



**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

Annual Performance Report (APR) data was obtained from thirty four (34) Local Lead Agencies (LLA) and one (1) Tribe who have contracts with the Early Support for Infants and Toddlers (ESIT) program, for the purpose of coordinating and facilitating a local system of early intervention services in each geographic region of the state.

Results data, for Indicators 2, 5, and 6, was collected from all Individualized Family Service Plans (IFSPs) on December 1, 2010, as reported on 618 Data Tables 1 and 2. Data for Indicators 3 and 4 was collected from survey results gathered between July 1, 2010 and June 30, 2011.

Compliance monitoring data for Indicators 1, 7, 8A, 8B, and 8C was obtained from all IFSPs entered into the ESIT Data Management System (DMS), from January 1 through March 31, 2011. In addition, Review and Annual IFSP data was also collected for APR reporting. Using January, February, and March 2011 data, ESIT provided notice to each LLA that the compliance report data, for this time period, would need to be accurately entered into the DMS by April 18, 2011 and that between April 18 and May 2, 2011, their data had to be reviewed and verified for accuracy.

Compliance monitoring data was taken from the DMS on May 3, 2011. State staff reviewed and analyzed compliance data including "reasons" for any children whose services were reported as being delayed. When necessary, ESIT staff requested and obtained clarification, regarding reasons for delays, to determine the root cause of the noncompliance. If delays were the result of exceptional family circumstances, noncompliance would not be identified. If delays were the result of reasons other than exceptional family circumstance, all child specific noncompliance was identified. If it was determined the noncompliance was already corrected, a finding was still made, but a corrective action plan was not required. Even though correction may have occurred, state staff still assessed the level of noncompliance, determined the contributing factors if any, and assessed if the noncompliance was isolated or systemic.

During FFY 2010, ESIT achieved a high level of compliance. DMS business rules and calendar tools ensured required data was either entered into the system or a reason for not entering the data was supplied. When required information was not entered into the DMS in a timely manner, the system created red alerts on the Family Resources Coordinator's (FRC) calendar. The calendar was monitored by Local Lead Agency (LLA) staff, including FRCs, program managers, agency administrators, as well as ESIT staff. Red alerts were reviewed and technical assistance provided by ESIT Help Desk staff or the ESIT Data Manager. All initial evaluation information, medical information, eligibility, Child Outcome Summary Form (COSF), family statement, and outcomes and services information was required before an Individualized Family Service Plan (IFSP) could be entered into the DMS.

ESIT's system of general supervision and monitoring was maintained over the past year. ESIT continued to include review and annual IFSP data in its annual monitoring and data collection process. Within three months from when compliance monitoring data was taken from the DMS, written notice of noncompliance and the need to make timely correction, or written notice of noncompliance and the verification that correction already occurred, was provided. When required, each LLA administrator was directed to begin implementing required improvement activities to ensure correction was made as soon as possible, but no later than one year from notification. Corrective Action Plans identified the resources that needed to be accessed and the timelines that would be followed to achieve compliance and/or improve performance and were required of all Local Lead Agencies that had not fully corrected identified noncompliance by the time annual determinations were issued. The Indicator 9 Worksheet and Indicator 14 Rubric have been inserted into this document.

On January 11, 2012, the State Interagency Coordinating Council (SICC) dedicated several hours to reviewing Washington State's Part C State Performance Plan (SPP) and Annual Performance Report (APR). Some indicators were discussed in more detail with new improvement activities identified if needed.

The current revised SPP, APR, Local Lead Agency APR Data, and Local Lead Agency Determination Status is on the ESIT website, at <http://www.del.wa.gov/publications/esit/Default.aspx>. Information on how to access these reports was disseminated, via email, to our SICC, Local Lead Agencies, and other stakeholders.

On June 20, 2011, the Office of Special Education Programs (OSEP) FFY 2009 Determination Letter notified the Director of the Washington State Department of Early Learning (DEL), the State Lead Agency for Part C, that the Washington state Part C program meets requirements of Part C of the IDEA.

**Part C State Annual Performance Report (APR) for FFY 2010
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Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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

<p>Measurement:</p> <p>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.</p> <p>Account for untimely receipt of services, including the reasons for delays.</p>
<p>Applied:</p> <p>4366 infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</p> <p>4405 infants and toddlers with IFSPs</p> <p>Percent = (4366/4405) * 100 = 99.1%</p>

FFY	Measurable and Rigorous Target
2010	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner.

Actual Target Data for FFY 2010:

- A. **99.1%** or 4366 of 4405 infants and toddlers with IFSPs received early intervention services on their IFSPs in a timely manner. Of the infants and toddlers with IFSPs that met the timely services requirement:
 - 1. 95.7% or 4216 infants and toddlers received services in a timely manner; and,
 - 2. 3.4% or 150 infants and toddlers received services late, due to exceptional family circumstances.
- B. **0.9%** or 39 of 4405 infants and toddlers with IFSPs received some late services, due to reasons other than exceptional family circumstance, such as:
 - Provider scheduling errors
 - Interpreter scheduling problems or late cancellations
 - Therapist/provider illness or emergency
 - Family Resources Coordinator illness

- FRC car trouble
- Inclement weather
- FRC miscalculation of the due date

Eight (8) LLA's were identified as the programs having thirty-nine (39) instances of noncompliance.

Services were required to begin no later than 30 days from the date the parent provided consent, as recorded on the IFSP. When services were not provided in a timely manner, due to exceptional family or child circumstances, documentation in the DMS was required. Service start dates continued to be a required field that had to be entered into the DMS. In addition, documentation could also have been entered into the child's service records.

FFY 2010 data for this indicator was collected from all IFSPs entered into the ESIT DMS, for the period of January 1 through March 31, 2011. All LLAs entered all required IFSP data pertaining to all eligible infants and toddlers into the ESIT DMS throughout the FFY. The data collected from all IFSPs, for the period of January 1 through March 31, 2011, contained the full range of variability exhibited by the population served by ESIT throughout the year. Because the data from this time period reflect the full range of variability, they are considered representative of the entire year's data.

ESIT continued to rely on the DMS IFSP Compliance Detail Report to ensure the accuracy of compliance data entered into the DMS. This report continued to provide both state and local staff with an additional data analysis tool essential for identifying and correcting data entry errors, reviewing individual child status, and identifying the need for additional technical assistance.

Starting in FFY 2009, monitoring of local program performance on this compliance indicator was conducted through review of DMS census data. Findings of noncompliance were made based upon DMS census data for the period of April 1 through June 30, 2010. By the time the February 2011 APR data was reported, all the child specific individual instances of noncompliance were corrected (services were provided although late).

FFY 2009 and 2010 findings of noncompliance are comparable because FFY 2009 and 2010 findings of noncompliance were based upon census data taken from the ESIT DMS.

Correction of Noncompliance Related to Indicator 1:

FFY	Number of Findings of Noncompliance	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified
FFY 2009	64	64	0
FFY 2010	39	To be reported in the FFY 2011 APR	

LLA administrators and service providers developed and/or revised their data entry policies and practices, to ensure the timely provision of services occurred and were documented in the child's IFSP DMS record.

LLA administrators, FRCs, and providers continued to use the DMS IFSP Compliance Detail Report, to ensure data was entered accurately into the DMS. ESIT provided technical assistance and training, regarding the use and interpretation of the DMS IFSP Compliance Detail Report. LLAs continued to review their local data entry policies and procedures to ensure timely and accurate data entry consistently occurred.

To confirm correction of noncompliance, ESIT staff reviewed DMS data for each LLA to verify that: (1) all children (who remained within jurisdiction of the program) received IFSP services, although late; and (2) current data reflected that the LLA had met the requirement to provide all services timely, in accordance with 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1)."

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

Progress was made in moving closer to full compliance as a result of a 0.8% increase between FFY 2009 results of 98.3% and FFY 2010 results of 99.1%. Technical assistance continued to be accessed from the Regional Resource Center's Program website SPP/APR calendar, the National Early Childhood Technical Assistance Center website, Western Regional Resource Center (WRRC), and National Early Childhood Technical Assistance Center (NECTAC) staff.

During FFY 2010, ESIT continued to implement a comprehensive Systems Improvement Project, utilizing Part C American Recovery and Reinvestment Act (ARRA) funds. The ESIT Systems Improvement Project (SIP), <http://www.del.wa.gov/development/esit/system.aspx>, emphasized improved child and family outcomes, by implementing evidence-based practices and promoting increased program accountability. A contract with staff from the University of North Carolina, Frank Porter Graham Child Development Center, continued to be implemented throughout the year. With technical assistance received through the Systems Improvement Project, with broad stakeholder input, the following occurred:

- Implemented and disseminated information about the programs' revised mission, vision, principles, and purpose
- Reviewed and revised program policies and procedures
- Developed provider competencies to help focus professional development activities
- Developed three online training modules that included, (1) The Foundations of Early Intervention; (2) Functional Assessment; (3) The Individualized Family Service Plan (IFSP) Process
- Updated the ESIT DMS with a web-based IFSP that includes robust reporting capabilities
- Developed and implemented a new procedural safeguards document, forms, and technical assistance guide
- Developed and implemented a new IFSP form and process technical assistance guide
- Updated and revised public awareness materials

During FFY 2010, compliance data was reviewed and shared with providers and program administrators. As required, annual compliance monitoring data was posted on the ESIT website. ESIT continued to use data to focus training and technical assistance that included:

- A. Provision of targeted technical assistance based upon LLA compliance data.
- B. Continued provision of enhanced training and technical assistance, by contracting with two (2) early intervention consultants, with assessment and service provision expertise.
- C. Provision of relevant early intervention training, for continuing education clock hours credit, at LLA quarterly meetings.
- D. Development and dissemination of training materials that promoted improved evaluation, assessment, and service delivery practices.

Due to DMS improvements, ESIT and LLAs were able to utilize IFSP detailed compliance reports on an ongoing basis, to assess the provision of timely IFSP services, by identified providers and by each Family Resources Coordinator (FRC). With this information, LLAs were able to analyze their own data and make timely correction. ESIT also provided targeted technical assistance when needed. Periodic review of compliance indicator data enabled ESIT to strengthen its ability to ensure that the timely correction of noncompliance consistently occurred.

Improvement Activities Completed for FFY 2010:

Provided technical assistance to all LLAs on the compliance requirement to provide services in a timely manner consistent with Washington State's standard.

Developed early intervention evidence-based practices training modules.
Revised policies and procedures related to using evidence-based practices to integrate the child outcomes summary process into the IFSP process.
Developed early intervention practitioner competencies to assist in focusing technical assistance and training.
Developed new procedural safeguards document, forms, and technical assistance document.
Used the DMS detailed compliance report to review LLA compliance data and provide focused technical assistance when needed, including training to better identify exceptional family circumstances and other reasons for missed timelines.
Maintained contract language that required LLAs to provide in their semi-annual reports program improvement information that describes the activities and strategies that were implemented to meet the timely services compliance requirement.
Continued to convene quarterly LLA contractor meetings to review and discuss or respond to SPP/APR compliance and performance data questions and issues.
Continued to monitor mediation requests, citizen’s complaints, and administrative hearings, for compliance with the timely services requirement. During this report timeframe, there were no formal complaints, mediation, or administrative hearing requests filed.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its improvement activities and determined it will continue to implement the following:

Continuing Improvement Activities	Timelines	Resources
Convene quarterly LLA contractor meetings.	2008 – 2012	ESIT and LLAs
Monitor mediation requests, citizen’s complaints, and administrative hearings, for compliance with the timely services requirement.	2008 – 2012	ESIT
Complete timely citizen complaint investigations and assure corrective action plans are implemented.	2008 – 2012	ESIT
Use DMS detailed compliance report to review progress and provide focused technical assistance and training.	2008 – 2012	ESIT and LLAs
Convene monthly LLA contractor TA conference calls to provide information and to address emerging issues, questions, and concerns.	2009 – 2012	ESIT, ESIT TA providers, and LLAs

Continuing Improvement Activities	Timelines	Resources
Implement early intervention evidence-based practices training modules.	2011 – 2012	ESIT, ESIT TA providers, and LLAs
Implement revised policies and procedures related to using evidence-based practices to integrate child outcomes with the IFSP process.	2011 – 2012	ESIT, ESIT TA providers, and LLAs

New Improvement Activities	Timelines	Resources
Implement an updated DMS that will have more rules and embedded training to help guide users in entering information correctly.	2011 – 2012	ESIT

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Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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 community-based settings.

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings divided by the (total # of infants and toddlers with IFSPs)] times 100.
Applied: 5082 infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. <i>This data is based on the December 1, 2010 child count.</i> 5592 total # of infants and toddlers with IFSPs Percent = (5082/5592) * 100 = 90.8%

FFY	Measurable and Rigorous Target
2010	90% of infants and toddlers with IFSPs will receive early intervention services in the home or programs for typically developing children as their primary service setting.

Actual Target Data for FFY 2010:

90.8% of infants and toddlers with IFSPs received early intervention services in home or community-based settings as their primary service setting.

ESIT gathered and reviewed Indicator 2 data at the quarterly Local Lead Agency (LLA) meetings. Program Consultants provided training and technical assistance, when necessary.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

FFY 2010 data of **90.8%** represents progress from its FFY 2009 data of 89%. ESIT exceeded its FFY 2010 target of 90%. ESIT and LLA improvement activities continue to support the progress being made in meeting and exceeding the annual target.

ESIT met with local ICCs and LLAs, providing policy guidance when data demonstrated their annual target was not being met. For the few LLAs that continued to be challenged in meeting the natural environments requirement, ESIT provided focused training and technical assistance. Additional guidance was also provided on appropriate justifications when services could not be provided in the natural environment. The DMS was updated last year to reflect the three 618 Part C service setting options.

Improvement Activities Completed for FFY 2010:

<p>The SICC Data Committee reviewed and discussed settings data. These reviews facilitated a more in-depth discussion about the local issues that may have contributed to an LLA’s low performance. The review of settings data also contributed to the identification of potential improvement strategies that were then reported at SICC meetings.</p>
<p>As new quarterly data became available, it was distributed to the LLAs. LLAs needing improvement were more clearly identified, with the technical assistance provided in a more focused and individualized manner. ESIT site visits and technical assistance phone conferences allowed direct discussions with LLAs who failed to meet state targets.</p>
<p>LLA contract language was strengthened to require reporting of local improvement efforts that addressed the natural environments requirements.</p>
<p>Natural environments data was available through reports provided by the real-time DMS and was available to LLAs at any time for their review.</p>

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its improvement activities and determined it will continue to implement the following:

Continuing Improvement Activities	Timelines	Resources
Work with early intervention funding sources, to assist with meeting annual performance target and compliance requirements.	2008 – 2012	ESIT and participating state agencies
LLA capacity building projects, focusing on timely and effective delivery of services in natural environments.	2010 – 2012	ESIT
Develop a Practice Guide, related to appropriate justifications when services are not provided in a natural environment.	2010 – 2012	ESIT and NECTAC
Implement an updated DMS that will have more rules and embedded training to help guide users in entering information correctly.	2010 – 2012	ESIT

New Improvement Activities	Timelines	Resources
Implement early intervention evidence-based practices training modules.	2011– 2012	ESIT, ESIT TA providers, and LLAs
Explore the DMS’s capability to identify children who are homeless.	2012 – 2012	ESIT and OSPI

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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 skills (including early language/communication)
 - C. Use of appropriate behaviors to meet their needs.

