

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

The Department of Human Services, Early Care and Education Administration, Infants and Toddlers with Disabilities Services Office (formerly Office of Early Childhood Development, Early Intervention Program Division), is the designated State Part C Office for the District of Columbia responsible for administering the Individuals with Disabilities Education Act. Staff of the Infants and Toddlers with Disabilities Services Office (ITD) met with the Chair of the Interagency Coordinating Council (ICC) on June 15, 2005, to begin planning the stakeholders' involvement in the development of the District of Columbia six year State Performance Plan (SPP). These stakeholders include the ICC and parents. Staff of the Infants and Toddlers with Disabilities Program Office (ITD) met with the full ICC at its quarterly meeting on July 27, 2005, to provide an overview of the SPP requirements and to plan a timeline for ICC and other stakeholders' input. All staff attended OSEP's Summer Institute held on August 11-12, 2005, to learn more about the SPP requirements and OSEP's expectations. The draft SPP, as developed, was shared and reviewed with members of the ICC at a day-long retreat on October 19, 2005. Additional stakeholder input was obtained through a focus group held at a family orientation luncheon on November 5, 2005, that was facilitated by a parent member of the ICC. The Part C Office will publicly disseminate the SPP and subsequent Annual Performance Reports (APRs) according to the plan below:

Outreach and Public Awareness Plan

The following plan is developed to facilitate the distribution and public awareness of the Infants and Toddlers with Disabilities Services Office in the District of Columbia. This plan includes targeted outreach to limited or non- English proficient communities. All grantees and service contracts funded through the Part C Office of the Early Care and Education Administration (ECEA), are required to assist with the distribution and information sharing of the Infants and Toddlers with Disabilities Services Office (ITD).

Audience	Materials	Community Distribution
Consumers (Families)	<ul style="list-style-type: none"> • Brochures • Fact Sheets • Resource Directory • Public Service Announcements • Promotional giveaways such as pens, cups, etc. • Flyers • Newsletters 	<ul style="list-style-type: none"> • Health Fairs & Community Events • TV, Radio • Website • Public Libraries • Community based establishments (e.g. Grocery Stores, Hair Salons, Convenience Stores, Community Centers • ECEA Grantees
Hospitals, Physicians and Nurse Practitioners	<ul style="list-style-type: none"> • Referral Guide • Posters • Brochures • Magnets • Pens • Rolodex Cards 	<ul style="list-style-type: none"> • Doctor's Offices • Clinic Staff • Waiting Areas • Bulletin Boards (electronic and traditional) • Mail • Website • Personal Visits
Child Care Providers	<ul style="list-style-type: none"> • Posters • Calendars • Brochures • Fact Sheets • Newsletters • Pens 	<ul style="list-style-type: none"> • Mail • Website • Training • Meetings • Compliance Visits

	<ul style="list-style-type: none"> • Magnets 	
Other Government Agencies	<ul style="list-style-type: none"> • Posters • Referral Guide • Rolodex Cards • Eligibility Requirements • Presentations • Newsletters 	<ul style="list-style-type: none"> • Mail • Website • Meetings (professional/community) • Trainings (professional/community)
Private and Religious Organizations	<ul style="list-style-type: none"> • Posters • Rolodex Cards • Presentations • Newsletters • Referral Guide 	<ul style="list-style-type: none"> • Mail • Website • Meetings (professional/community) • Trainings (professional/community)

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

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

Criteria for Timely Receipt of Services:

Services that begin within 30 days of the initial IFSP or parent's initial signed consent for services (if IFSP is delayed) meet DC Part C Office's criteria for timely onset. We have selected this timeline

SPP Template – Part C (3)

District of Columbia
State

because it is in synch with the DC Public Schools' 30-day timeline from completion of (Individualized Education Program) IEP to service delivery and with the Managed Care Organizations whose contracts allow 30 days for delivery of non-urgent care appointments.

Baseline Data for FFY 2003 (2003-2004):

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

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

Discussion of Baseline Data:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-)	100%

2007)	
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

1. *The DC Part C Office will continue family-centered activities to enhance communication and build trusting relationships with families to help bring children into services more quickly. A major new initiative is our Early Intervention Ambassador Council, a network of parents with children in the Part C Program or who recently graduated from the program, who can serve as leaders and advocates to educate families about early intervention and to promote broader availability of high quality early intervention resources throughout the community. Other activities that will help us improve families’ access to timely services include: the quarterly family newsletter, quarterly family orientations, and the bi-monthly phone calls from ITD staff.*

Timelines & Resources: ongoing throughout 2005 – 2010; ITD staff and Part C families

2. *Create a new system of dedicated service coordination for the ITD. Dedicated service coordinators will be responsible for monitoring service delivery start dates and thus will help us improve our data for Indicator # 1.*

Timelines & Resources:

- a. 2005 – Three (3) contracts were awarded for dedicated service coordination services through a Request for Applications (RFA) process. Children newly referred and found eligible will be assigned to a service coordination agency at the time of eligibility determination. Children already in the Part C system will be re-assigned to one of the three (3) agencies providing service coordination. Families will select their service coordinator from the identified dedicated service coordinators within the agency. Phase- in assignment of dedicated service coordinators for families is expected to be completed by December 15, 2005. New service coordinators will begin the certification program December 1, 2005 and attend ITD Foundation Training on December 7, 2005. In addition to these two (2) requirements, all service coordinators will participate in ongoing meetings with the Part C Office Grant Liaison to refine and improve the system of service coordination.

