 78 were followed by CDW Southern Health Services.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern

Health Services, are monitored annually.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous Annual Performance Reports, included in this calculation are children for whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State must report on the status of correction of noncompliance identified in FFY 2013 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2014 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2013 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 2014 APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

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

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
null	null			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

OSEP Response

This indicator is not applicable for the State.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

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

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Since states are not required to establish baseline or targets if the number of mediations is less than ten per year, and Delaware has had no mediations between FFY2005 and FFY2012, baseline and targets have not been set for this indicator.

Prepopulated Data

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

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0			

Provide additional information about this indicator (optional)

No mediations were held during FFT2012 or FFY2013; the zeros in the Prepopulated Data and FFY 2013

SPP/APR Data tables (above) correctly display these data.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

OSEP Response

The State reported fewer than ten mediations held in FFY 2013. The State is not required to provide targets or improvement activities until any fiscal year in which ten or more mediations were held.

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Baseline Data

FFY	2013
Data	48.00%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	48.00%	48.00%	49.00%	51.00%	55.00%

Description of Measure

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

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

Background

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

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

The three child outcomes include:

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

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

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

Delaware fully implemented the Child Outcome System on September 1, 2006. The Building BLOCKS

guidebook is intended to document policies and procedures governing those children eligible under Part C of IDEA. An electronic version of this document is available at: <http://dhss.delaware.gov/dhss/dms/birth3pubs.html> Hardcopies are also available by contacting the Birth to Three Office.

Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

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

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

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

Collecting Child Outcome Data

Delaware requires child outcome data to be recorded on a state-modified Child Outcome Summary Form (COSF) (Attachment 1), originally developed by the Early Childhood Outcomes (ECO) Center with support from the Office of Special Education Programs, U.S. Department of Education. The COSF uses a 7-point rating scale to rate the child's functioning in each of the three child outcomes (Attachment 2). Multiple sources of information measuring the child's progress are required to be utilized to determine each child outcome rating. Recommended sources include, but are not limited to, observations, interviews with the child's family or caregiver, other assessment tools (such as the PLS or Peabody), and IFSP progress notes.

The following tools have been correlated with the Federal Outcomes:

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

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

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

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

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

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

Reporting Child Outcome Reporting Categories

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

The five categories reported annually to OSEP include:

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

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

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

summary statements for each of the three outcomes are:

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

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

Targets: Description of Stakeholder Input

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

Data Analysis

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

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

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

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

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

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

Statement


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

Description

Selection of Coherent Improvement Strategies

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

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

Theory of Action

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

Submitted Theory of Action: No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

OSEP Response

Required Actions

Certify and Submit your SPP/APR

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

Selected: Lead Agency Director

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

Name: Rosanne Griff-Cabelli

Title: Social Service Chief Administrator

Email: rosanne.griff-cabelli@state.de.us

Phone: 302-255-9135