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

Measurement: Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Applied

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

- a. 65 infants and toddlers who did not improve functioning
3066 infants and toddlers with IFSPs assessed
Percent = $(65/3066) * 100 = 2.1\%$
- b. 672 infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(672/3066) * 100 = 21.9\%$
- c. 560 infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
3066 infants and toddlers with IFSPs assessed
Percent = $(560/3066) * 100 = 18.3\%$
- d. 857 infants and toddlers who improved functioning to reach a level comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(857/3066) * 100 = 27.9\%$
- e. 912 infants and toddlers who maintained functioning at a level comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(912/3066) * 100 = 29.8\%$

Totals: $2.1 + 21.9 + 18.3 + 27.9 + 29.8 = 100\%$

B. Acquisition and use of knowledge and skills

- a. 69 infants and toddlers who did not improve functioning
3066 infants and toddlers with IFSPs assessed.
Percent = $(69/3066) * 100 = 2.3\%$
- b. 734 infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(734/3066) * 100 = 23.9\%$
- c. 505 infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
3066 infants and toddlers with IFSPs assessed
Percent = $(505/3066) * 100 = 16.5\%$
- d. 688 infants and toddlers who improved functioning to reach a level comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(688/3066) * 100 = 22.4\%$
- e. 1070 infants and toddlers who maintained functioning at a level comparable to same-aged peers
3066 infants and toddlers with IFSPs assessed
Percent = $(1070/3066) * 100 = 34.9\%$

Totals: $2.3 + 23.9 + 16.5 + 22.4 + 34.9 = 100\%$

<p>C. Use of appropriate behaviors to meet their needs:</p> <p>a. 63 infants and toddlers who did not improve functioning 3066 infants and toddlers with IFSPs assessed Percent = $(63/3066) * 100 = 2.1\%$</p> <p>b. 623 infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers 3066 infants and toddlers with IFSPs assessed Percent = $(623/3066) * 100 = 20.3\%$</p> <p>c. 509 infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it 3066 infants and toddlers with IFSPs assessed Percent = $(509/3066) * 100 = 16.6\%$</p> <p>d. 991 infants and toddlers who improved functioning to reach a level comparable to same-aged peers 3066 infants and toddlers with IFSPs assessed Percent = $(991/3066) * 100 = 32.3\%$</p> <p>e. 880 infants and toddlers who maintained functioning at a level comparable to same-aged peers 3066 infants and toddlers with IFSPs assessed Percent = $(880/3066) * 100 = 28.7\%$</p> <p>Totals: $2.1 + 20.3 + 16.6 + 32.3 + 28.7 = 100\%$</p>
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<p>Measurement for Summary Statement 1</p> <p>Percent = # of infants and toddlers reported in progress category (c) <u>plus</u> # of infants and toddlers reported in category (d) <u>divided by</u> [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] <u>times 100.</u></p>
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<p>Applied to Outcome A</p> <p>560 infants and toddlers reported in progress category (c) plus 857 infants and toddlers reported in category (d) divided by 65 infants and toddlers reported in progress category (a) plus 672 infants and toddlers reported in progress category (b) plus 560 infants and toddlers reported in progress category (c) plus 857 infants and toddlers reported in progress category (d) times 100.</p> <p>Percent = $[(560+857) / (65+672+560+857)] * 100 = 65.8\%$</p>

<p>Applied to Outcome B</p> <p>505 infants and toddlers reported in progress category (c) plus 688 infants and toddlers reported in category (d) divided by 69 infants and toddlers reported in progress category (a) plus 734 infants and toddlers reported in progress category (b) plus 505 infants and toddlers reported in progress category (c) plus 688 infants and toddlers reported in progress category (d) times 100.</p> <p>Percent = $[(505+688)/(69+734+505+688)] * 100 = 59.8\%$</p>

Applied to Outcome C

509 infants and toddlers reported in progress category (c) plus
 991 infants and toddlers reported in category (d) divided by
 63 infants and toddlers reported in progress category (a) plus
 623 infants and toddlers reported in progress category (b) plus
 509 infants and toddlers reported in progress category (c) plus
 991 infants and toddlers reported in progress category (d) times 100.

Percent = $[(509+991)/(63+623+509+991)]*100 = 68.6 \%$

Measurement for Summary Statement 2

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

Applied to Outcome A

857 infants and toddlers reported in progress category (d) plus
 912 infants and toddlers reported in progress category (e) divided by the total
 3066 infants and toddlers reported in progress categories

Percent = $[(857+912)/(65+672+560+857+912)] * 100 = 57.7\%$

Applied to Outcome B

688 infants and toddlers reported in progress category (d) plus
 1070 of infants and toddlers reported in progress category (e) divided by the total
 3066 of infants and toddlers reported in progress categories

Percent = $[(688+1070)/(69+734+505+688+1070)] * 100 = 57.3\%$

Applied to Outcome C

991 infants and toddlers reported in progress category (d) plus
 880 infants and toddlers reported in progress category (e) divided by the
 3066 infants and toddlers reported in progress categories

Percent = $[(991+880)/(63+623+509+991+880)] * 100 = 61.0\%$

Summary Statements	Actual FFY 2009 (% of children)	Actual FFY 2010 (% of children)	Targets FFY 2010 (% of children)
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	70.0%	65.8%	70.0%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	62.5%	57.7%	64.2%

Summary Statements	Actual FFY 2009 (% of children)	Actual FFY 2010 (% of children)	Targets FFY 2010 (% of children)
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	63.1%	59.8%	64.2%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	61.0%	57.3%	60.9%
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	74.7%	68.6%	71.3%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	65.0%	61.0%	67.8%

Progress Data for Part C Children FFY 2010

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	65	2.1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	672	21.9%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	560	18.3%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	857	27.9%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	912	29.8%
Total	N=3066	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	69	2.3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	734	23.9%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	505	16.5%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	688	22.4%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1070	34.9%
Total	N=3066	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	63	2.1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	623	20.3%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	509	16.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	991	32.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	880	28.7%
Total	N=3066	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The number of COSs completed during FFY 2010 totaled 3066. In FFY 2009, 2457 COSs were completed. The increase in the number of COSs completed for FFY 2010 was 606. All LLAs entered required COS data into the ESIT DMS, for all infants and toddlers that had six months of consecutive services, throughout the FFY. The DMS requires that all children's COS data be entered into the system. Because of this requirement there is no missing data. Therefore, the data submitted is considered representative.

Slippage occurred regarding Outcome A, Summary Statement 1. There was a 4.2% decrease between the FFY 2009 actual data of 70.0% and FFY 2010 actual data of 65.8%. The annual target for FFY 2010 was 70.0% and not met.

Slippage occurred regarding Outcome A, Summary Statement 2. There was a 4.8% decrease between the FFY 2009 actual data of 62.5% and FFY 2010 actual data of 57.7%. The annual target for FFY 2010 was 64.2% and not met.

Slippage occurred regarding Outcome B, Summary Statement 1. There was a 3.3% decrease between the FFY 2009 actual data of 63.1% and FFY 2010 actual data of 59.8%. The annual target for FFY 2010 was 64.2% and not met.

Slippage occurred regarding Outcome B, Summary Statement 2. There was a 3.7% decrease between the FFY 2009 actual data of 61.0% and FFY 2010 actual data of 57.3%. The annual target for FFY 2010 was 60.9% and not met.

Slippage occurred regarding Outcome C, Summary Statement 1. There was a 6.1% decrease between the FFY 2009 actual data of 74.5% and the FFY 2010 actual data of 68.6%. The annual target for FFY 2010 was 71.3% and not met.

Slippage occurred regarding Outcome C, Summary Statement 2. There was a 4.0% decrease between the FFY 2009 actual data of 65.0% and the FFY 2010 actual data of 61.0%. The annual target for FFY 2010 was 67.8% and not met.

Data quality concerns should continue to decrease as more COSs are completed and as early intervention providers continue to increase their skills in completing the COS. ESIT will need to provide new COS technical assistance and training based upon the revised IFSP process that now integrates the child outcome summary process into the IFSP. Implementation of this new process may impact COS results. Additional training and technical assistance may be required as this new process is implemented in the coming year. It is hoped that the new summary of functional performance will enhance data quality and will lead to more accurate COS ratings. Because more COSs are being completed, the data will continue to become more representative of the infants and toddler served by ESIT. New COS training materials that support the new IFSP were developed and are in the process of being implemented.

Because slippage occurred in meeting summary statement targets for each outcome, data needs to be reviewed and targeted technical assistance provided. New COS reports available through the updated DMS should greatly assist LLA staff and state program staff in identifying and analyzing COS variables that are affecting results. Through more in-depth analysis, the reasons for slippage may be better determined. Ultimately, targets may need to be adjusted to better reflect the population served by the program.

Information about the COS continued to be available at <http://del.wa.gov/publications/esit/Default.aspx>. Information on how to enter COS data into the ESIT DMS continued to be available at http://del.wa.gov/publications/esit/docs/DMST_HowCOForm.pdf. ESIT program consultants continued to provide onsite targeted technical assistance to LLAs and providers as needed.

Improvement Activities Completed in FFY 2010:

The DMS was updated to provide more detailed COS reports for LLAs and agency/providers. DMS updates helped to minimize errors, omissions, and prevent data inconsistencies.
ESIT sponsored a COS workshop at the annual Infant and Early Childhood Conference. Using ARRA funding, ECO Center and NECTAC staff provided the training.
Co-presented COS workshop training at annual Infant and Early Childhood Conference.

Revisions, with Justifications to Proposed Targets/Improvement Activities/Timelines/Resources:

The new ESIT IFSP integrates the COS process into IFSP. ESIT will need to provide training to implement the new practice.

ESIT evaluated its improvement activities and determined it will implement the following:

Continuing Improvement Activities	Timelines	Resources
Provide training for LLA administrators in performing periodic random sample reviews of COSFs, for assessing quality and completeness.	2009 – 2012	ESIT Staff
Utilize data reports that include data, aggregated by LLA, to identify possible data inconsistencies and/or correct data entry problems.	2009 – 2012	SICC and Data Committee, ESIT Staff
Review data to determine if LLAs are making sufficient progress toward obtaining COSF entry and exit data, for all children enrolled in early intervention for at least six months.	2009 – 2012	ESIT, LLAs, SICC, and Data Committee
As funding permits, new DMS to incorporate ECO recommended COSF reports and tools; and include embedded training to help guide the user in entering data.	2009 – 2012	ECO, ESIT, and ARRA funding
Provide new DMS COSF report training.	2011 – 2012	ESIT

New Improvement Activities	Timelines	Resources
Implement revised COS training materials.	2011 – 2012	ECO, NECTAC, and ESIT
Utilize new DMS COS reports to analyze results and provide technical assistance.	2011 – 2012	ESIT Staff, LLAs, FRCs
Provide training on the new IFSP that integrates the COS rating process into the IFSP that now promotes the use of functional assessment in the COS rating process.	2011 – 2012	ESIT Staff
Conduct in-depth COS data analysis to determine reasons for slippage and review targets to ensure they are appropriate.	2011 – 2012	ESIT Staff, ECO, NECTAC, LLAs, Stakeholders

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

<p>Monitoring Priority: Early Intervention Services in Natural Environments</p>
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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
- C. Help their children develop and learn

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

<p>Measurement:</p>

- 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.

<p>Applied:</p>

- A. 520 of 537 of respondent families participating in Part C reported that early intervention services have helped the family know their rights.
Percent = (520/537) * 100 = **96.8%**
- B. 523 of 537 of respondent families participating in Part C reported that early intervention services have helped the family effectively communicate their needs.
Percent = (523/537) * 100 = **97.4%**
- C. 517 of 537 of respondent families participating in Part C who reported that early intervention services have helped them help their child develop and learn
Percent = (517/537) * 100 = **96.3%**

FFY	Measurable and Rigorous Target
2010	<ul style="list-style-type: none"> A. At least 81.0 % of families know their rights. B. At least 86.0 % of families effectively communicate their children's needs. C. At least 91.0 % of families help their children develop and learn.

Actual Data for FFY 2010:

- A. **96.8%** of families know their rights.
- B. **97.4%** of families effectively communicate their children’s needs.
- C. **96.3%** of families help their children develop and learn.

FFY 2010 family outcome data continued to be collected and reported using the Early Childhood Outcomes Center (ECO) Family Survey. This is the fifth year ESIT has used the ECO Family Survey to collect and report family outcome data for the APR. ESIT Family Resources Coordinators (FRCs) requested families complete the ECO Family Survey at annual IFSP meetings, with instructions to complete and return the Family Survey to ESIT with a stamped envelope that was provided. If a family required interpreter services to complete the survey, an interpreter was available because the distribution occurred at an IFSP meeting. The DMS continued to allow FRCs to print the ECO Family Survey directly from the system.

LLA’s were required to distribute the survey at each annual IFSP meeting. Approximately 2256 ECO family surveys were distributed to families between July 1, 2010 and June 30, 2011. Of the survey’s that were distributed, 537 ECO Family Surveys were returned to ESIT. This data reflects a return rate of 24%, which remained the same from FFY 2009.

The representativeness (geographic area, region, race/ethnicity, age of the child, length of program participation, and socio-economic status) of survey respondents was assessed by comparing survey response data with the December 1 Child Count data.

When considering age of child, children birth – 12 months, 12 – 24 months and 24 – 36 months, all age ranges were under represented, when compared to the December 1 Child Count data. Children ages 36 plus months reflects responses from families of children recently exiting the program at 36 months. A few families did not provide the age of their child.

Age of Child	Survey Responses	December 1, 2010 Child Count
Birth – 12 months	5%	9%
12 – 24 months	22%	30%
24 – 36 months	47%	61%
36 + months	18%	
No response	8%	

When considering respondents ethnicity/race, those identifying as white/Caucasian and Multiracial were over represented compared to the December 1 Child Count data by 6% and 9 % respectively. Hispanic respondents were under represented by 12%. While under represented, African American, Asian, and Native Hawaiian/Pacific Islander families were more comparable to the December 1 Child Count data because on average there was less than a 2% difference between survey respondents and the December 1 Child Count.

Of the families who responded to the survey, 108 families or 20.1% reported receiving services for 1 to 6 months, 166 or 30.9% reported receiving services for 6 to 12 months, and 213 or 39.7% reported receiving services for 12 months or longer.

Of the families who responded to the survey, 55.6% reported being enrolled in Medicaid with 44.4% not being enrolled.

Race/Ethnicity	Survey Responses	December 1, 2010 Child Count
White	63.0%	57.0%
Hispanic	12.7%	25.2%
Asian	3.7%	4.3%
Native Hawaiian/ Pacific Islander	0.4%	1.1%
African American	2.9%	4.0%
Native American	1.8%	2.3%
Multiracial	15.5%	6.1%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The state exceeded the targets set for this indicator and overall percentages were generally maintained from 2009 to 2010, as reflected below:

- Families know their rights – 0.7% decrease between FFY 2009 (97.3%) and FFY 2010 (96.6%),
- Families effectively communicate their children’s needs – 0.6 % decrease between FFY 2009 (97.9%) and FFY 2010 (97.3%),
- Families help their children develop and learn – 0.7% decrease between FFY 2009 (96.9%) and FFY 2010 (96.2%).

Regarding families knowing their rights, there was some slippage as a result of a 0.7% decrease between FFY 2009 actual data of 97.3% and FFY 2010 actual data of 96.6%. Regarding families effectively communicating their children’s needs, some slippage occurred as a result of 0.6% decrease between FFY 2009 actual data of 97.9% and FFY 2010 actual data of 97.3%. Regarding families helping their children develop and learn, there was some slippage as a result of a 0.7% decrease between FFY 2009 actual data of 96.9% and FFY 2010 actual data of 96.2%. Because of this indicator’s ongoing high level of performance, the minor slippage that occurred was not considered significant.

While the return rate was similar to prior years, increased focus and exploration of why the return rate remained at 24% continued to occur at each quarterly Local Lead Agency meeting and during monthly LLA technical assistance calls. The primary reason reported for the low return rate was families not having sufficient time at the conclusion of an IFSP meeting to complete the survey. During LLA meetings, consensus was not reached in changing the distribution process from taking place at IFSP meetings to doing a targeted distribution during a set time of the year. Over the past year, during each quarterly LLA meeting, a survey monkey report was prepared for each County. This report showed the number of surveys received for each LLA and the results breakdown for each question. If no surveys or only a few surveys were submitted by an LLA, that information was noted in the summary report and the ESIT Program Consultant assigned to that county provided the LLA with focused technical assistance. During quarterly meetings, LLAs shared successful survey dissemination strategies and problem-solved around survey dissemination challenges. Technical assistance and training continued to be provided regarding the distribution and administration of the ECO Family Survey.