- b. By the end of December 2005 all service coordination in the District's Early Intervention Program will be provided through a system of dedicated service coordination.
 - c. 2006 - New service coordinators will complete certification in March, 2006. Existing grants will be considered for renewal for fiscal year 2007 in accordance with established performance standards for dedicated service coordination.
 - d. 2007 - Maintain a system of dedicated service coordination with appropriate ongoing training, support and monitoring.
 - e. 2008 - Maintain a system of dedicated service coordination with appropriate ongoing training, support and monitoring. Develop and release a new Request for Applications (RFA) as required by District of Columbia government contracts and procurements regulations. Grants for dedicated service coordination services will be awarded based on the number of Part C eligible children in the system. Those who provided these services from 2005 - 2008 will be permitted to reapply. New service coordinators must obtain certification.
 - f. 2009 – Maintain a system of dedicated service coordination with appropriate ongoing training, support and monitoring.
 - g. 2010 - Maintain a system of dedicated service coordination with appropriate ongoing training, support and monitoring.
3. *Hire additional personnel -*

The Part C Office will hire two (2) additional Early Intervention Specialists at the lead agency office bringing the total to five (5). EI Specialists are responsible for placement of children into services and follow-up with families and service providers to ensure timely receipt of services initially and continuity of services throughout the duration of the child and family's participation in the Part C system. In addition, the EI Specialists will begin to carry a small caseload for service coordination to ensure this service is provided to all Part C-eligible families.

Timelines & Resources: maintain staffing level at a minimum of five (5) EI Specialists; 2006 - 2010; Part C Federal Grant

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Since 1998 all center-based early intervention programs for young children with disabilities in the District of Columbia have become subsidized child care providers under the DC Department of Human Services, Early Care and Education Administration (ECEA, formerly OECD), Child Care Subsidy Program. These programs enroll typically developing children as well as children with developmental delays and disabilities. The Child Care Services Office in ECEA has established a disability rate allowing child care centers including our EI programs to apply for this higher rate when they accept a child who will require additional attention and care due to their disability.

Individualized Family Service Plan (IFSP) teams in the District of Columbia consider the early intervention programs participating under the Child Care Subsidy Program to be natural environments because these programs are community based and serve all children, those with and without disabilities. Parents enroll their children by choice. Since becoming subsidy providers seven (7) years ago, all of the early intervention programs have gradually increased the number of typically developing children they enroll in their programs. Classrooms vary at every center and all of the centers have some classrooms where more than half of the children participating are typically developing.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

An increase of 10 children receiving services in out-patient clinical settings led to a 4% decrease in the proportion of children receiving their services in natural environments from FY 2002 to FY 2004. ITD recognizes the need to have settings other than natural environments available for some children

and families and a small percentage of children will always receive services in clinical outpatient or in-patient settings. Therefore, annual targets have been established keeping in mind that for some children these hospital based settings may be the most appropriate even if they cannot be defined as “natural environments.”

FFY	Measurable and Rigorous Target
2005 (2005-2006)	91%
2006 (2006-2007)	92%
2007 (2007-2008)	93%
2008 (2008-2009)	94%
2009 (2009-2010)	94.5%
2010 (2010-2011)	95%

Improvement Activities/Timelines/Resources:

1. *Award new grant to outside agency for purpose of promoting and assisting the ITD with the inclusion of Part C-eligible children in natural environments. Grantee will perform the following activities:*
 - Organize a team of professionals from various disciplines who can provide technical assistance as needed to staff in natural environments;
 - Provide an in-depth analysis in the form of a needs assessment and status report on the District of Columbia’s available natural environments, personnel and qualifications of same working with infants and toddlers with delays and disabilities;
 - Develop an “Inclusion Plan” for the District of Columbia;
 - Develop an “Inclusion Plan” for each family requesting support for inclusion of their child in a natural environment;

- Train families, professional staff and paraprofessional staff on best practices and techniques for including infants and toddlers with delays and disabilities;
- Assist families with locating appropriate natural environments for their child;
- Develop a regularly updated clearinghouse for information on inclusion activities, resources and available natural environments in the District of Columbia along with information about staff expertise;
- Provide curriculum support, hands-on program support and technical assistance to child care centers, family child care homes, Early Head Start, Head Start and other programs in the District and link with other District early intervention programs to promote inclusion of Part C-eligible children; and
- Collaborate with the Comprehensive System of Personnel Development (CSPD) sub-grantee and other programs, committees and activities in the community to promote inclusion.

Timelines & Resources: ongoing throughout 2005 – 2010; ITD staff and inclusion sub-grantee

Other activities expected to increase the number of infants and toddlers receiving early intervention services in the home or in programs for typically developing children include:

1. *Provide evaluation site personnel with current information on available natural environments for discussion with the family during eligibility determination and initial IFSP development process;*

Timelines & Resources: ongoing throughout 2005 - 2010; Part C staff and inclusion sub-grantee

2. *Inform the community of different options for service delivery through public awareness activities and presentations;*

Timelines & Resources: ongoing throughout 2005 - 2010; Part C staff and inclusion sub-grantee

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Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

- A. Positive social-emotional skills (including social relationships):
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

- B. Acquisition and use of knowledge and skills (including early language/communication):
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

- C. Use of appropriate behaviors to meet their needs:
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

Description of Outcome Measurement System for the District of Columbia

The outcome measurement system for the District of Columbia will include:

- Policies and procedures to guide outcome assessment and measurement practices;
- List of approved assessment instruments;

- Provision of ongoing training, technical assistance and support to Part C staff, evaluation sites, dedicated service coordinators, administrators and service providers in outcome data collection, reporting, and use;
- Continuous quality assurance and monitoring procedures to ensure the accuracy of the outcome data; and
- Data system elements for outcome data input and maintenance, and outcome data analysis functions

Each of these is described below.