Improvement Activities Completed FFY 2010:

Family leadership training continued to be supported through the work of a full-time Parent Participation Coordinator. The Washington State’s Parent Training and Information Center (Washington Partnerships for Action, Voices for Empowerment [PAVE]) continued to administer the ESIT Parent Participation Coordination contract.
Continued to implement ECO Family Survey dissemination policies and procedures.
Continued to follow ECO Family Survey distribution procedures that required it to be completed at each Annual IFSP and Transition Planning Conference.

Revisions, with Justifications to Proposed Targets/Improvement Activities/Timelines/Resources:

The lack of progress in increasing the ECO Family Survey return rate warranted the addition of new improvement activities.

ESIT evaluated its improvement activities and determined it will implement the following:

Continuing Improvement Activities	Timelines	Resources
Provide technical assistance and training in developing individualized programs and services, to better meet ECO Family Outcomes.	2009 – 2012	ESIT and ESIT TA Providers
Provide technical assistance and training in administering and distributing the ECO Family Survey.	2009 – 2012	ESIT and ESIT TA Providers
Provide an ECO Family Survey online option.	2009 – 2012	ESIT and ESIT DMS
Explore revision of ECO Family Survey dissemination policies and procedures to improve return rate.	2010 – 2012	ESIT and ESIT TA Providers

New Improvement Activities	Timelines	Resources
Develop a reminder postcard in English and Spanish, and distribute statewide, to assist with sharing information with families about the importance of filling out and returning the survey.	2011 – 2012	ESIT
The ECO Family Survey will be accessible in the new ESIT DMS Parent Portal.	2011 – 2012	ESIT

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers, birth to 1, with IFSPs compared to national data.

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

Measurement: Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.
Applied: 503 infants and toddlers birth to 1 with IFSPs (Based on Day in Time count.) 87,016 infants and toddlers birth to 1 in the state (Data Source: U.S. Bureau of the Census. For the 50 States and DC, population data accessed August 2011 from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml .) (503/87,016) * 100 = .58%

FFY	Measurable and Rigorous Target
2010	1.0% of Washington State’s infants under the age of 12 months will be identified and determined eligible for early intervention services.

Actual Target Data for FFY 2010:

0.58% of Washington State’s infants under the age of 12 months were identified and determined eligible for early intervention services.

This is based upon the December 1, 2010 Day in Time count of children for 2010, as reported in “Table C-9, Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state 2010.” The infant and toddler population data source used for applying the measurement methodology was the U.S. Bureau of the Census. For the 50 States and DC, population data for 2010, accessed August 2011 from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

Comparing Washington State and National Data:

During FFY 2010, based upon the data provided by the U.S. Department of Education and U.S. Bureau of the Census, 1.03% of all infants, birth to 1 year, in the 50 states and Washington D.C. were identified and determined eligible for early intervention services. When comparing Washington State’s 0.58 of infants, birth to 1 year who were identified and determined eligible, to the national average of 1.03%, Washington State served a little more than half of the national average.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The data percentage increased slightly (0.07%), from FFY 2009 results of 0.51%. ESIT did not meet its FFY 2010 target for this indicator. The number of infants, birth to 1 year, served in Washington State increased from 454 in FFY 2009 to 503 in FFY 2010 or 10% even though the population of infants and toddlers, birth to age one, in the state decreased from 89,453 in FFY 2009 to 87,016 in FFY 2010.

During FFY 2010, ESIT identified possible reasons for continuing to not meet the target for this indicator. Possible reasons include:

- The current DMS does not provide sufficient instructions for using the diagnosed condition category for determining eligibility.
- Physician screening protocols promote initial formal developmental screening (Ages & Stages Questionnaire) starting at 9 months which may result in subsequent referrals to early intervention occurring closer to or after the age of 12 months.
- Hospital based therapy programs and private therapy clinics that provide services for infants transitioning from neonatal intensive care units may not consider early intervention services as complimentary to the medically-based therapy they are providing and therefore, may not refer these children to early intervention until after private insurance has been exhausted.
- If performed during Medicaid well-child exams, developmental screening is not reimbursed, therefore screening is frequently not conducted, impacting the identification and referral of children under the age of one.

ESIT continued to disseminate an Evaluation/Assessment Practice Guide that provided clarifying information about the appropriate use of a diagnosed physical or mental condition in making an efficient eligibility decision. Technical assistance continued to be provided to Family Resources Coordinators (FRCs) and Local Lead Agency (LLA) administrators on how to utilize the existing DMS fields to enter diagnosed condition information. The new DMS now being implemented will include more explicit instructions on utilizing the data fields that can be used for entering diagnosed condition eligibility information.

ESIT became members of the State Partnership Workgroup, led by the State Department of Health (DOH) and other interested stakeholders to create a strategic framework for the development of a universal developmental screening system for children starting at birth. Through this project as part of the Partnership Workgroup, state efforts have been strengthened to increase and promote a more coordinated system for identifying and referring children for services – especially infants under the age of 12 months. Currently, many medical providers rely on developmental surveillance to identify and refer children for further evaluation. This method detects fewer than 30% of children who actually have developmental delays or disabilities. The State Partnership Workgroup is leading the state effort to design a system that provides and strengthens universal developmental screening and linkages to appropriate services for all young children in Washington State.

Since June 2010, the Developmental Screening Partnership made up of over 70 cross agency stakeholders, has met to develop and refine a universal screening vision, outcome map, and system components. A strategic framework was created based on research of other successful state's efforts, and our state's strengths, and is posted on the UW Medical Home web site at: http://medicalhome.org/leadership/wg_devscreen.cfm.

To increase parental awareness regarding the importance of developmental screening, WithinReach created developmental growth pages under "Families" and "New Baby" tabs on the ParentHelp 123 website. These are linked to CHILD Profile specific materials and a developmental screening fact sheet. www.parenthelp123.org/families/child-development.

WithinReach is ESIT's central directory contractor and provides statewide information and referral to ESIT Family Resources Coordinators (FRCs). WithinReach Family Health hotline is the 1-800 number families can access if they have concerns or questions about their child's development or need to find out how to

access public health insurance, immunizations for their child, food or housing assistance, etc. For more information about WithinReach, go to <http://withinreachwa.org/>.

CHILD Profile is a program of the State Department of Health that provides immunization tracking and distributes free child development and health information for Washington families with children ages birth to six years of age. It is Washington State’s Health Promotion and Immunization Registry system. ESIT contracts with CHILD Profile to distribute three specific targeted mailings to families statewide with information on how children grow and develop. This information also includes the WithinReach Family Health hotline phone number should families have a concern about their child’s development. Parents of all children born in Washington State get the materials. Children and families who move into the state can be added to the system by their health care provider or parents can sign up directly to receive the materials. For more information about CHILD Profile, go to <http://www.doh.wa.gov/cfh/childprofile/>.

In December 2010, WithinReach was awarded a two year Kellogg Foundation Technical Assistance grant for the Help Me Grow National Replication Project. Help Me Grow is a successful developmental screening system of early detection and care coordination. The grant provides consultation and expertise in planning our state system. (See Attachments 4 and 5– Universal Developmental Screening – Washington State Overview and DEL Infant & Toddler Systems & Services Outcome Map.)

An ESIT outreach plan to hospitals, clinics, and community health care providers will be needed once a more collaborative approach to universal screening is developed and implemented.

Improvement Activities Completed FFY 2010:

Continued to provide targeted public awareness to parents/families, physicians, child care providers, and other child serving agencies to enlist their assistance in identifying and developing Child Find improvement strategies and activities.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its improvement activities and determined it will implement the following:

Continuing Improvement Activities	Timelines	Resources
Continue to support and participate on the DOH led State Partnership Workgroup, to investigate, develop and design a state Universal Developmental Screening System Framework, for children, birth to age eight.	2009 – 2012	DOH, DEL, DEL/ESIT, WA State AAP, Department of Social and Health Services, University of Washington, Within Reach, OSPI, Medical Home Leadership Network, Thrive by Five, other participating state agencies and ARRA funding.
Continue to focus on LLA Child Find and public awareness activities to child care providers and physicians emphasizing early intervention as a complimentary service.	2009 – 2012	LLAs, ESIT, and ARRA funding
Participate in Washington’s National Replication of Connecticut’s Help Me Grow System grant awarded by the Kellogg Foundation, in the Fall 2010.	2010 – 2012	WithinReach and State Partnership Workgroup, including ESIT program
Improve data analysis.	2008 – 2012	ESIT and LLAs

Continuing Improvement Activities	Timelines	Resources
Continue to work with the state Medical Home Leadership Network and Department of Health's Children with Special Health Care Needs staff to increase developmental screening awareness among medical provider agencies/programs.	2008 – 2012	ESIT, DOH, Medical Home Leadership Network, DOH/CSHCN, and LLAs
Continue to maintain data sharing agreement with the Department of Health's (DOH's) Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) program to ensure infants with hearing loss are not lost to follow-up.	2009 – 2012	ESIT and DOH/EHDDI
New DMS to include eligibility based upon diagnosed condition.	2011 – 2012	ESIT and ARRA funding
Continue to explore expanding diagnosed condition to include extreme prematurity, with other associated medical complications.	2011 – 2012	SICC, ESIT, LLAs, NECTAC, WRRC, and ESIT TA providers
Continue to explore development of an Infant IFSP document and process to better meet the needs of newborns and families.	2009 – 2012	SICC, ESIT, LLAs, NECTAC, WRRC, ESIT TA providers, and Colorado Infant IFSP materials

New Improvement Activities	Timelines	Resources
Train on use of diagnosed condition for eligibility determination.	2011 – 2012	ESIT
Provide technical assistance to LLAs who are not meeting state target.	2012 - 2012	ESIT
Develop a graph depicting the annual cumulative unduplicated count of, birth to one, infants served.	2012-2012	ESIT

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers, birth to 3, with IFSPs compared to national data.

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

<p>Measurement: Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.</p>
<p>Applied: 5592 infants and toddlers, birth to 3, with IFSPs 264,022 infants and toddlers, birth to 3 (Data Source: U.S. Bureau of the Census. For the 50 States and DC, population data accessed August 2011 from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml.) Percent = (5592/264,022) * 100 = 2.12%</p>

FFY	Measurable and Rigorous Target
2010	2.3% of Washington State’s infants and toddlers, birth to three, will be identified and determined eligible for early intervention services.

Actual Target Data for FFY 2010:

2.12% of Washington State’s infants and toddlers were evaluated and determined eligible for early intervention services. Washington went from 1.83% in FFY 2009 to 2.12% in FFY 2010, and did not meet its target of 2.3%.

This is based upon the December 1, 2010 Day in Time count of children for 2010, as reported in “Table C-9 Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: The infant and toddler population data source used for applying the measurement methodology was the U.S. Bureau of the Census. For the 50 States and DC, population data accessed August 2011 from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

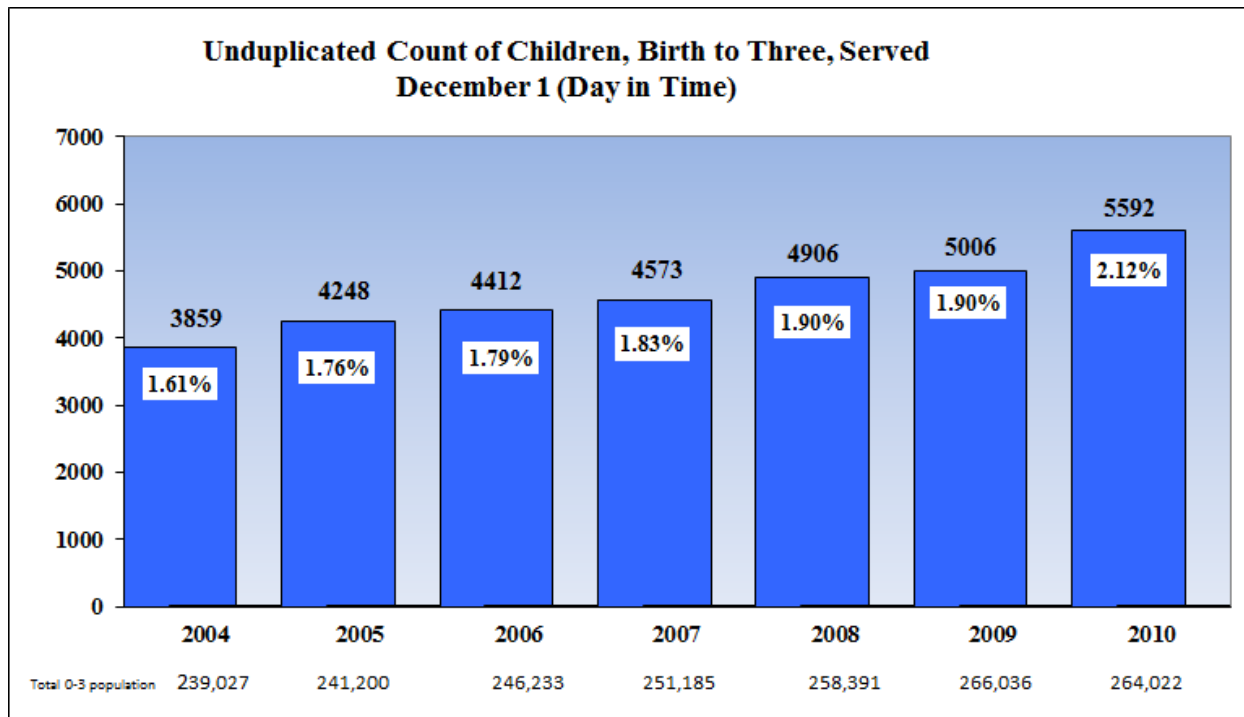
Comparing Washington State and National Data:

Based upon the estimated data provided by the U.S. Department of Education and U.S. Bureau of the Census, during FFY 2010, on average, 2.82% of all infants and toddlers, birth to three, in the 50 States, Washington D.C., and outlying areas were identified and determined eligible for early intervention services. When comparing Washington State’s 2.12% of infants and toddlers served to the national average of 2.82% infants and toddlers served, Washington State was 0.7% below the national average.

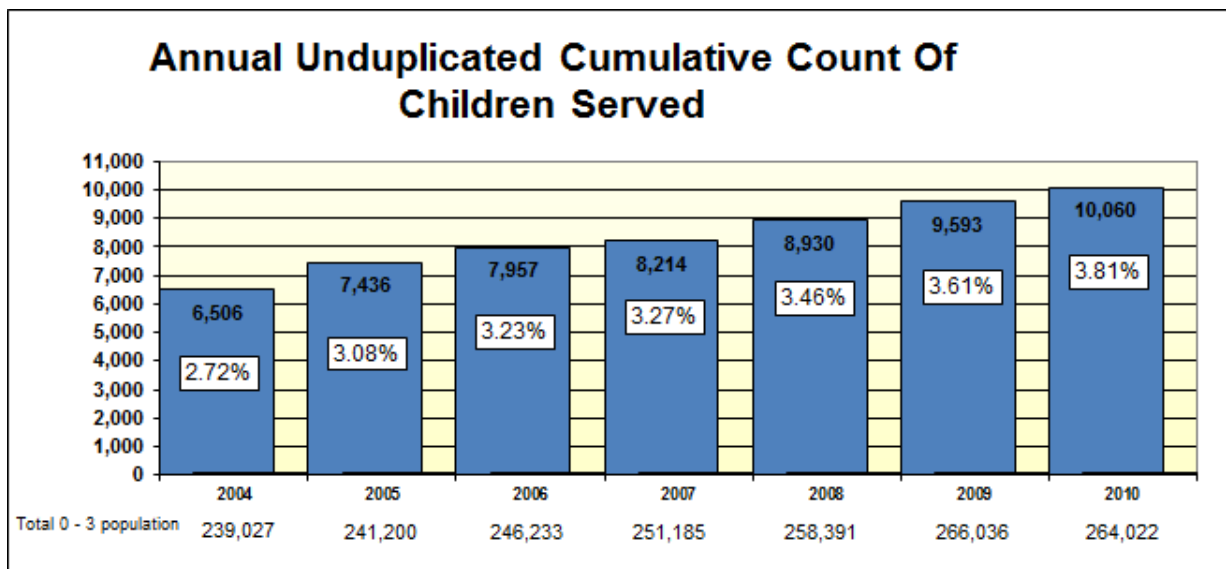
ESIT collected data for this indicator each quarter and shared the data with Local Lead Agencies (LLAs). ESIT continued to review referral source and family issues impacting local Child Find efforts. ESIT

continued to examine why determining eligibility based on a diagnosed physical or mental condition that has a high probability of resulting in delay is being underutilized. Over the coming year, issues impacting physician and related health care provider referrals to early intervention will continue to be analyzed by ESIT and the SICC.

On December 1, 2010, ESIT served 5592 eligible infants and toddlers or 2.12% of all of the infants and toddlers, birth to three, in the 50 States, Washington D.C., and outlying areas. The following bar graph compares this data over time from December 1, 2004 through 2010:



In FFY 2010, based on the unduplicated cumulative child count, ESIT served 10,060 or 3.81 % of its total birth to three population. The annual unduplicated cumulative child count for FFY 2004 through 2010 is given in the bar graph below.



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

FFY 2010 data of 2.12 % represents an increase of 0.29% from FFY 2009 data of 1.83%. As a result of the significant number of Child Find activities that were implemented (see improvement activities completed below), in FFY 2010, 6784 referrals were made to early intervention – an increase of 409 referrals over the FFY 2009's 6375 referrals. The increased number of referrals resulted in the increased number of children determined eligible for Part C services.

The distribution of public awareness materials continued to be an LLA contractual requirement. ESIT tracked the distribution of these materials statewide and used this information to identify any trends and patterns affecting referral and/or early identification efforts. Targeted public awareness and outreach to parents/families, physicians, child care providers, Children's Administration, and Medicaid providers occurred over the past year. The ESIT DMS Referral Count report for FFY 2010 reflected the results of those efforts because data verified there were increased referrals specifically from those sources. It appears we are receiving appropriate referrals. ESIT will continue to review its evaluation to determine eligibility procedures, and provide TA to LLAs, to ensure eligibility based upon a diagnosed condition will be used when appropriate.

Improvement Activities Completed FFY 2010:

<p>Targeted Child Find outreach activities and training was provided to the following agencies/staff, workgroups and organizations:</p> <ul style="list-style-type: none"> • State Kinship Care Workgroup • State Children and Families of Incarcerated Parents Work Group • Children's Administration (CA) State Academy Training staff • Aging and Disability Services Administration, Children's Administration, and Health Care Authority Partnership Group for Fostering Well-Being Program (Foster Care) • Division of Developmental Disabilities new Case Managers • Department of Early Learning staff and partner agencies • Washington Family to Family Health Information Center • Washington State Parent and Family Support Organizations • Collaborated with the Department of Health to develop Child Health Notes on health and disability related conditions for local medical communities.
<p>ESIT and the Department of Health (DOH), Children with Special Health Care Needs (CSHCN) programs, and local health departments continued to coordinate many activities related to early identification and screening of children, birth to three, with disabilities or developmental delays, and their families.</p>
<p>Updated ESIT referral and other program information were included in DOH activities, such as Washington State Medical Home physician trainings and Grand Rounds. The Parent Help 123 website, an initiative of Within Reach (ESIT's Central Directory), continued operation. The Parent Help 123 online application enabled families to find out if they were eligible for insurance, food assistance, and other programs in Washington State. When using this system, if a developmental concern was noted, the family was referred to the Family Health Hotline, for referral to ESIT and the local Family Resources Coordinator.</p>
<p>ESIT continued to work with DOH staff to collaboratively share Medical Home resource materials and outreach information to medical and health care providers. A link to the Medical Home Leadership Network (MHLN) website included developmental surveillance and screening information and also</p>

<p>provided information on how to refer into the Part C early intervention system. ESIT and MHLN staff worked together to keep information about the referral process to Part C services current and accurate. ESIT continued to distribute the DOH published Autism Guidebook for Washington State to LLAs and other interested stakeholders. The Guidebook provided information on ESIT referral processes, services, and resources, available throughout the state.</p>
<p>ESIT program and referral information was shared with new community partners, including the Department of Corrections staff and the Kinship Navigators Network, via its involvement on statewide workgroups that address the needs of these unique populations.</p>

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

A statewide multi-agency universal development screening effort initiated during the past year required improved interagency coordination.

ESIT reviewed and evaluated its improvement activities and determined with the addition of ARRA funds, new activities could be supported.

Continuing Improvement Activities	Timelines	Resources
Provide Part C training at annual Washington Association of School Administrators (WASA) Conference – Early Childhood Day	2008 – 2012	OSPI/Special Education and ESIT
Provide “Introduction to Early Intervention” training for new Division of Developmental Disabilities (DDD) Case Managers	2008 – 2012	DDD and ESIT staff
Participate in Annual Developmental Disabilities Council (DDC) Leadership Training	2008 – 2012	DDC and ESIT staff
Improve data analysis to identify primary referral sources that may be under referring and to provide targeted technical assist and outreach.	2008 – 2012	ESIT and LLAs
Improve collaboration/coordination with medical community.	2008 – 2012	ESIT and LLAs
Continue to participate on a Department of Health (DOH) led State Partnership Workgroup, to investigate, develop, and design a state Universal Developmental Screening System Framework, for children, birth to age eight.	2009 – 2012	DOH, DEL, DEL/ESIT, WA State AAP, DSHS, UW, Within Reach, OSPI, Medical Home Leadership Network, Thrive by Five, other participating state agencies, and ARRA Funding
Focused LLA Child Find and public awareness activities.	2010 – 2012	LLAs, ESIT, and ARRA funding
Continue to participate in Washington’s National Replication of Connecticut’s Help Me Grow System grant, awarded by the Kellogg Foundation, in the Fall 2010.	2011 – 2012	WithinReach, and State Partnership Workgroup, including ESIT program

Continuing Improvement Activities	Timelines	Resources
Implement re-designed DMS to include eligibility based upon diagnosed condition.	2011 – 2012	ESIT and ARRA funding

New Improvement Activities	Timelines	Resources
Develop and distribute statewide a public service video presentation about what to do when a parent has concerns about their child’s development that includes FRC contact information.	2011 – 2012	ESIT
Post on ESIT website the public service video presentation about what to do when a parent has concerns about their child’s development that includes FRC contact information. http://www.youtube.com/watch?v=JoaFNGmSU5U	2011 – 2012	ESIT
Participate in the Department of Health Great MINDS (Medical Homes Include Developmental Screening) Initiative.	2011 -- 2012	WA Chapter of the American Academy of Pediatrics, Center for Children with Special Needs, UW Medical Home Leadership Network, WA State Parent to Parent, WA State Fathers Network, WithinReach, Family to Family Health Information Center, and ESIT

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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

<p>Measurement:</p> <p>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 the (# of eligible infants and toddlers evaluated and assessed)] times 100.</p> <p>Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays</p>
<p>Applied:</p> <p><u>Evaluation, Assessment and Initial IFSP</u></p> <p>1518 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</p> <p>1546 eligible infants and toddlers were evaluated, assessed, and had an initial IFSP meeting</p> <p>Percent = (1518/1546) * 100 = 98.2%</p>

FFY	Measurable and Rigorous Target
2010	100% of eligible infants and toddlers with IFSPs had an evaluation/assessment and initial IFSP meeting within Part C’s 45-day timeline.

Actual Target Data for FFY 2010:

Initial Evaluation/Assessment and IFSP Meeting

- A. **98.2%** or 1518 of 1546 infants and toddlers with IFSPs had an evaluation/assessment and the initial IFSP meeting was conducted within Part C’s 45-day timeline. Of the infants and toddlers with IFSPs that met the timely evaluation, assessment, and initial IFSP requirement:
 - 1. 77.5% or 1198 of 1546 infants and toddlers with IFSPs had an evaluation/assessment and the initial IFSP meeting within Part C’s 45-day timeline; and
 - 2. 20.7% or 320 of 1546 infants and toddlers with IFSPs had an evaluation/assessment and the initial IFSP meeting that did not meet Part C’s 45-day timeline, due to exceptional family circumstances.
- B. **1.8%** or 28 of 1546 infants and toddlers with IFSPs did not have an evaluation/assessment and the initial IFSP meeting that met Part C’s 45-day timeline, due to reasons other than exceptional family circumstance and included:

- Difficulty arranging meetings with interpreters
- Data entry errors
- Staff scheduling difficulties
- Family Resources Coordinator illness or car trouble
- Inclement weather
- Miscalculation of the due date

Four (4) LLA’s were identified as the programs having twenty-eight (28) instances of noncompliance.

FFY 2010 data for this indicator was collected from all IFSPs entered into the ESIT DMS, for the period of January 1 through March 31, 2011. All Local Lead Agencies (LLAs) entered all required IFSP data pertaining to all eligible infants and toddlers into the ESIT DMS throughout the FFY. The data collected from all IFSPs, for the period of January 1 through March 31, 2011, contained the full range of variability exhibited by the population served by ESIT throughout the year. Because the data from this time period reflect the full range of variability, they are considered representative of the entire year’s data.

ESIT continued to rely on the DMS IFSP Compliance Detail Report to ensure the accuracy of compliance data entered into the DMS. This report continued to provide both state and local staff with an additional data analysis tool essential for identifying and correcting data entry errors, reviewing individual child status, and identifying the need for additional technical assistance.

Starting in FFY 2009, monitoring of local program performance on this compliance indicator was conducted through review of DMS census data. Findings of noncompliance were made based upon DMS census data for the period of April 1 through June 30, 2010. By the time the February 2011 APR data was reported, all the child specific individual instances of noncompliance were corrected (evaluations, assessments and IFSP meetings were all provided although late).

2009 and 2010 findings of noncompliance are comparable because FFY 2009 and 2010 findings of noncompliance were based upon census data taken from the ESIT DMS.

Correction of Noncompliance Related to Indicator 7- Evaluation, Assessment and Initial IFSP Meeting:

FFY	Number of Findings of Noncompliance Related to Indicator	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified
FFY 2009	33	33	0
FFY2010	28	To be reported in the FFY 2011	

LLA administrators and service providers developed and/or revised their data entry policies and practices, to ensure the timely evaluations, assessments, and IFSP meetings occurred and were documented in the child’s IFSP DMS record. LLAs continued to review and streamline their intake, evaluation, assessment and eligibility determination processes.

LLA administrators, FRCs, and providers continued to use the DMS IFSP Compliance Detail Report, to ensure data was entered accurately into the DMS. ESIT provided technical assistance and training, regarding the use and interpretation of the DMS IFSP Compliance Detail Report. LLAs continued to review their local data entry policies and procedures to ensure timely and accurate data entry consistently occurred.

To confirm correction of noncompliance, ESIT staff reviewed DMS data for each LLA to verify that: (1) all children (who remained within jurisdiction of the program) received evaluations, assessments, and had an initial IFSP meetings, although late; and (2) current data reflected that the LLA had met the requirement

to provide timely evaluations, assessments, and initial IFSP meetings, in accordance with 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage for FFY 2010:

A high level of compliance was maintained and progress made in moving closer to full compliance of 100%, as a result of a 0.6 percent increase between *FFY 2009 (97.6%) and FFY 2010 (98.2%)*. Technical assistance continued to be accessed from the Regional Resource Center's Program website SPP/APR calendar, the National Early Childhood Technical Assistance Center website, Western Regional Resource Center (WRRC), and National Early Childhood Technical Assistance Center (NECTAC) staff.

During FFY 2010, ESIT continued to implement a comprehensive Systems Improvement Project, utilizing Part C American Recovery and Reinvestment Act (ARRA) funds. The ESIT Systems Improvement Project (SIP), <http://www.del.wa.gov/development/esit/system.aspx>, emphasized improved child and family outcomes, by implementing evidence-based practices and promoting increased program accountability. A contract with staff from the University of North Carolina, Frank Porter Graham Child Development Center, continued to be implemented throughout the year. With technical assistance received through the Systems Improvement Project, and with broad stakeholder input, the following occurred:

- Implemented and disseminated information about the programs' revised mission, vision, and purpose
- Reviewed and revised program policies, and procedures
- Developed provider competencies to help focus professional development activities
- Developed three online training modules that included, (1) The Foundations of Early Intervention; (2) Functional Assessment; (3) The Individualized Family Service Plan (IFSP) Process
- Updated the ESIT DMS with a web-based IFSP that includes robust reporting capabilities
- Developed and implemented a new procedural safeguards document, forms, and technical assistance guide
- Developed and implemented a new IFSP form and process technical assistance guide
- Updated and revised public awareness materials

During FFY 2010, compliance data was reviewed and shared with providers and program administrators. As required, annual compliance monitoring data was posted on the ESIT website. ESIT continued to use data to focus training and technical assistance that included:

- A. Provision of targeted technical assistance based upon LLA compliance data.
- B. Continued provision of enhanced training and technical assistance, by contracting with two (2) early intervention consultants, with assessment and service provision expertise.
- C. Provision of relevant early intervention training, for continuing education clock hours credit, at LLA quarterly meetings.
- D. Developed and disseminated training materials that promoted improved evaluation, assessment, and service delivery practices.

The DMS IFSP Compliance Detail Report was used on an ongoing basis to assess the provision of timely evaluations, assessments, and initial IFSP meetings, for identified providers and by each Family Resources Coordinator (FRC). With this information, LLAs were able to analyze their own data and make timely correction. ESIT also provided targeted technical assistance when needed. Periodic review of compliance indicator data enabled ESIT to strengthen its ability to ensure that the timely correction of noncompliance consistently occurred.

Improvement Activities Completed FFY 2010:

LLA contract language maintained compliance and performance reporting requirements. LLAs were required to report on their progress in meeting this compliance indicator.
Continued to utilize the Evaluation, Assessment, and Initial IFSP Practice Guide for technical assistance and training purposes.
Continued to utilize quarterly LLA contractor meetings to share information and to provide training and technical assistance related to this indicator.
Continued to utilize the DMS Detailed Compliance Data Reports for program for data review and technical assistance purposes.
Monitored mediation requests, citizen’s complaints, and administrative hearings for compliance with the provision of timely evaluations, assessments, and initial IFSP meetings requirements. During this report timeframe, there were no formal complaints, mediation, or administrative hearing requests filed.

Revisions, with Justifications to Proposed Targets/Improvement Activities/Timelines/Resources

ESIT evaluated its improvement activities and determined it will continue to implement the following:

Continuing Improvement Activities	Timelines	Resources
Convene quarterly LLA contractor meetings.	2009 – 2012	ESIT
Monitor mediation requests, administrative complaints, and administrative hearings, for compliance with the timely evaluation, assessment, and IFSP meeting requirements.	2009 – 2012	ESIT
Use DMS Compliance Detail Report, to perform desk audits and to perform periodic data review.	2009 – 2012	ESIT
Provide evaluation and assessment best practices training and technical assistance.	2009 – 2012	ESIT and TA Providers
Implement early intervention evidence-based practices training modules.	2010 – 2012	Part C ARRA Funding, UNC, NECTAC, ESIT, LLAs
Implement policies and procedures related to using evidence-based practices, to integrate child outcomes with the IFSP process.	2010 – 2012	Part C ARRA Funding, UNC, NECTAC, ESIT, LLAs
Implement early intervention evidence-based practices training modules.	2009 – 2012	Part C ARRA Funding, UNC, NECTAC, ESIT, LLAs
Convene monthly LLA contractor conference calls, to provide information and to address emerging issues, questions, and concerns.	2010 – 2012	ESIT, TA Providers and LLAs

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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 the Local Education Agency (LEA), if child potentially eligible for Part B; and
- C. Transition conference, if child is potentially eligible for Part B.