Policies and procedures to guide outcome assessment and measurement practices:

Status of Assessment and Data Entry

All children who enter the Part C system, who have their initial IFSP after 4/1/06 and who will be enrolled for at least six months afterwards (e.g. enter the EI System prior to age 2 will be assessed two or more times using standardized assessment instruments or assessment instruments that utilize standards based assessments. (See list below)

Approved Standardized and Standards Based Assessment Instruments

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

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

Infant-Toddler Development Assessment (IDA)

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

The Ounce Scale

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

Mullen Scales of Early Learning

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

Preschool Language Assessment – 4 (PLS-4)

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

Peabody Development Motor Scales – PDMS -2

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

STATUS assessment:

The timeline for administering the first of these assessments for the first time will correspond to the evaluation that is carried out for eligibility and initial IFSP preparation. Developmental levels in all five (5) developmental domains will be obtained for the initial IFSP. Guidelines for using these assessments to report child outcomes will be provided to all early intervention providers. These guidelines will include information on keeping data.

At the six (6) month IFSP review, progress with outcomes from the initial IFSP will be documented. Guidelines for translating functional outcomes and developmental progress at the time of the six (6) month IFSP review will be used by dedicated service coordinators who have been trained for this purpose. Assessment instruments will be used to provide a marker of progress at the six (6) month IFSP review meeting.

At the annual IFSP review, assessment instruments will be used to determine progress and current developmental levels in the five (5) domains. EI providers and dedicated service coordinators will be trained to translate developmental data and reports of functional outcome attainment into outcomes that correspond to OSEP's requirements.

Providers and dedicated service coordinators will also be trained to enter data into an Excel spreadsheet that includes a number assigned to a child by the Part C Office. The data will include developmental domains, child outcomes, and optional data points for head circumference, weight, and height. The data can be entered into the database at the time of initial IFSP development, six (6) month review point, annual IFSP and a second six (6) month or annual IFSP, depending upon the age of the child. The second assessment at the six month review will be a measure of outcomes that will constitute preliminary BASELINE outcomes assessment of progress. As the first annual IFSP review takes place, the BASELINE outcomes indicators will begin to shift. Ultimately, the outcomes will be a measure of developmental and functional progress on an annual basis. Outcomes from the six (6) month review timeframe will be included in the annual accounting of outcomes. The database will be transmitted to ITD. The Excel database will be used to calculate developmental progress and converted to an SPSS (Statistical Package for Social Sciences) format for further analyses, if needed.

The final entry will be made when the child exits the program and the dedicated service coordinator will enter developmental levels and the cumulative number of items achieved in each outcome area as the raw scores for that final assessment date. ITD will work with DCPS to coordinate early childhood outcomes data collection and reporting as appropriate.

Provisions of training and technical assistance support to administrators and service providers in outcome data collection, reporting and use

Three (3) functional outcomes have been selected by OSEP. An early intervention provider who is knowledgeable about a child's development will be required to rate the acquisition of functional outcomes. A normed, referenced assessment on an annual basis is also required in order to fully respond to the three outcome indicators. Training needs to be provided to all early intervention providers related to the new outcomes requirements.

The Part C Office will:

- Develop a training manual;
- Orient and utilize CSPD sub-grantee for particular training activities, especially the use of standardized instruments;
- Carry out training with early intervention providers and dedicated service coordinators.
December, 2005 – Evaluation sites; dedicated service coordinators
January, 2006 – Annual Provider training
- Monitor implementation of outcome data collection procedures
January – February, 2006 (CSPD sub-grantee or ITD staff)
- Carry out early implementation trials in March, 2006.

Annual training will be available to new practitioners and ongoing technical assistance will be available to EI providers and dedicated service coordinators through the CSPD sub-grantee and other sites.

Dedicated service coordinators and service providers will have available within the ITD data system a number of standard reports to help with tracking and viewing child outcome data.

Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data

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

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

Data system elements for outcome data input and maintenance and outcome data analysis functions

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

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

A summary of the strategies that will be used to measure baseline data is described below:

Who will be included in the measurement, i.e. what population of children?

All children with IFSPs, who are younger than 30 months of age when the first evaluation and initial IFSP is completed and who receive services for at least six (6) months by the time the last evaluation and assessment is completed at the six (6) month or annual IFSP data point.

What assessment/measurement tool(s) will be used?

The state will allow each program to choose assessment instruments from an approved list described earlier in this discussion. The list is not an exhaustive list and other assessment instruments may be added with ITD prior approval.

Who will conduct the assessments?

With the caregivers' direct involvement, evaluators for eligibility and early intervention service providers, as part of routine home and community visits, will complete the functional assessments and update the outcome forms and outcomes database throughout the families' participation in the ITD. For children who have been in EI for at least six (6) months, the evaluation and outcomes assessment will occur at least twice.

When will measurement occur?

Assessment data scores will be interpreted at IFSP meetings or on visits with the family and families will have input into determination of outcomes.

Who will report data to whom, in what form, and how often?

Total raw scores for each outcome area will be entered into the EI data system. One complete set of scores will be determined and entered into the data system within one (1) month of the initial IFSP and prior to exiting for children who have been in the system for at least six (6) months.

How will data be analyzed?

Using Excel and SPSS software, the lead agency will use the total raw scores from each outcome area for each child to analyze the change in development at entry (time 1) to the six month (time 2) and to annual re-assessment (time 3).

For each outcome area: (for BASELINE: additional data points on annual basis for subsequent yearly data collection.)

- If scores at time1 and time 2 are both at age level expectations, then children will be counted in (a). If scores at entry are below age expectations, but at exit they are at age level expectations, then the children also will be counted in (a).
- If scores at time 2 are higher than scores at time 1 (but not at age level expectations), then they will be counted in (b)
- If scores at time 2 are the same or lower than scores at time 1, then they will be counted in (c).
- In addition, a system for incorporating functional data will be used.