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

Measurement:

- | |
|--|
| <ul style="list-style-type: none"> A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100. B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100. C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100. |
|--|

Account for untimely transition conferences, including reasons for delays.

Applied:

- | |
|---|
| <ul style="list-style-type: none"> A. Percent = (1316/1319) * 100 = 99.8% B. Percent = (1397/1404) * 100 = 99.5% C. Percent = (1295/1311) * 100 = 98.8% |
|---|

FFY	Measurable and Rigorous Target
2010	<ul style="list-style-type: none"> A. 100% of children exiting Part C will have IFSPs that have transition steps and services. B. 100% of LEAs will be notified if the child is potentially eligible for Part B. C. 100% of children potentially eligible for Part B special education services will have a transition conference.

Actual Target Data for FFY 2010

- A. **99.8%** or 1316 of 1319 children exiting Part C had IFSPs with transition steps and services.
0.2% or 3 children exiting Part C did not have IFSPs with transition steps and services.
- B. **99.5%** or 1397 of 1404 transition notices were sent to receiving LEAs if the child was potentially eligible for Part B.
0.5% or 7 LEAs did not receive a required transition notice.
- C. **98.8%** or 1295 of 1311 children potentially eligible for Part B special education services had a timely transition planning conference.
1. 87.7% or 1150 of potentially eligible children had a timely transition conference; and
 2. 11.1% or 145 of potentially eligible children had a late transition conference due to exceptional family circumstances.
- 1.2%** or 16 potentially eligible children transitioned with IFSPs containing documentation that verified a transition conference occurred late for reasons other than exceptional circumstance included the following:
- Provider hospitalization
 - Therapist scheduling error
 - Interpreter not available
 - Family Resources Coordinator (FRC) illness
 - Inclement weather
 - FRC miscalculation of the due date

For Indicator 8A, one (1) LLA was identified as the program having three (3) instances of noncompliance.

For Indicator 8B, three (3) LLAs were identified as the programs having seven (7) instances of noncompliance.

For Indicator 8C, six (6) LLAs were identified as the programs having sixteen (16) instances of noncompliance.

FFY 2010 data for this indicator was collected from all IFSPs entered into the ESIT DMS, for the period of January 1 through March 31, 2011. All Local Lead Agencies (LLAs) entered all required IFSP data pertaining to all eligible infants and toddlers into the ESIT DMS throughout the FFY. The data collected from all IFSPs, for the period of January 1 through March 31, 2011, contained the full range of variability exhibited by the population served by ESIT throughout the year. Because the data from this time period reflect the full range of variability, they are considered representative of the entire year's data.

ESIT continued to rely on the DMS IFSP Compliance Detail Report to ensure the accuracy of compliance data entered into the DMS. This report continued to provide both state and local staff with an additional data analysis tool essential for identifying and correcting data entry errors, reviewing individual child status, and identifying the need for additional technical assistance.

Starting in FFY 2009, monitoring of local program performance on this compliance indicator was conducted through review of DMS census data. Findings of noncompliance were made based upon DMS census data for the period of April 1 through June 30, 2010. By the time the February 2011 APR data was reported, all the child specific individual instances of noncompliance were corrected (transition steps and services, LEA notification, and transition conferences were all provided although late).

FFY 2009 and 2010 findings of noncompliance are comparable because FFY 2009 and 2010 findings of noncompliance were based upon census data taken from the ESIT DMS.

Transition conferences were required to be convened for all children determined to be potentially eligible for Part B special education services. Currently, IFSP teams decide which children are potentially eligible for Part B special education services. To assist with transition planning, ESIT is finalizing with the Office of the Superintendent of Public Instruction (OSPI), Special Education, an interagency agreement that will further clarify which children will be considered potentially eligible for Part B special education services. As required, a Transition Interagency Agreement between ESIT and OSPI will be submitted with our annual application for federal funds, due April 16, 2012.

Correction of Noncompliance Related to Indicator 8A:

FFY	Number of Findings of Noncompliance	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified
FFY 2009	3	3	0
FFY 2010	3	To be reported in FFY 2011 APR	

LLA administrators and service providers developed and/or revised their data entry policies and practices, to ensure transition steps and services were documented in the child’s IFSP DMS record.

LLA administrators, FRCs, and providers continued to use the DMS IFSP Compliance Detail Report, to ensure data was entered accurately into the DMS. ESIT provided technical assistance and training, regarding the use and interpretation of the DMS IFSP Compliance Detail Report. LLAs continued to review their local data entry policies and procedures to ensure timely and accurate data entry consistently occurred.

To confirm correction of noncompliance, ESIT staff reviewed DMS data for each LLA to verify that: (1) all children (who remained within jurisdiction of the program) who required transition steps and services received timely transition planning steps and services as documented in their IFSP, and (2) current data reflected that the LLA had met the requirement to provide timely transition planning steps and services, in accordance with 34 CFR 303.148(b)(4) and 303.344(h).

Correction of Noncompliance Related to Indicator 8B:

FFY	Number of Findings of Noncompliance	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified
FFY 2009	3	3	0
FFY 2010	7	To be reported in the FFY 2011 APR	

LLA administrators and service providers developed and/or revised their data entry policies and practices, to ensure timely LEA Notification was documented in the child’s IFSP DMS record.

LLA administrators, FRCs, and providers continued to use the DMS IFSP Compliance Detail Report, to ensure data was entered accurately into the DMS. ESIT provided technical assistance and training, regarding the use and interpretation of the DMS IFSP Compliance Detail Report. LLAs continued to review their local data entry policies and procedures to ensure timely and accurate data entry consistently occurred.

To confirm correction of noncompliance, ESIT staff reviewed DMS data for each LLA to confirm that: (1) all LEAs receiving children (who remained within jurisdiction of the program) who are potentially eligible for special education receive the required notification, as documented in each transition IFSP, and (2) current data reflects that all LEAs received timely notification, in accordance with 34 CFR 303.148(b)(1).

Correction of Noncompliance Related to Indicator 8C:

FFY	Number of Findings of Noncompliance	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified
FFY 2009	10	10	0
FFY 2010	16	To be reported in the FFY 2011 APR	

LLA administrators and service providers developed and/or revised their data entry policies and practices, to ensure timely transition conferences were documented in the child's IFSP DMS record.

LLA administrators, FRCs, and providers continued to use the DMS IFSP Compliance Detail Report, to ensure data was entered accurately into the DMS. ESIT provided technical assistance and training, regarding the use and interpretation of the DMS IFSP Compliance Detail Report. LLAs continued to review their local data entry policies and procedures to ensure timely and accurate data entry consistently occurred.

To confirm correction of noncompliance, ESIT staff reviewed DMS data for each LLA to verify that: (1) all potentially eligible children (who remained within jurisdiction of the program) received a transition conference, although late, and (2) current data reflected that the LLA is meeting the requirement to provide all transition conferences in a timely manner, in accordance with 34 CFR 303.148(b)(2)(i) as modified by IDEA section 637 (a)(9)(A)(ii)(II).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage for FFY 2010:

Regarding Indicator 8A transition steps and services, a high level of compliance was maintained as reflected by the 99.8% in FFY 2009 and the 99.8% in FFY 2010. Regarding Indicator 8B LEA transition notification, slippage occurred as a result of a 0.2% decrease between FFY 2009 (99.7%) and FFY 2010 (99.5%). Regarding Indicator 8C transition conference, slippage occurred as a result of a 0.4% decrease between FFY 2009 (99.2%) and FFY 2010 (98.8%). Because of Indicator 8A, B, and C's ongoing high level of compliance, the minor slippage that occurred was not considered significant.

Technical assistance continued to be accessed by ESIT from the Regional Resource Center's Program website SPP/APR calendar, the National Early Childhood Technical Assistance Center website, Western Regional Resource Center (WRRC), and National Early Childhood Technical Assistance Center (NECTAC) staff.

During FFY 2010, ESIT continued to implement a comprehensive Systems Improvement Project, utilizing Part C American Recovery and Reinvestment Act (ARRA) funds. The ESIT Systems Improvement Project (SIP), <http://www.del.wa.gov/development/esit/system.aspx>, emphasized improved child and family outcomes, by implementing evidence-based practices and promoting increased program accountability. A contract with staff from the University of North Carolina, Frank Porter Graham Child Development Center, continued to be implemented throughout the year. With technical assistance received through the Systems Improvement Project, and with broad stakeholder input, the following occurred:

- Implemented and disseminated information about the programs' revised mission, vision, and purpose
- Reviewed and revised program policies, and procedures
- Developed provider competencies to help focus professional development activities
- Developed three online training modules that included, (1) The Foundations of Early Intervention; (2) Functional Assessment; (3) The Individualized Family Service Plan (IFSP) Process
- Updated the ESIT DMS with a web-based IFSP that includes robust reporting capabilities

- Developed and implemented a new procedural safeguards document, forms, and technical assistance guide
- Developed and implemented a new IFSP form and process technical assistance guide
- Updated and revised public awareness materials

During FFY 2010, compliance data was reviewed and shared with providers and program administrators. As required, annual compliance monitoring data was posted on the ESIT website. ESIT continued to use data to focus training and technical assistance that included:

- A. Provision of targeted technical assistance based upon LLA compliance data.
- B. Continued provision of enhanced training and technical assistance, by contracting with two (2) early intervention consultants, with assessment and service provision expertise.
- C. Provision of relevant early intervention training, for continuing education clock hours credit, at LLA quarterly meetings.
- D. Development and dissemination of training materials that promoted improved evaluation, assessment, and service delivery practices.

Due to DMS improvements, ESIT and LLAs were able to utilize IFSP detailed compliance reports on an ongoing basis, to assess the provision of timely IFSP services, for identified providers and by each Family Resources Coordinator (FRC). With this information, LLAs were able to analyze their own data and make timely correction. ESIT also provided targeted technical assistance when needed. Periodic review of compliance indicator data enabled ESIT to strengthen its ability to ensure that the timely correction of noncompliance consistently occurred.

Improvement Activities Completed FFY 2010:

LLA contract language maintained compliance and performance reporting requirements. LLAs were required to report on their progress in meeting this compliance indicator.
ESIT continued to utilize quarterly LLA contractor meetings to share information and to provide training and technical assistance related to this indicator.
ESIT DMS Detailed Compliance Data Reports continued to be used for data review, and technical assistance purposes.
Updated and revised parent transition handbook.
Developed transition curriculum and guidebook and provided statewide webinar training.
Monitored mediation requests, administrative complaints, and administrative hearings for compliance with the early childhood transition requirements. During this report timeframe, there were no formal complaints, mediation, or administrative hearing requests filed.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its improvement activities and determined it will continue to implement the following:

Continuing Improvement Activities	Timelines	Resources
Co-present on early childhood transition requirements and effective practices at identified conferences and workshops.	2008 – 2012	State Part C and Part B Preschool Coordinators

Continuing Improvement Activities	Timelines	Resources
Convene quarterly LLA contractor TA meetings.	2008 – 2012	ESIT
Monitor mediation requests, citizen’s complaints, and administrative hearings for compliance with the timely early childhood transition requirements.	2008 – 2012	ESIT
Use the ESIT DMS IFSP Compliance Detail Report to review data and provide focused technical assistance.	2008 – 2012	ESIT and LLAs
Convene monthly LLA contractor TA conference calls to provide information and to address emerging issues, questions, and concerns.	2009 – 2012	ESIT, TA Providers, and LLAs
Develop practice guide on timely and effective early childhood transition practices.	2008 – 2012	ESIT, NECTAC, and NECTC
Develop and implement transition interagency agreement with the Office of the Superintendent of Public Instruction (OSPI) – Special Education.	2009 – 2012	ESIT, OSPI, NECTAC, WRRRC

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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)

<p>Measurement: Percent of noncompliance corrected within one year of identification: A. # of findings of noncompliance. B. # of corrections completed as soon as possible, but in no case later than one year from identification. Percent = [(b) divided by (a)] times 100.</p>
<p>Applied: A. 168 findings of noncompliance B. 168 findings corrected as soon as possible, but no later than one year from identification Percent = (168/168) * 100 = 100%</p>

FFY	Measurable and Rigorous Target
2010	100% of noncompliance is corrected within one year of identification.

Actual Target Data for FFY 2010:

100% of noncompliance was corrected within one year of identification.

Starting in FFY 2009, monitoring of local program performance on compliance indicators was conducted through review of DMS census data. Individual findings of noncompliance were made based upon this data. All individual child-specific instances of identified noncompliance resulted in the issuance of findings with correction required within one year. ESIT also reviewed subsequent data and determined that all individual child specific noncompliance was corrected in a timely manner.

ESIT continued to strengthen its general supervision system, by periodic review of compliance data that included review of annual IFSP data through the ESIT DMS. ESIT continued to work on developing a local team self-monitoring tool and process although ARRA related program improvement work was the priority for the past year. The local team self-monitoring tool will be used by Local Lead Agencies (LLAs), to assess performance with state selected monitoring indicators, by reviewing a selection of child records. Local teams will be required to complete the self-monitoring tool annually. Census data from the ESIT DMS and data obtained through the local team self-monitoring tool and process will strengthen ESIT's

capacity to better meet its general supervision and monitoring responsibilities by focusing on APR indicators, related requirements and quality indicators. ESIT also continued to work on developing an onsite monitoring team and process. DMS census data, local team self-assessment data, and onsite focused monitoring data will be the primary data sources and methods used by ESIT to monitor every program’s compliance and performance in meeting the requirements and purposes of IDEA Part C.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	64	64
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	33	33
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
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: B. Notification to LEA, if child potentially eligible for Part B	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
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: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	10	10
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
9. Timely Six-Month IFSP Reviews	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	38	38
	Dispute Resolution: Complaints, Hearings	0	0	0
10. Timely Annual IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	17	17
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			168	168

Percent of noncompliance corrected within one year of identification = **100%**

[Column (b) sum divided by column (a) sum] times 100

A single finding of noncompliance was issued to a Local Lead Agency (LLA) when an individual child-specific instance of noncompliance occurred. Each LLA was responsible for ensuring each individual child-specific finding of noncompliance received timely correction and no later than one year from identification.

During FFY 2010, ESIT used the DMS IFSP Compliance Detail Report to ensure data accuracy. This report provided a data analysis tool helpful in identifying and correcting data entry errors, reviewing the status of individual children, and identifying the need for additional technical assistance.

Compliance indicator census data was collected from all IFSPs entered into the ESIT DMS, for the period of January 1 through March 31, 2011. Because the data from this time period reflected the full range of variability, they continue to be considered representative of the entire year's data.

Between April 18 and May 2, 2011, data was reviewed and verified for accuracy by each LLA. Immediately following the deadline for LLA's to verify/correct data, ESIT froze data in the DMS on May 3, 2011, so that no additional data entry could be made to alter data being used for monitoring purposes. ESIT staff reviewed and analyzed compliance data for each LLA, including "reasons" for any noncompliance. The reason and root cause for the noncompliance was determined. The level of noncompliance was established and the identification of contributing factors/root cause was also made. Written notifications of findings of noncompliance were issued on June 30, 2011 to all LLAs.

Because ESIT DMS business rules drive compliance, the DMS web-based IFSP will continue to ensure a high level of compliance is consistently achieved.

General Supervision and the Correction of Noncompliance:

ESIT used the following definitions, criteria, and processes in reporting on Indicator 9.

Definition of Finding and Verification of Correction:

ESIT provided written notification no later than 90 days from when it concluded a Local Lead Agency (LLA) did not meet compliance requirements. The notification included the citation of the statute, federal regulation, and state definitions, policies, and procedures specifying the compliance to be achieved. The notification also contained a description of the quantitative and qualitative data supporting the conclusion of noncompliance. The notification also required that correction of noncompliance be made as soon as possible, but no later than one year from the date of notification. (*See Attachment 1 – Identifying Noncompliance, Root Cause and Corrective Actions*)

When child specific noncompliance was identified, ESIT reviewed child specific data to ensure required correction occurred. ESIT also reviewed child specific data to ensure the LLA was correctly implementing the specific regulatory requirement related to the noncompliance. If the noncompliance was related to a timeline, because of the DMS, LLAs were required to take the required action although late (e.g. evaluation/assessment/initial IFSP meeting, service provision, transition conference). Though highly unlikely to occur, if LLAs continued to demonstrate uncorrected noncompliance by the time determinations were issued, ESIT developed a written LLA corrective action plan that included strategies, benchmarks, and timelines and addressed changes needed to policies and procedures.

Because the design of the ESIT DMS promotes individual child specific compliance, ESIT will continue to report findings of noncompliance on an individual child specific basis and will make Local Lead Agency determinations based upon individual child specific data. In the future, local team self-monitoring tool data and onsite focused monitoring data will also be reported in this indicator as well. (*See Attachments 2 and 3 – Revised General Supervision and Monitoring Activities and Implementation Timeline and Draft Local Team Self-Monitoring Tool*)

ESIT Monitoring Process:

ESIT monitors all LLAs annually using the DMS. The DMS monitoring process includes the use of the DMS IFSP Compliance Detail Report, as a program data analysis tool. The DMS provides ESIT with the necessary data to identify noncompliance, review progress, and verify correction. The DMS IFSP Compliance Detail Report data analysis tool assists ESIT in providing targeted technical assistance to LLAs when required.

Additional components of ESIT's monitoring system continued to be planned and/or developed during FFY 2010. (*See Attachments 2 and 3 – Revised General Supervision and Monitoring Activities and Implementation Timeline and Draft Local Team Self-Monitoring Tool*)

The additional components include the development and piloting of: (1) a Local Self-Monitoring Tool and Process that will focus on additional key related requirements selected by ESIT; and (2) planning and developing an onsite focused monitoring process and protocol. (*Attachment 3– Draft Local Team Self-Monitoring Tool*)

For FFY 2009 nine (9) LLAs were issued a total of one hundred and thirteen (113) findings of noncompliance. Six (6) LLAs had noncompliance related to Indicator 1 – timely services. Four (4) LLAs had noncompliance related to Indicator 7 – timely evaluations, assessments, and initial IFSP meetings. Two (2) LLAs had noncompliance related to Indicator 8A – transition steps and services. One (1) LLA had noncompliance related to Indicator 8B -- LEA notification. Four (4) LLAs had noncompliance related to Indicator 8C – transition conference.

The primary causes for all noncompliance included:

- Provider scheduling errors, illness or emergency,

- Interpreter scheduling problems
- Family Resources Coordinator (FRC) illness or emergency
- FRC car trouble
- Inclement weather
- FRC miscalculation of due dates
- Data entry errors

The technical assistance received by the LLAs and the corrective action taken by ESIT included the provision of additional DMS training and additional training regarding the use and interpretation of the DMS IFSP Compliance Detail Report.

LLA administrators and service providers continued to review and revise as needed their data entry policies and practices to ensure IFSP compliance requirements were documented in the child’s IFSP DMS record. DMS business rules continued to provide the structure and tools necessary to ensure IFSP compliance requirements are met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ESIT maintained 100% compliance from FFY 2009 to FFY 2010 in correcting noncompliance.

The continued application of rigorous DMS business rules continued to ensure compliance requirements were consistently addressed as IFSPs were developed. The identification of all individual child specific instances of noncompliance and the need for correction was verified no later than one year from when it was identified and notice provided. Continued progress in correcting noncompliance was attributed to:

- Increased and ongoing use of the ESIT DMS that included an IFSP Compliance Detail Report.
- Increased and ongoing data analysis through data drill down capabilities, which was accessible to both ESIT and LLA staff.
- Increased ability to analyze compliance with related IDEA requirements.

ESIT continued to increase its capacity to review and analyze Indicators 1, 7, 8A, 8B, and 8C data. Based upon ongoing analysis, ESIT was able to provide more focused technical assistance, which resulted in correcting identified noncompliance no later than one year from when it was identified.

Improvement Activities Completed FFY 2010:

Provided training for LLA administrators in using the DMS reports to monitor progress.
Updated and revised LLA Corrective Action Plan and process.
Developed and implemented compliance detailed data reports to assess progress and provide technical assistance.
Developed a Local Team Self-Monitoring Tool and Process to gather related requirements data.
Review and annual IFSP data was added to compliance monitoring data collection.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its improvement activities and determined it will continue to implement the following:

Continuing Improvement Activity	Timelines	Resources
Implement technical assistance plan	2008 – 2012	WRRC, NECTAC, DAC
Develop, pilot and implement a revised Local Self-Monitoring Tool and Process.	2009 – 2012	NECTAC, WRRC, ESIT, LLAs
Develop, pilot, and implement an onsite focused monitoring tool and process.	2009 – 2012	NECTAC, WRRC, ESIT, LLAs
ESIT DMS compliance monitoring to include IFSP Review and Annual IFSP timeline requirements.	2009 – 2012	ESIT DMS, ESIT
Re-design and implement the ESIT DMS with new and more flexible reporting capabilities.	2011 – 2013	ESIT DMS, ESIT

New Improvement Activities	Timeline	Resources
Re-design and implement the ESIT DMS with new and more flexible reporting capabilities.	2011 – 2013	ESIT DMS, ESIT

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision
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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.
Applied: 1.1 = 1 1.1(b) = 1 1.1(c) = 0 Percent = [(1.1(1) + 1.1(0)) divided by 1.1] times 100 = 100%

FFY	Measurable and Rigorous Target
2010	100% of signed written complaints, with reports issued, were resolved within the 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2010:

No written signed complaints were received.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ESIT staff updated and revised its internal procedures for tracking, investigating, and processing administrative complaints to ensure compliance with complaint timeline requirements. ESIT continued to provide training and technical assistance to Local Lead Agencies, regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including administrative complaints. FRCs will utilize the revised and updated parent’s rights and procedural safeguards document to provide and explain to parents their right to file an administrative complaint.

Improvement Activities Completed FFY 2010:

Updated and revised internal procedures for tracking, investigating, and processing administrative complaints. A new internal procedures checklist was developed.

Staff received training on implementing the new internal procedures checklist.
Staff monitored administrative complaint requests. During this report period, there were no administrative complaints filed.
Staff continued to provide training and technical assistance to Local Lead Agencies, regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including administrative complaints.
Updated and revised parent’s rights and procedural safeguards document.
Updated, revised, and/or developed related procedural safeguards forms.
Convened statewide LLA webinar training on implementing updated and revised procedural safeguard document and related forms.
Posted on the ESIT/DEL website the revised and updated ESIT procedural safeguards document and related forms.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its activities and will implement the improvement activities identified below.

Continuing Improvement Activities	Timelines	Resources
Continue to provide training and technical assistance to Local Lead Agencies (LLAs), regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including administrative complaints.	2010 – 2012	ESIT, WRRC, and NECTAC
Continue to provide training and technical assistance on implementing updated and revised procedural safeguards document and related forms.	2010 – 2012	ESIT, WRRC and NECTAC
Continue to post on the ESIT/DEL website the revised and updated ESIT procedural safeguards document, related forms and guidance materials.	2011 – 2012	DEL and ESIT
Review the provision and explanation of parents rights at required times via new self-assessment process.	2011 – 2012	ESIT and LLAs

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of APR Development, page 1.

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)

<p>Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.</p>
<p>Applied: 3.2 = 0 3.2(a) = 0 3.2(b) = 0 Percent = [(3.2(0) + 3.2(0)) divided by 3.2] times 100 = 0%</p>

FFY	Measurable and Rigorous Target
2010	100% of fully adjudicated due process hearing request were fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2010:

No requests for due process/administrative hearings were received.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ESIT staff updated and revised its internal procedures for tracking and processing a due process/administrative hearing request, to ensure compliance with due process timeline requirements. ESIT continued to provide training and technical assistance to Local Lead Agencies regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including administrative complaints. FRCs will utilize the revised and updated parent’s rights and procedural safeguards document to provide and explain to parents their right to request a due process hearing.

Improvement Activities Completed FFY 2010:

Updated and revised its internal procedures, for responding to a formal written due process request. A new internal procedures checklist was developed.

ESIT staff received training on implementing the new internal procedures checklist.
Continued to provide training and technical assistance to Local Lead Agencies, regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including a formal written due process request.
Updated and revised parent’s rights and procedural safeguards document.
Updated, revised, and/or developed related procedural safeguards forms.
Convened statewide LLA webinar training on implementing updated and revised procedural safeguard document, TA guide and related forms.
The revised and updated ESIT procedural safeguards document, TA guide and related forms were posted on the DEL/ESIT website.
Staff monitored administrative hearing/due process requests. During this report period, there were no formal written due process requests.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its activities and will implement the improvement activities identified below.

Continuing Improvement Activities	Timelines	Resources
Continue to provide training and technical assistance to Local Lead Agencies (LLAs), regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including administrative complaints.	2009 – 2012	ESIT, WRRRC, and NECTAC
Continue to provide training and technical assistance on implementing updated and revised procedural safeguards document and related forms.	2009 – 2012	ESIT, WRRRC and NECTAC
Continue to post on the ESIT/DEL website updated procedural safeguards document, related forms and guidance materials.	2011 – 2012	DEL and ESIT
Review the provision and explanation of parents rights at required times via new self-assessment process.	2011 – 2012	ESIT and LLAs

Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

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.

ESIT has not adopted Part B due process and procedures; therefore, this indicator does not apply.

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision
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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.
Applied: 2.1 = 0 2.1(a)(i) = 0 2.1(b)(i) = 0 Percent = [(0+ 0) divided by 0] times 100 = 0%

FFY	Measurable and Rigorous Target
2010	ESIT will set targets for this indicator in any year that it conducts at least ten mediation sessions.

Actual Target Data for FFY 2010:

No mediations were held therefore no mediation agreements were developed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ESIT continued to provide training and technical assistance to Local Lead Agencies (LLAs), regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including mediation service that result in a mediation agreement.

Improvement Activities Completed FFY 2010:

Continued to provide training and technical assistance to Local Lead Agencies, regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including access to mediation services.
Updated and revised parent’s rights and procedural safeguards document that includes dispute resolution procedures.
Updated, revised, and/or developed related procedural safeguards forms.

Convened statewide LLA webinar training on implementing updated and revised procedural safeguards document and related forms.
The revised and updated ESIT procedural safeguards document and related forms were posted on the DEL/ESIT website.
Staff monitored mediation requests that resulted in a mediation agreement. During this report period, there were no mediations; therefore, no mediation agreements were developed.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its activities and will implement the improvement activities identified below.

Continuing Improvement Activities	Timelines	Resources
Continue to provide training and technical assistance to Local Lead Agencies (LLAs), regarding their responsibility to ensure parents are aware of their rights and the availability of dispute resolution procedures, including mediation services.	2010 – 2012	ESIT, WRRC, and NECTAC
Continue to provide training and technical assistance on implementing updated and revised procedural safeguards document and related forms.	2010 – 2012	ESIT, WRRC and NECTAC
Continue to post on the ESIT/DEL website the updated procedural safeguards document, related forms and guidance materials.	2011 – 2012	DEL and ESIT
Review the provision and explanation of parent’s rights including mediation via new self-assessment process.	2011 – 2012	ESIT and LLAs

New Improvement Activities	Timelines	Resources
Develop and implement new mediation request tracking form.	2011 – 2012	ESIT, WRRC, and NECTAC
Monitor the provision and explanation of parents rights at required times via new self-assessment process.	2011 – 2012	ESIT and LLAs

**Part C State Annual Performance Report (APR) for FFY 2010
July 1, 2010 through June 30, 2011**

Overview of the Annual Performance Report Development:

See Overview of the APR Development, page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision
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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 error free, consistent, valid and reliable data, and evidence that these standards are met).
Applied: See Indicator 14 Table.

FFY	Measurable and Rigorous Target
2010	100% of state reported data (618, SPP, and APR data) are timely and accurate.

Actual Target Data for FFY 2010:

100% of state reported 618, SPP, and APR data was accurate and submitted in a timely manner.

Part C Indicator 14 Data Rubric

SPP/APR Data – Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2

SPP/APR Data – Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 1)		5
	Grand Total		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 – Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/10	1	1	1	1	4
Table 4 – Dispute Resolution Due Date: 11/1/10	1	1	1	1	4
				Subtotal	16
618 Score Calculation			Grand Total (Subtotal X 2.5)=		40

Indicator # 14 Calculation	
A. APR Grand Total	35.00
B. 618 Grand Total	40.00
C. APR Grand Total (A) + 618 Grant Total (B) =	75.00
Total NA in APR	0.00
Total NA in 618	0.00
Base	75.00
D. Subtotal (C divided by Base*)=	1.000
E. Indicator Score (Subtotal D x 100)=	100.00

*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ESIT maintained compliance in submitting and reporting accurate SPP/APR and 618 data to DAC and OSEP. ESIT submitted all required data electronically. ESIT always retained a copy of the email cover memo that was attached to any data report submitted to DAC or OSEP. The cover memo always contained the day and time the data was sent, verifying the timely submission of data.

ESIT assured SPP/APR and 618 data was accurate by ensuring the following occurred:

- A. The family and child information and other data required to generate each Individualized Family Service Plan (IFSP) was collected on the DMS. Families were given IFSPs that were printed directly from the ESIT DMS, by Family Resources Coordinators (FRCs). Families were able to review the IFSP for accuracy.
- B. ESIT reviewed and revised its DMS business rules throughout the year to ensure data was accurate, valid, and reliable. ESIT ran system-generated reports that provided a crosscheck to ensure data accuracy.
- C. ESIT created new compliance, results, and ad hoc reports for use by ESIT staff, LLAs, and FRCs. The compliance and results reports provide information to users for analysis and displayed potential errors or omissions in entered data. Once the data was analyzed and corrections were completed, the reports were re-run for verification. A separate ad-hoc reporting process of data queried from the ESIT Database provided a cross-check to the reported data to ensure data validity and accuracy.
- D. Indicator 2, 5, and 6 data continued to be provided to contractors quarterly; and reviewed by ESIT staff, LLAs, and other users to perform analysis on a year-to-year, quarterly, or monthly basis. Regarding monthly data, differences of 10% or more were reviewed for accuracy.
- E. During Federal Fiscal Year (FFY) 2010, ESIT provided DMS training, on-going technical assistance, guidance, and support. ESIT published the DMS training manual on the ESIT website. As part of basic training for new FRCs, online DMS training was required.
- F. A monthly DMS newsletter was published and posted on the ESIT website.
- G. The DMS offered links to “Frequently Asked Questions” that included both system and program questions and answers.
- H. ESIT sought the input from the State Interagency Coordinating Council (SICC), SICC Data Committee, and the Data User/Advisory Group, as data system policies and procedures were developed and implemented throughout the year.

Improvement Activities Completed FFY 2010:

Created new updated and revised IFSP Detailed Compliance Report to inform Local Lead Agencies and state level monitoring efforts.
Purchased/replaced aging website and reporting servers, to improve system quality and performance.
Collected business rules, for a replacement DMS system.
Continue to post DMS Training Manual on ESIT website.
Continued to publish DMS newsletter and post on ESIT website.

Revisions (With Justification) to Proposed Targets/Improvement Activities/Timelines/Resources:

ESIT evaluated its activities and will implement the improvement activities identified below.