Baseline Data for FFY 2004 (2004-2005): Not required until February 2008

Discussion of Baseline Data: Not required until February 2008

Improvement Activities/Timelines/Resources: Not required until baseline data and targets have been established

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

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

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

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

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

Baseline Data for FFY 2004 (2004-2005): Not required until February 2007

Discussion of Baseline Data: Not required until February 2007

Improvement Activities/Timelines/Resources: Not required until baseline data and targets have been established

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to one (1) with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = # of infants and toddlers birth to one (1) with IFSPs divided by the population of infants and toddlers birth to one (1) times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to one (1) with IFSPs divided by the population of infants and toddlers birth to one (1) times 100 compared to National data.

Overview of Issue/Description of System or Process: (please see Indicator #6 for complete overview of the District of Columbia's Child Find System)

Over the past two years, ITD has significantly increased the number and percentage of children birth to one being identified through the Child Find system and being determined eligible for services. The increase in identification of children birth to one (1) is the result of several activities. The Child Find Coordinator continued to conduct quarterly meetings with all child find sub-grantees that emphasized

the importance of early identification and reviewed each vendor's progress towards meeting child find targets. ITD re-established a working relationship with the Pediatric Clinic at George Washington Hospital to identify and refer children to Part C services. The Supervisory Transition Coordinator continued to meet regularly with the Part C evaluation sites re-emphasizing automatic eligibility of premature and very low birthweight babies. An extensive child find mailing was sent to 250 physicians and clinics in the District. ITD launched a major media campaign for child find that included TV & Radio commercials, newspaper articles and community presentations. In addition, DC Child Find conducted an advertising campaign on the city's Metro mass transit system that ran from May through December 2005. Information was posted on buses and trains as well as kiosks and dioramas at several bus stops and metro train stations. ITD also established a referral protocol with the District's Child and Family Services Agency (CFSA).

Baseline Data for FFY 2004 (2004-2005):

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

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

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

Discussion of Baseline Data:

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

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.8% of birth to one population (.008 x 7000 = 56)
2006 (2006-2007)	1% of birth to one population (.01 x 7000 = 70)
2007 (2007-2008)	1.2% of birth to one population (.012 x 7000 = 84)

2008 (2008-2009)	1.3% of birth to one population (.013 x 7000 = 91)
2009 (2009-2010)	1.4% of birth to one population (.014 x 7000 = 98)
2010 (2010-2011)	1.5% of birth to one population (.015 x 7000 = 105)

Improvement Activities/Timelines/Resources:

1. *Continue the collaboration and implementation of activities with District of Columbia Public Schools (DCPS) for child find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD and DCPS staff

2. *Continue regular meetings with Child Find sub-grantees to ensure consistent adherence to Part C eligibility & referral regulations and procedures*

Timelines & Resources: quarterly throughout 2005 - 2010; ITD staff

3. *Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the Department of Health, Maternal and Family Health Administration's (MFHA's) screening programs for New Born Hearing and Metabolic Disorders, and the DC Birth Defects Registry.*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD and MFHA staff

4. *Continue to provide training and technical assistance to physicians, clinics and to District birthing hospitals on Part C eligibility criteria and the referral process*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD staff and sub-grantees;

5. *Provide training and develop referral protocols for social workers in the District's Child and Family Services Agency (CFSA)*

Timelines & Resources: develop protocols, 2005 - 06; training on-going throughout 2005 - 2010; ITD and CFSA staff

6. *Continue to participate on advisory boards at the DOH/ Maternal and Family Health Administration and the Child and Family Services Agency and the Child Care Services Office within ECEA*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD staff

7. *Ensure that the web-based MIS is capable of tracking referrals from all collaborating agencies*

Timelines & Resources: 2005-06; ITD staff and consultants

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = # of infants and toddlers birth to three (3) with IFSPs divided by the population of infants and toddlers birth to three (3) times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to three (3) with IFSPs divided by the population of infants and toddlers birth to three (3) times 100 compared to National data.

Overview of Issue/Description of System or Process:

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

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

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

The Child Find process consists of the following:

- Step 1 - An initial screening for identification
- Step 2 - Referral to the Part C intake
- Step 3 - Referral for eligibility determination
- Step 4 - Prior written notice and initial IFSP development

All vendors who subcontract with the ITD are required to carry out public awareness and child find activities as part of their grant agreement. In addition, ITD subcontracts with several agencies and

hospitals to work exclusively on public awareness and child find. The overview discussion of Indicator # 9 describes the system for monitoring child find activities.

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

Baseline Data for FFY 2004 (2004-2005):

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

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

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

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

Discussion of Baseline Data:

The December 1st child count grew 19 percent from 2003 to 2004, from 247 children to 294; and went from 1.18% to 1.4% of the birth-to- three (3) population. The 2004 figure is comparable to the three states that have the same eligibility definition as the District of Columbia—Alaska (2.12), Arizona (1.36) and Missouri (1.33) The District of Columbia is ahead of Arizona and Missouri and behind Alaska. The national average for this measure is 2.24%.