Continuing Improvement Activities	Timelines	Resources
Implement new DMS system upgrade and continue to make modifications as necessary.	2011 – 2012	ESIT

New Improvement Activities	Timelines	Resources
Provide ongoing DMS user training and technical assistance.	2011 – 2013	ESIT

Washington Part C Early Support for Infants and Toddlers
Identifying Noncompliance, Root Cause, and Corrective Actions

January 2011

1. **Require LLA verification/correction of compliance report data** – Using January, February, and March data¹, the State Lead Agency (SLA) staff provide formal notice to each LLA that the compliance report data for this time period must be accurately entered into the Data Management System by April 18, 2011. Between April 18 and May 2, 2011, data must be reviewed and verified for accuracy by each LLA. Compliance monitoring data will be taken from the DMS May 3, 2011. State staff provides TA to LLAs to ensure that data is accurately entered in the Data Management System and that sufficient information is entered for “reasons” related to noncompliance for each child for the state to make conclusions about root cause of noncompliance. Examples of a sufficient reason for noncompliance are as follows:

Example 1: Service coordinator had unexpected illness
Example 2: Provider did not understand requirements related to scheduling initial evaluation
2. **Freeze data: review and analyze compliance report data** – Immediately following deadline for LLA’s to verify/correct data, the SLA freezes data in the Data Management System so no additional data entry can be made to alter data being used for monitoring purposes. State staff review and analyze compliance report data for each LLA, including “reasons” for any children whose services that were reported as being delayed.
3. **Obtain clarification on reasons for “delay”** – If necessary, the SLA requests clarification from LLAs on the reasons for delays in order to determine the root cause of the noncompliance (see #7 below).
4. **Is there noncompliance?** -- Based on review of data and “reasons” for delays. The following guidelines should be used in determining if data demonstrates noncompliance:
 - a. If delays are a result of exceptional family circumstances, noncompliance would not be identified.
 - b. If the noncompliance is previously uncorrected noncompliance, a new finding of noncompliance does not need to be identified.
 - c. Any instance of noncompliance (child specific) must be identified.
5. **Has the noncompliance already been corrected?** – Based upon review of most recent data (either from the same time period that was used for monitoring [April, May, June] - **or** - from a subsequent time period [July, August, September]),² the SLA determines if noncompliance has already been corrected. Although findings of noncompliance are not required to be issued if correction has already occurred, issuing a finding of noncompliance helps increase the states’ correction percentage in C9 when reporting correction data in the subsequent APR. Decisions as to whether or not to issue a finding must be consistently applied across LLAs.

¹ For FFY 2008, data from the Data Management System for the months of April, May and June will be used for the purposes of annual monitoring conducted during the following fiscal years (FFY 2009 and 2010 respectively). Beginning FFY 2009, data from the months of January, February and March will be used for monitoring all LLAs with monitoring conducted and written notification of findings issued prior to June 30 of each FFY.

² Data from the same time period must be used to consistently determine if LLAs with noncompliance made correction prior to issuing the written notification of findings of noncompliance. In other words, selecting different time periods of data for different LLAs should not occur.

6. **What's the level of noncompliance?** – Determining the level of noncompliance includes determining both where and how much the noncompliance is occurring:
- a. **Where is it occurring?** – In reviewing the data:
 - i. Determine for each LLA if the noncompliance is occurring with one or more service coordinators and with one or more agencies/providers.
 - ii. Also determine if the noncompliance is occurring in only one or in several LLAs or statewide. (NOTE: If noncompliance is occurring across multiple LLAs or statewide, state level actions will most likely be needed and should be based on the root cause of the noncompliance.)
 - b. **How much is it occurring?** – For each LLA, determine the percentage of their compliance and noncompliance. The LLA's percentages will be used for public reporting, making local determinations and selecting sites (those with greatest need) for onsite visits.
 - i. **Few instances or one child** – This category should be used primarily when reviewing small LLA's where there may be 10 or less children's records. Specifically, use this category if only one or 2 instances of noncompliance occur and it is difficult to determine if these few instances are indicative of a systemic issue.
 - ii. **Percentages** - LLA percentages are reported as percentage of compliance.
 - ≥95%
 - 85%-94%
 - 76%-84%
 - ≤75%
7. **What is the contributing factor/root cause of the noncompliance?** – In reviewing the reasons for the noncompliance, consider the number of files with noncompliance in each LLA/program and determine the root cause(s)/contributing factor(s) of noncompliance. Root causes of noncompliance typically fall in six main areas:
- a. Local procedures³ (effective 2010)
 - b. Supervision of service coordinators/service providers
 - c. Accurate data collection and entry (effective 2010)
 - d. Infrastructure
 - e. Personnel
 - f. Training and technical assistance
 - g. Provider Practices

Determining the root cause of noncompliance frequently includes discussion with LLA's and their providers about the various reasons for the noncompliance provided in the DMS. Many of the reasons, such as "Provider did not understand requirements related to scheduling initial evaluation," could be a result of several different root causes (e.g., local procedures are not clear or do not include steps/process for scheduling the initial evaluation, the service provider was not trained on the requirements and the existing local procedures). As a result, state staff will most likely need to have discussion with LLAs and their service coordinators and service providers to determine the appropriate root cause(s).

³ LLAs and their provider agencies should have local procedures in place that describe how state Part C policies and procedures are implemented by service coordinators and service providers (e.g., process and local timelines for assigning service coordinators, process and timelines for service coordinators to identify evaluators and the IFSP team to ensure that the 45 day timeline is met).

8. **Is it isolated or systemic?** – The SLA determines if the noncompliance is isolated or systemic in order to determine the corrective actions for each LLA. The following guidance should be used when determining whether noncompliance is isolated or systemic.
- a. **Isolated** - Noncompliance is usually isolated if there are a limited number of instances of child-specific noncompliance related to the same requirement (e.g., 45 day timeline).
 - b. **Systemic** – Noncompliance is usually systemic if there are numerous instances of child-specific noncompliance related to the same requirement.
9. **What are the required corrective actions and data needed to verify correction?** – The SLA determines what the required corrective actions are and the data needed to verify correction based upon whether or not the noncompliance related to the same requirement is isolated or systemic.
- a. **Isolated Noncompliance** – The following corrective actions are required for isolated noncompliance:
 - TA/ training and/or supervision as needed.
 - Correction of all child-specific noncompliance.
 - Submission of documentation that this occurred.

The following data is needed to verify correction for isolated noncompliance:

 - Review of 5-6 new records to verify correction.
 - b. **Systemic Noncompliance** – The following corrective actions are required for systemic noncompliance:
 - Development of a formal written Corrective Action Plan (CAP) with changes to local procedures, supervision, personnel, data collection and/or provision of training & TA.⁴
 - Correction of all child-specific noncompliance.
 - Submission of documentation that these occurred.

The following data is needed to verify correction of systemic noncompliance:

 - Review of 1 month of new data to verify correction (more if necessary for smaller programs).
10. **Provide written notification of noncompliance including: required corrective action, local determination status, and site selection for on-site focused monitoring** – Written notification of noncompliance should be provided within 3 months of requiring LLA verification/correction of compliance report data. In accordance with the September 3, 2008 *Frequently Asked Questions Regarding Identification and Correction of Noncompliance and reporting on Correction in the State Performance Plan(SPP)/Annual Performance Report (APR)*, the notification must include the following information:
- a. The citation of the statute or regulation; and
 - b. A description of the quantitative and/or qualitative data supporting the conclusion that there is noncompliance with that statute or regulation.

⁴ Some systemic noncompliance may have multiple root causes of the noncompliance for the same requirement while other systemic noncompliance may have only one root cause of the noncompliance. For example, an LLA has 20 of 100 instances of child-specific noncompliance with the 45 day timeline. The majority of the reasons for the noncompliance are related to no supervision process in place to track timelines for each child as they move through each step from referral to the initial IFSP meeting. Regardless, of the number of root cause, the formal written CAP must address all root causes of identified noncompliance.

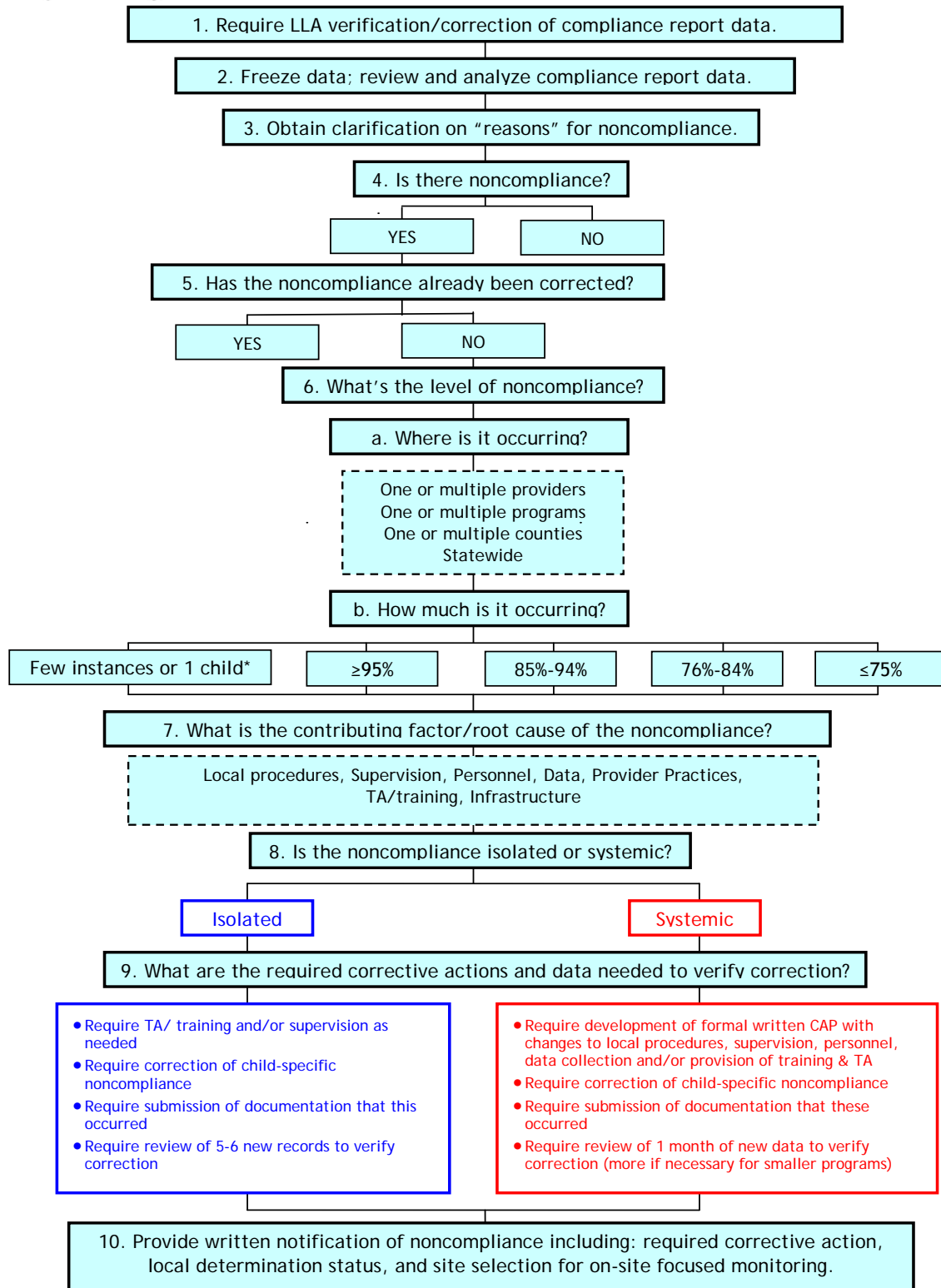
In addition, to the above required information, the SLA will also:

- a. Specify the required corrective action based on the level and root cause(s) of the noncompliance (see #8 above).⁵
- b. Provide each LLA with their local determination status based on the process established by the state and State Interagency Coordinating Council.
- c. Select sites for on-site focused monitoring based on the level of noncompliance, determination level, previous monitoring, and other data as determined appropriate (based on established procedures to be developed).

⁵ When monitoring FFY 2008 data during FFY 2009, the SLA will not specify the root cause of the noncompliance as part the required correction action but will initiate this activity when monitoring FFY 2009 data in FFY 2010.



Identifying Noncompliance, Root Cause, and Corrective Actions



* When reviewing 10 or fewer files in very small LLAs

Washington Part C Early Support for Infants and Toddlers
Revised General Supervision/Monitoring Activities and
Implementation Timeline

ESIT continues to revise its General Supervision System and monitoring process to achieve the following:

- ❖ Better align and integrate activities with the State Performance Plan (SPP)/Annual Performance Report (APR) to meet federal requirements for states to monitor implementation of IDEA, both SPP/APR indicators and related requirements;
- ❖ Focus on compliance and quality practices, especially those most closely aligned with results for children and families focusing limited state resources on those local lead agencies/early intervention programs in greatest need through onsite monitoring and the provision of technical assistance statewide.

The state began implementing some revisions to monitoring activities for state fiscal year (SFY) 2008-2009 (e.g., using the data management system to monitor LLAs on SPP/APR indicators, including identifying noncompliance and verifying correction of noncompliance). Additional changes will continue to be made based upon the new Part C regulations that went into effect October 2011. These changes include:

- **State Selected Local Monitoring Indicators** - A limited number of additional IDEA requirements (state selected monitoring indicators) are being identified on which all LLAs and providers will be monitored on an annual basis (e.g., timely IFSP meetings, provision of procedural safeguards, quality IFSPs, high quality assessments, appropriate natural environment justifications)
- **Annual Local Team Self-Assessment Monitoring Tool and Process** - An annual self-monitoring tool and process is being drafted for local teams to use in collecting and reporting data on the limited number of state selected monitoring indicators (no more than approximately 17 -20 questions) that *are not* collected via the Data Management System. This tool and process will be piloted by several LLAs with TA support and some selected data from this tool will be used for monitoring and improvement for the pilot sites.
- **On-site Focused Monitoring Tools and Process** – Approximately 4 LLAs and their providers will be selected for an on-site focused monitoring visit on an annual basis (based on their performance on SPP/APR indicators and state selected monitoring indicators and Local Determinations). The onsite focused monitoring visit will focus on those areas where compliance and/or performance are challenging. The visit will emphasize investigation of factors contributing to noncompliance or performance issues and implementation of related IDEA requirements.
- **Targeted Technical Assistance** - ESIT will develop a process for using monitoring and complaints/mediation/due process data to identify and provide targeted technical assistance for individual LLAs, a selected group of LLAs, or statewide. This TA is designed to support implementation of IDEA requirements (compliance) as well as improve performance and better results for children and families.

The revised general supervision and monitoring process/tools will be shared statewide when final drafts are available prior to piloting. A **Monitoring Manual** will be developed and made available when all tools are finalized for statewide implementation in the summer of 2012.