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.6% of the birth to three population (.016 x 21000 = 336)
2006 (2006-2007)	1.8% of the birth to three population (.018 x 21000 = 378)
2007 (2007-2008)	2% of the birth to three population (.02 x 21000 = 420)

2008 (2008-2009)	2.25% of the birth to three population (.0225 x 21000 = 472)
2009 (2009-2010)	2.5% of the birth to three population (.025 x 21000 = 525)
2010 (2010-2011)	3% of the birth to three population (.03 x 21000 = 630)

Improvement Activities/Timelines/Resources: See Indicator 5

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

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

Baseline Data for SPP:

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

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

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

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

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

OSEP findings in 2001 - 2002 indicated that ITD was not meeting the 45-day timeline for completion of the initial evaluation and IFSP development. In the past two (2) years, ITD has demonstrated significant improvement in this area. Challenges remain in connection to oversight of providers who are not sub-grantees with ITD. Data reported in the FY 2002 APR indicated a compliance rate of 44% to 48% when random samples of IFSPs were reviewed by a consultant. Data submitted in the final report of the State Improvement Plan in June 2004, showed that the compliance rate increased to 75%. Data submitted in the FY 2003 APR, showed that the compliance rate increased to 84%.

For the APR submitted in March, 2005 rather than relying on random samples, ITD staff reviewed every single referral that came through the Part C office from October 1, 2003 – September 30, 2004, to monitor for compliance with the 45-day timeline. The 593 cases reviewed included brand new referrals and re-opened cases. Of the 593 children referred, 279 were found eligible. Two hundred and thirty-five (235) or 84% of those found eligible met the 45-day timeline for evaluation and completion of the initial IFSP. Forty-four (16%) were out of compliance.

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%

2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

1. *Provide in-service training and meet with sub-grantees and personnel at evaluation sites regarding Part C requirements related to eligibility determination and the 45-day timeline*

Timelines & Resources: quarterly throughout 2005-2010; ITD staff

2. *Populate the management information system once operational to better track referrals*

Timelines & Resources: ongoing throughout 2005-2010; ITD staff and consultants

3. *Meet with each evaluation site quarterly to review progress on 45-day timeline*

Timelines & Resources: ongoing throughout 2005-2010; ITD staff

4. *Provide technical assistance as needed to all evaluation sites*

Timelines & Resources: ongoing throughout 2005-2010; ITD staff

5. *Perform desk audits of referrals for monitoring the 45-day timeline requirement*

Timelines & Resources: ongoing throughout 2005-2010; ITD staff

6. *Monitor each sub-grantee through observation of evaluation completion and IFSP development*

Timelines & Resources: quarterly throughout 2005-2010; ITD staff

Also see “Family Support Activities” described in Indicator # 1 and “collaboration with Medicaid Managed Care Organizations” described in Indicator #8. Those activities will also assist the District Part C Program to promote compliance with the 45 day timeline.

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

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

Overview of Issue/Description of System or Process: Please see overview discussion of General Supervision in Indicator 9.

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

Baseline Data

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

A. IFSPs with transition steps and services

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

B. Notification to LEA if child is potentially eligible for Part B

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

C. Transition conference, if child potentially eligible for Part B

SPP Template – Part C (3)

District of Columbia
State

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

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

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

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

- 100% compliance in completing an IFSP transition conference (163 conferences held for 163 children);
- 85% compliance in completing the conference on time (139 out of 163 conferences) (95.8% compliance is noted when parental non-compliance is factored out – 18 families contributed to the missed deadline);
- 98% compliance for inviting Part B personnel (161 invitations for 163 conferences held);

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

Discussion of Baseline Data:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%

2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

1. *The Part C Supervisory Transition Coordinator will monitor monthly reports of all dedicated service coordinators and direct service providers. Requests for Corrective Action will be issued when necessary to obtain compliance with transition reporting or meeting requirements.*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD staff

2. *The Part C Supervisory Transition Coordinator will participate in regularly scheduled meetings with the Department of Health’s Medical Assistance Administration (MAA) and the managed care organizations (MCOs) for the purpose of training and updating on progress and challenges with Part C transition.*

Timelines & Resources: ongoing, as needed, throughout 2005-2010; ITD, MCO and MAA staff

3. *The Part C Supervisory Transition Coordinator will provide support for the implementation of the Memorandum of Understanding that is being finalized with MAA and the MCOs and subsequent flowchart that outlines the timeline, process and involvement of all parties in fulfilling transition requirements.*

Timelines & Resources: ongoing, as needed throughout 2005-06; ITD staff

4. *The Transition Manual for families will be translated into Spanish.*

Timelines & Resources: January 2006; DHS designated agency or ITD sub-grantee

5. *The “Transition Orientation for Families” training will be offered to Spanish speaking families on a bi-monthly basis through the ITD office*

Timelines & Resources: ongoing throughout 2005 - 2010; ITD staff and sub-grantee

6. *The Transition Handbook will be translated into Spanish.*

Timelines & Resources: 2006; DHS designated agency or ITD sub-grantee

7. *The Part C Supervisory Transition Coordinator will begin to meet with the newly assigned dedicated service coordinators to ensure compliance with transition requirements and timelines, completion of the IFSP transition plan and implementation of the transition process in collaboration with Part B early childhood personnel.*

Timelines & Resources: quarterly, throughout 2005-06; ITD and DCPS staff

8. *The Part C Supervisory Transition Coordinator will continue to provide training to service coordinators and families in collaboration with Part B personnel.*

Timelines & Resources: ongoing, throughout 2005 - 2010; ITD and DCPS staff

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
 - # of findings of noncompliance made.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

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

1. Signed grant agreements:

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

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

2. Sub-grantee Monitoring: Self-assessments, site visits, exit reports, corrective action plans and verification visits:

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

3. Other instruments and procedures that help us identify and correct non-compliance:

Bi-monthly phone calls to families

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

Quarterly meetings with sub-grantees

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

Desk Audits

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

Grant evaluation questionnaires

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

Monitoring reports from ECEA's Program Development Office

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

DC Part C Office policy manual and provider orientation

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

4. Complaint resolution through mediation and internal negotiation

To ensure compliance with Part C and to guarantee families access to mediation services, ITD maintains a sub-contract with the Center for Conflict Resolution at the Georgetown Center for Child and Human Development. In addition to providing mediation services upon request, this sub-grantee offers excellent training to ITD staff, service providers and families on Part C procedural safeguards including mediation as well as other conflict management techniques.

Baseline Data for FFY 2004 (2004-2005):

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

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

SPP Template – Part C (3)

**District of Columbia
State**

			(SC Cert)		
Direct Service #3 (M Rehab)	1-20-05	5 of 30 IFSPs no measurable outcomes; 11 of 30 files no evidence prior written notice (PRN)	Re-do 5 IFSPs; update files for PRN documents; participate in SC Cert	5 IFSPs were reviewed and corrected; Provider showed evidence of PRN for all 11 files; completed SC Certification	
Direct Service #4 (Comp. Speech)	No CAP required	No complaint log or other mechanism for recording complaints	Develop complaint log or similar mechanism	Complaint log was developed	
Direct Service #5 (Kennedy)	5-07-04	Provider not evaluating EI therapy sub-contractors; PRN missing in some files.	Develop evaluation system; give ITD credentials & evaluation reports; update files for PRN; participate in SC Cert	All non-compliance was corrected and provider completed SC Certification	
Direct Service # 6 (OCS)	2-01-05	22 out of 24 periodic IFSPs failed to document measurable change related to outcomes; no complaint log	Review and correct IFSPs; Develop Complaint Log.	Provider completed reviews and complaint log on 2-28-05	
Direct Service #7 (Phoenix)	8-28-04	IFSPs not updated; progress towards outcomes not noted; PRN evidence missing from files; transition confs late	Review IFSPs, update outcomes, check parental consent, schedule transition conferences	All non-compliance was corrected by 3-04-05	
Direct Service # 8 (CNMC)	12-13-04	14 of 18 IFSPs overdue for periodic review; 18 of 18 IFSPs did not address outcomes; PRN missing in 4 of 18 files; no	Schedule reviews for 14 IFSPs; address measurable outcomes for 18 IFSPs; update PRN in 4 files; develop complaint log;	All non-compliance was corrected by 2-03-05.	

SPP Template – Part C (3)

District of Columbia

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		complaint log; staff licensing & training credentials missing	update staff credentials; participate in SC Cert		
Direct Service # 9 (Easter Seals)	1-15-05	5 of 16 IFSPs did not contain measurable outcomes; 6 of 16 files had no evidence of PRN	Reconvene IFSPs to write measurable outcomes; update files re PRN; participate in SC Cert	All non compliance was corrected by 2-18-05 Provider completed SC. Certification	
Direct Service #10 (Interdynamics)	CAP not required	Files of EI personnel lacked current licenses and other evidence of qualifications	Submit all documentation to ITD; keep files up to date;	All non Compliance was corrected by 2-23-05.	
Direct Service #11 (Mary's center)	10-28-04	11 out of 20 IFSPs reviewed lacked measurable outcome statements	Reconvene IFSP mtgs to develop outcomes statements; participate in SC Cert	All non compliance was corrected by 4-29-05; completed SC Certification	
Eligibility Evaluation #1 (Multi-cultural Rehab)	3/25/05	2 out of 20 cases missed 45-day timeline; 1 out of 20 did not have vision results; 10 out of 20 IFSPs missing required content	Participate in SC Cert; Use checklist to ensure IFSP document compliance	Continues to be inconsistent	Deadline is March 2006
Eligibility Evaluation #2 (Little Feet and Hands)	3/14/05	Failure to provide rights; 4 out of 15 referrals missed 45-day timeline; 9 out of 12 IFSPs missing required content	Participate in SC Cert; use checklist to ensure compliance of IFSPs	Continues to be inconsistent	Deadline is March 2006
Eligibility Evaluation #3 (OCS)	3/1/05	Vision and hearing results missing; 2 out of 15 referrals	Participate in SC Cert; use checklist to ensure IFSP compliance	Vision/ Hearing issues corrected; Inconsistencies continue with IFSPs	Deadline March 2006

SPP Template – Part C (3)

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		missed 45-day timeline; 9 out of 12 IFSPs missing required content			
Eligibility Evaluation #4 (Rehab Plus)	4/15/05	Failure to provide rights; 8 out of 15 referrals missed 45-day timeline; 10 out of 15 IFSPs missing required content	Participate in SC Cert; monitor reports for vision/hearing info.; utilize checklist to ensure IFSP compliance	Problems persisted throughout the fiscal year; referrals stopped by ITD	N/A – no longer a sub-grantee; terminated 9/05
Eligibility Evaluation #5 (CNMC)	5/1/05	Vision and hearing results missing; 8 out of 30 referrals missed 45-day timeline; 12 out of 22 IFSPs missing required content;	Review documents prior to completion; develop system for tracking referrals	Inconsistencies continue	Deadline May 2006 No Longer an ITD sub-grantee
Child Find # 1 (CNMC)	03/10/05	Failure to refer children to Part C without parental consent No written protocols for making referrals to Part C	Evidence of written protocols that support the referral of children to Part C with or without parental consent.	Not all non-compliance issues corrected	Decreased funding
Child Find #2 (OCS)	03/07/05	Failure to refer children to Part C without parental consent Staff and written material did not address options for accessing	Evidence of written protocols that support the referrals of children to Part C with or without parental consent Written information	All non-compliance corrected by 4/15/05	

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		child find Failure to submit timely invoices according to the grant requirement	that identifies the options for accessing child find Invoices are submitted as required in the grant agreement		
Child Find #3 (WHC)	Failed to develop CAP	Failure to identify and refer children Failure to implement grant		No	Termination of grant – 9/05
Child Find #4 (HUH)	03/08/05	Failure to refer children to Part C without parental consent Staff and written material did not address options for accessing child find Failure to submit timely invoices according to the grant requirement	Referrals are made to Part C regardless of parental consent Evidence of written protocols that support the referrals of children to Part C with or without parental consent Written information that identifies the options for accessing child find Invoices are submitted as required in the grant agreement	All non-compliance corrected by 4/20/05	
Child Find # 5 (GTU-Homeless)	03/02/05	No Part C materials or information visible or available for families to access	Part C materials visible and available to families Referrals are made to Part	Not all non-compliance issues have been corrected	Decreased funding

		<p>Failure to refer children to Part C without parental consent</p> <p>Failure to submit timely invoices according to the grant requirement</p>	<p>C regardless of parental consent</p> <p>Invoices are submitted as required in the grant agreement</p>		
<p>Child Find #6 (GTU-Hospital)</p>	02/25/05	<p>Failure to refer children to Part C without parental consent</p> <p>Failure to submit timely invoices according to the grant requirement</p>	<p>Referrals are made to Part C regardless of parental consent</p> <p>Invoices are submitted as required in the grant agreement</p>	All non-compliance corrected by 3/29/05	
<p>Child Find # 7 (Mary's Center)</p>	01/24/05	<p>No Part C materials or information visible or available for families to access</p> <p>Failure to refer children to Part C without parental consent</p>	<p>Part C materials visible and available to families</p> <p>Referrals are made to Part C regardless of parental consent</p>	All non-compliance corrected by 3/03/05	

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

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

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

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

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

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

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

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

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

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

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

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

- 34 CFR 303.403 - Prior Notice – seven (7) findings
- 34 CFR 303 - Complaint procedures – two (2) findings
- 34 CFR 303.342 - Procedures for IFSP development (b) Periodic review- three (3) findings
- 34 CFR 303.444 (c)(1)- Content of an IFSP - Outcomes – six (6) findings

- 34 CFR 303.340 - Ensure IFSP developed - one finding
- 34 CFR 303.12(a)(3)(ii) -Qualified Personnel – three (3) findings

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

- 34 CFR 303.321 (d) – Child Find Referral Procedures – seven (7) findings
- 34 CFR 303.320 - Public Awareness – three (3) findings

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

- 34 CFR 303.342 - Procedures for IFSP Development
- 34 CFR 303.444 Content of an IFSP – Outcomes

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

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

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

Evaluation providers: All five (5) sub-grantees have until March 2006 to resolve and prove compliance

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

- a. # of agencies in which noncompliance was identified through other mechanisms.
None
- b. # of findings of noncompliance made.
None
- c. # of corrections completed as soon as possible but in no case later than one year from identification.
None

Discussion of Baseline Data:

All of the baseline data reported under Sections “A” and “B” above were collected through on-site monitoring of the 27 direct service, child find and evaluation sub-grantees, under contract with ITD from October 1, 2004 - September 30, 2005. ITD’s on site monitoring process includes analysis of the provider’s self assessment data and the utilization of information gathered through desk audits

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prior to making site visits. All providers were monitored for the 2004-05 cycle. The Part C Office will select approximately half of the providers for the full cycle of monitoring during 2005-06. Those who have had the most difficulty coming into compliance during 2004-05 will be targeted first.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

1. Monitor early intervention programs for compliance with Part C; issue corrective actions; provide technical assistance and follow-up to verify compliance.

Timelines & Resources: all providers complete on-site monitoring cycle every other year beginning in 2006; ITD staff; ITD plans to hire additional quality assurance staff in 2006.

2. Convene quarterly meetings with direct service, child find and evaluation providers to review activities, progress and compliance with state targets and goals.

Timelines & Resources: on-going throughout 2005 - 2010; ITD staff; providers draw down grant to attend meetings.

3. Carry out drop-in visits to providers to maintain contact and follow-up on desk audits and other in-house compliance reviews.

Timelines & Resources: at least twice per program, yearly 2005 – 2010; ITD staff

4. *El Specialists make bi-monthly phone calls to families to ensure services are being received and that families believe that they and their children are achieving desired outcomes.*

Timelines & Resources: ongoing throughout 2005 – 2010; ITD staff

5. *El Specialists facilitate IFSP meetings for children in their service coordination caseload to ensure compliance with Part C requirements.*

Timelines & Resources: ongoing throughout 2005 - 2010. ITD staff

6. *Review and certification of provider invoices*

Timelines & Resources: monthly throughout 2005 - 2010; ITD staff liaison for provider reviews invoices

7. *El Specialists update caseload tracking sheets at least monthly*

Timelines & Resources: ongoing throughout, 2005 – 2010; ITD staff and MIS

8. *Provider orientation , a series of training opportunities offered over a 4 week period covering ITD and federal policies, procedures and expectations*

Timelines & Resources: yearly, 2005 – 2010; ITD staff, consultants and providers

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

The Department of Human Services (DHS), as the Lead Agency for Part C in the District of Columbia, has adopted the due process procedures of Part B, under CFR 300.506 – 300.512. Written complaints about any aspect of the program or system must be submitted to the Director of Human Services. DHS has sixty (60) days to investigate and respond to the written complaint. Written complaints can be sent to:

Director, Department of Human Services, 64 New York Avenue, N.E., 6th Floor, Washington, DC 20002

To request an administrative hearing for the resolution of individual child complaints by an impartial decision maker, parents must file a written complaint with:

D.C. Public Schools, Student Hearing Office, 825 North Capitol Street, N.E., Room 8073, Washington, D.C. 20002

SPP Template – Part C (3)

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The Part C Office monitors service providers on an annual basis to ensure that families are informed of their due process rights and know how to file a complaint. In addition, surveys are sent to all families in the Part C Program to ascertain their understanding of their rights and their knowledge of the procedures for filing a complaint.

The Part C Office also encourages providers and families to openly discuss disagreements they are having to prevent the eruption of significant complaints. Several times a year our Mediation Sub-grantee offers a training called “Collaborative Decision Making” which gives participants the skills to settle differences amicably. During FFY 2004, the Part C Office handled 12 informal complaints and was able to settle each one to the family’s satisfaction.

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

Discussion of Baseline Data:

During the reporting period (October 1, 2004 – September 30, 2005), ITD has had no requests for due process hearings and has had no formal written complaints to the lead agency director. Twelve (12) informal complaints received by the ITD Program Manager during the same period were resolved to the satisfaction of the families.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- 1. The District Part C Office will continue to monitor direct service providers to ensure that they are informing families of their rights and how to implement those rights.*

Timelines & Resources: on-going throughout 2005 – 2010; ITD staff

2. *The District Part C Office will continue to survey families on a regular basis to ascertain their understanding of their rights and their ability to act on them.*

Timelines & Resources: on-going throughout 2005 – 2010; ITD staff

3. *The District Part C Office will continue to offer training on collaborative decision making to providers and families to promote informal resolution of complaints.*

Timelines & Resources: on-going throughout 2005 – 2010; ITD staff and sub-grantee

4. *The District Part C Office will contract with the D.C. Public Schools, Student Hearing Office, in order to comply with due process procedures for the timely resolution of individual complaints by families.*

Timelines & Resources: on-going throughout 2005 – 2010; \$5,000 - \$6,000 each year

5. *Activities to improve the timely resolution of complaints have been included in the FY 2006 grant agreement with the Georgetown Center for Child and Human Development, Conflict Management Program, including:*

- a. *the grantee will train Part B (DC Public Schools) Hearing Officers regarding IDEA Part C;*
- b. *the grantee will assist families who wish to request a due process hearing through the DCPS Hearing Office;*
- c. *the grantee will coordinate the provision of due process hearings with the identified hearing officer;*

Timelines & Resources: on-going throughout 2005 – 2010; ITD staff and sub-grantee

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process: See Overview - Indicator 10

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

Discussion of Baseline Data: See Indicator 10

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources: See Indicator 10

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process: See overview – Indicator 10

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

ITD awards a grant to the Georgetown University Center for Child and Human Development, Conflict Management Program, to train parents and service providers about mediation and to conduct mediation when requested.

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

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

Discussion of Baseline Data: NA

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	

2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources: NA

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

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

Overview of Issue/Description of System or Process:

The Infants and Toddlers with Disabilities Service Office (ITD) staff prepare all state reported data required by OSEP for compliance with Part C of IDEA. ITD does not have a Part C Data Manager. The ITD Program Analyst performs all data related tasks and coordinates production of these reports. Data is gathered through monitoring all early intervention service providers and ITD sub-grantees and from the Part C data system. During calendar year 2005, all state reported data was submitted on or before the due dates.

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

In order to investigate the accuracy of the District's Part C data, the Part C Office has initiated a comprehensive audit ("Child Find Validation Review") to determine the exact count of children who received services during the fiscal year (October 1, 2004 – September 30, 2005). For this audit, ITD is using a manual system and counting everything by hand. An additional analysis is being completed for every child referred to the Part C system and found eligible over the past three (3) years. The Part C Office expects to complete both analyses by the end of December, 2005.

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The plan set forth in the FY 2003 APR to embark on a web-based data system is still underway. With support from the DHS Director, ECEA is negotiating an interagency agreement with the DHS' Mental Retardation and Developmental Disabilities Administration (MRDDA) for MRDDA, in collaboration with OIS and the District of Columbia Office of the Chief Technology Officer, to develop web-based applications for data collection and reporting, receiving, tracking, monitoring and reporting complaints and unusual incidents, etc. The MRDDA Customer Information System (MCIS) received an innovation award from the John F. Kennedy School of Government in 2004. ITD anticipates having a functional, web-based system in 2006.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

ITD recognizes the need to ensure accurate data collection and the challenges associated with not having a dependable management information system. As discussed in the "Overview" above, the Part C Office is carrying out a comprehensive internal audit, referred to as the Child Find Validation Review, to determine the *accuracy* of ITD's child count data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

1. *During the period of transition to a Web-based data system, ITD staff will continue to tabulate data manually in order to submit timely 618 data reports. The meticulous case*

by case review procedures employed for the comprehensive internal audit (described above) will continue to be used to ensure the accuracy of the 618 data reports.

Timelines & Resources: January, 2006 - until implementation of the web-based data system; ITD staff

2. *ECEA will finalize the agreement with MRDDA for a Web-based data system*

Timelines & Resources: Summer 2006; ECEA and MRDDA staff

3. *Part C staff will work with the data manager at DCPS to coordinate compatibility of the new ITD database with DCPS SETS database*

Timelines & Resources: once the web-based system is in place; ITD and DCPS staff

4. *Part C staff will work with Mid South Regional Resource Center (RRC) to make the link between the Part C and Part B databases, so that data can be shared from birth to 21*

Timelines & Resources: once the web-based system is in place; ITD and RRC staff

5. *ITD will develop a manual and training materials for training staff and providers on the implementation of the new web-based data system*

Timelines & Resources: once the web-based system is in place; ITD and RRC staff

Part C – SPP /APR Attachment 1 (Form)

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

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

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

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