Timelines for General Supervision and Monitoring Activities

State Selected Local Monitoring Indicators and Measurements	
Based on new regulations, review and revise <i>State Selected Local Monitoring Indicators and Measurements</i> with stakeholders and disseminate	April 2012
Disseminate and receive feedback.	May 2012
Local Team Self-Assessment Monitoring Tool and Process	
Based on new regulations, review and revise Draft of <i>Local Team Self-Assessment Monitoring Tool and Process</i> with stakeholders for piloting by several LLAs	June 2012
Conduct pilot of the <i>Local Team Self-Assessment Monitoring Tool and Process</i>	June - August 2012
Modify <i>Local Team Self-Assessment Monitoring Tool and Process</i> based on feedback from pilots and disseminate	September 2012
Onsite Focused Monitoring Tools and Process	
Based on new regulations, develop <i>Onsite Focused Monitoring Tools and Process</i>	October 2012
Finalize Draft of <i>Onsite Focused Monitoring Tools and Process</i> with stakeholders and disseminate	November 2012
State selects 2 LLAs using selection process established to pilot focused monitoring process and tools	November 2012
State pilots focused monitoring process and tools with 2 LLAs	November thru March 2013
Modify <i>Onsite Focused Monitoring Tools and Process</i> based upon piloting	April 2013
Monitoring Manual	
Finalize Monitoring Manual with stakeholder input (all monitoring tools will be incorporated	June - August 2013
Statewide Implementation	September 2013

Washington Part C Early Support for Infants and Toddlers Local Team Self-Monitoring Tool

Pilot Site DRAFT

Overview and General Instructions

As part of the Washington Early Support for Infants and Toddlers General Supervision and Monitoring System under Part C of IDEA, each Local Lead Agency (LLA) Self-Monitoring Team (comprised of LLA representatives, any agency that funds EI (including school districts, DDD as appropriate, etc.), parent representative (possibly those on CICC, parent support/advocacy groups), FRCs, providers and others as deemed appropriate) is required to complete self-monitoring annually through a review of children’s records. The self-monitoring tool and process are designed to gather data from each LLA and its providers on those state selected indicators as identified in *Washington Early Support for Infants and Toddlers Local Monitoring Indicators* where data is not available through the Data Management System. Data gathered from the self-monitoring process will be used by ESIT to identify noncompliance or areas where improvement is needed (quality indicators). These data will be used to substantiate that the state is complying with federal requirements and monitoring implementation of IDEA related requirements associated with each SPP/APR indicator while looking at quality practices that impact results for children and families. The correction of findings of noncompliance identified through self-monitoring will be documented in the State’s Annual Performance Report (APR).

The child’s central record, including provider notes, is needed to conduct the child record reviews included in the self-monitoring process. ESIT will generate a list of randomly selected records for each LLA and provide the list to the LLA. Records will be randomly selected from all children who entered early intervention, received services, and exited the program during the fiscal year. The LLA self-monitoring team will conduct a retrospective review of activities that occurred in the fiscal year (e.g., July 1, 2009 through June 30, 2010) for each randomly selected child’s record. LLAs will be required to review 10% (**pilot sites will help define this percentage**) of the records for the children they serve. All records must be reviewed when the total number of children served is 10 or less. The table below outlines the number of child records to be reviewed by the LLAs.

LLAs that served more than 100 children would review 10% of those records	Example: 287 children served; 29 records reviewed.
LLAs that served less than 100 children will review 10 records	Example: 87 children served; 10 records reviewed
LLAs that served less than 10 children will review all children’s records	Example: 9 children served; all 9 records reviewed

Record Identifying Code: _____

Date of Record Review: _____

Child's DOB: _____

Record Reviewer: _____

NOTE 1: "No" should be checked if a specific item should have happened but did not.

NOTE 2: "N/A" should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation

NOTE 3: Whenever family's native language or other mode of communication is referenced, native language or the family's mode of communication must be used unless it is clearly not feasible to do so.

NOTE 4: "Reviewer Comments" is used to substantiate/support the 'yes' or 'no' section. If a "no" response is provided, document the reasons for the no response.

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
<i>Procedural Safeguards – State Selected Indicator #1</i>	1. Is there evidence that the parent was provided the "Parent Rights" document and an explanation of the rights was provided initially and when written prior notice and/or consent was provided:				The "Parent Rights" document is required to be given to the child's parent at intake and the parent provided an explanation of the rights. The Notice must also be given and explained at any time prior notice and/or consent is provided. Documentation of these actions should be recorded in the child record via contact notes, maintaining copies of prior notice forms, or other acceptable means.	
	a. At Intake?				The reviewer should determine if any of the activities (a) through (m)	
	b. Prior to Screening?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	c. With screening results, if screening was provided?				<p>occurred during the fiscal year by reviewing the child’s record, IFSPs, and other appropriate data in the DMS. The reviewer confirms whether or not parental rights were provided and explained during each of the activities that occurred by reviewing evidence in the child’s record.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might include or where the information can be found. For example, the evidence might be: contact note (specifying the parent rights had been provided and explained at Intake), consent form for evaluation and assessment (indicating that Parent Rights were provided and explained).</p> <p><u>Criteria for Providing a N/A, Yes, or No Response</u></p> <p>An “N/A” response is appropriate if an activity (a)</p>	
	d. If initial evaluation and assessment is determined to be not appropriate?					
	e. Prior to Initial evaluation and assessment?					
	f. With eligibility determination?					
	g. Prior to Initial IFSP meeting?					
	h. Prior to initiating services on the IFSP (initial, IFSP reviews, annual, Transition)?					
	i. Prior to IFSP reviews?					
	j. Prior to Subsequent evaluations?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	k. Prior to Annual IFSP meetings?				through (m) was not required to occur during the fiscal year.	
	l. Prior to Transition Conference?				A “Yes” response is appropriate if there is evidence (see below) in the child’s record that reflects provision and explanation of Parents Rights with each activity (a) through (m) that occurred during the fiscal year. In addition, credit is given to multiple activities if these activities occur at the same time. For example, one written prior notice may be provided to reflect that a child is eligible and that an IFSP meeting will be held. Therefore, Parent Rights are provided and explained once. Both activities would be credited with a “Yes” response.	
	m. Prior to discontinuing/exiting services if child no longer meets eligibility criteria?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					A “No” response is provided whenever an activity (a) through (m) occurred during the fiscal year and there is no evidence in the child’s record that Parent Rights were provided and explained.	
<i>Procedural Safeguards – State Selected Indicator #1</i>	2. Is there evidence that the parent was given written prior notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose: (303.403(b))				Written prior notice must be given to the parents in a reasonable time before the early intervention program proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or prior to providing early intervention services. The notice must be in sufficient detail to inform the parents about the action that is being proposed or refused; the reasons for the action; all procedural safeguards; and the state’s complaint procedures. Notice must be provided in the family’s native language or other mode of communication.	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>To meet these requirements, written prior notice should be mailed (not emailed) to families in advance of each action. This applies to IFSP meetings when modifications to IFSP outcomes and services are being made. However, in some situations, such as prior to initiating services on an IFSP, parents may be provided prior notice in conjunction with signing consent.</p> <p>Providing written prior notice with screening results is only applicable if screening is completed on an individual child to determine if the child should proceed to evaluation and assessment. Written prior notice is not required to be provided when screening is conducted as part of a community Child Find screening activity.</p>	
	<p>a. With screening results, if screening was provided?</p>				<p>The reviewer should determine if any of the activities (a) through (k)</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	b. If initial evaluation and assessment is determined to be not appropriate?				occurred during the fiscal year by reviewing the child’s record, IFSPs, and other appropriate data in the DMS. The reviewer confirms whether or not written prior notice was provided before each of the activities that occurred by reviewing evidence in the child’s record. <u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: a copy of the written prior notice (the date of the notice precedes the activity). <u>Criteria for Providing a N/A, Yes or No Response</u> An “N/A” response is appropriate if an activity (a) through (k) was not required to occur during the fiscal	
	c. Prior to Initial evaluation and assessment?					
	d. With eligibility determination?					
	e. Prior to Initial IFSP meeting?					
	f. Prior to initiating services on the IFSP(initial , IFSP reviews, annual, Transition)?					
	g. Prior to IFSP reviews?					
	h. Prior to subsequent evaluations?					
	i. Prior to Annual IFSP meetings?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	j. Prior to Transition Conference?				year. A “Yes” response is appropriate if there is evidence (see below) in the child’s record that reflects written prior notice was provided before each activity (a) through (k) that occurred during the fiscal year. In addition, credit is given to multiple activities if these activities occur at the same time. For example, one written prior notice may be provided for a child who is found eligible and the same written prior notice is used to indicate an IFSP meeting will be held. Both activities would be credited with a “Yes” response. A “Yes” response is appropriate if there is evidence (see below) in the child’s record that reflects written prior notice was provided before each	
	k. Discontinuing and exiting services if child no longer meets eligibility criteria?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>activity (a) through (k) that occurred during the fiscal year. In addition, credit is given to multiple activities if these activities occur at the same time. For example, one written prior notice may be provided for a child who is found eligible and the same written prior notice is used to indicate an IFSP meeting will be held. Both activities would be credited with a “Yes” response.</p> <p>A “No” response is provided whenever an activity (a) through (k) occurred during the fiscal year and there is no evidence in the child’s record that written prior notice was provided.</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	<p>3. Did the family identify its resources, priorities and concerns related to enhancing their child’s development and provide information about everyday routines and activities through a family-directed assessment? (303.322(d))</p> <p>Skip to question #5 if the answer is Yes</p>				<p>A family directed assessment of the family’s concerns, priorities, and resources related to enhancing their child’s development should be completed. Participation by the family in this assessment is voluntary since it is the family’s discretion regarding what information they share and want included as part of evaluation and intervention planning.</p> <p>Personal interviews with the family must be used to conduct the family assessment, whether done informally or when using more formal protocols.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: The family assessment section of the IFSP (completed); contact notes (reflecting a summary of the family assessment).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>A “N/A” response is not applicable for this question.</p> <p>A “Yes” response is appropriate if there is evidence in the child’s IFSP or record that the family assessment occurred.</p> <p>A “No” response is appropriate is there is no evidence in the child’s IFSP or record that the family assessment occurred.</p> <p>(NOTE: A “No” response to this question does not impact program performance.)</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	4. If no, is there documentation that the family declined? (303.322(d))				<p>In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: contact notes (reflecting the family declined the family assessment).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is not applicable for this question.</p> <p>A “Yes” response is appropriate if there is evidence in the child’s record that the family declined the family assessment.</p> <p>A “No” response is appropriate if there is no evidence in the child’s record that the family declined the family assessment.</p>	

Topic Area	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
High Quality Assessments – State Selected Indicator #2	5. Did the evaluation and assessment (for eligibility and program planning) identify present levels of functioning and the unique needs of the child in each of the following developmental domains (303.322(c)(3))				Part C regulations require that evaluation and assessment of each child include: 1) an evaluation of the child’s level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social and emotional development; adaptive development; and 2) an assessment of the unique needs of the child in terms of each of the developmental areas above including the identification of appropriate services to meet those needs. This information can be found in the present levels of development section of the IFSP. Evidence = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: IFSP page on child	
	a. Cognitive?					
	b. Physical (e.g., gross motor, fine motor, vision, hearing)?					
	c. Communication (e.g., expressive and receptive language)?					
	d. Social and emotional?					
	e. Adaptive?					

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>developmental status (reflecting the child’s developmental status and unique needs of the child in the developmental area).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an evaluation or assessment was not completed during the fiscal year for the child.</p> <p>A “Yes” response is appropriate if an evaluation and assessment occurred during the fiscal year and there is evidence in the child’s IFSP or record that the child’s functioning AND unique needs of the child were evaluated and assessed in the developmental area.</p> <p>A “No” response is appropriate if an evaluation and assessment occurred during the fiscal year and there is no evidence in the child’s IFSP or record that the child’s functioning AND</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					unique needs of the child were evaluated and assessed in the developmental area.	
	6. Does the IFSP statement of the child’s current developmental status contain functional skills in each required developmental area, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)				<p>The child’s functional skills in each required developmental area, including strengths and needs relevant to challenges and what is working well in everyday routines and activities is used to develop IFSP outcomes and to monitor progress on the 3 big child outcomes (Indicator 3) and is used to help plan and provide appropriate intervention activities provided by therapists and educators.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: IFSP statement of the child’s current developmental status (reflecting not only the child’s skills but how the</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>child uses those skills in the context of participating in everyday routines and activities).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an evaluation or assessment was not completed during the fiscal year for the child.</p> <p>A “Yes” response would be indicated if the child’s developmental status included test scores AND contextualized statements of what the child can do in everyday routines and activities (e.g., “Kim makes throaty sounds and gestures to let her mom and dad know when she wants to be picked up, when she is full or doesn’t like a particular food”; or “Johnny is able to say 50 words and can express his needs and wants, including what foods/liquids he wants to eat / drink at</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>mealtime, what toys he wants to play with during play times with his brother, etc.”). In addition to information about the child’s strengths and needs, the description should include information on what’s challenging/what’s working at home and in the community, what’s motivating for the child, the child’s likes and dislikes, and how the child functions / interacts in various settings, with different things, and with different people as part of everyday routines and activities.</p> <p>In other words, a “Yes” response would only be possible if the child’s “functional” status is based upon information gathered through multiple sources such as norm-referenced assessment tools, curriculum based assessment, observations, parent report, etc.</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>A “No” response would be indicated if the child’s current status is only summarized in terms of <u>one or more of the following:</u></p> <ol style="list-style-type: none"> 1. test scores 2. a statement of “within normal limits” 3. child’s deficits 4. a reflection of what child’s performance was on test items (e.g., Johnny stacked 4 blocks but was unable to pull the string to obtain the ring.) <p>vague mention of child strengths without describing developmental status as it relates to everyday routines and activities</p>	
<i>High Quality Assessments – State Selected Indicator #2</i>	7. Is the rating on the child outcomes summary form (COS) at entry and at exit substantiated by the evaluation and assessment findings,				The reviewer should review only those COSs completed during the fiscal year and compare information on the COS with information in the child’s record including the assessment tool results,	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	including parent observation/report regarding their child’s functional skills for the following child outcomes: (quality)				parent report, and functional observation in responding to 7(a) through (c).	
	a. Positive social-emotional skills?				<u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: the completed COS form and evaluation and assessment report (or information/results recorded on assessment instruments that demonstrate correlation of the assessment results with the COS ratings.	
	b. Acquisition and use of knowledge and skills (including early language/communication)?					
	c. Use of appropriate behaviors to meet their needs?				<u>Criteria for Providing a Yes, No, or N/A Response</u> A “N/A” response is applicable only if a COS form was not required to be completed during the fiscal year. A “Yes” response is appropriate if the rating for the child outcome on the COS form coincides with the assessment results including	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					functional observation, information from assessment tools, parent report, etc. in the child’s record. A “No” response is appropriate if the rating for the child outcome on the COS form does not coincide with the assessment results including information from assessment tools, parent report, and functional observations.	
	8. Is there documentation showing evidence that informed clinical opinion was used during the evaluation and assessment? (303.322 (c)(2))				The reviewer should review the evaluation and assessment information (reports, assessment tools, information on the child’s present levels of development in the IFSP, etc.) to determine if multiple sources of information were synthesized by the team in determining eligibility and in developing a functional and meaningful IFSP. <u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>the information can be found. For example, the evidence might be: evaluation and assessment report, assessment tools used compared to eligibility determination and IFSP outcomes/services, etc.</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an evaluation and assessment was not completed during the fiscal year.</p> <p>A "Yes" response is appropriate if the evaluation and assessment information (or report) contains a synthesis of both qualitative and quantitative information from multiple sources which go beyond just test scores alone. Information should include norm-referenced and/or other assessment results, parent’s perceptions/observations about their child’s functional</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>skills and participation across settings, observations of the child, clinical judgment of team members based upon their experience and expertise, information/reports available from other sources, etc. A compilation of this information by the team (preferably in the assessment report, contact notes, etc.) reflects that informed clinical opinion was used to:</p> <ol style="list-style-type: none"> 1. Determine eligibility – For example, if test scores demonstrate that the child is not eligible (but the scores are borderline) and observations, parent report and clinical judgment of team members are used by the team (not just one individual) in determining that the child should be eligible. 2. Plan meaningful and functional services for children and families – 	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>For example, IFSP outcomes and strategies are based on parent priorities, child interests and preferences and not on individual test items such as stacking blocks.</p> <p>(See <i>NECTAC Notes: Informed Clinical Opinion</i> at http://www.nectac.org/~pdfs/pubs/nnotes10.pdf and webinar on <i>Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility</i> http://www.nectac.org/~calls/2010/earlypartc/earlypartc.asp#session3 for more information)</p> <p>A “No” response is appropriate if the evaluation and assessment information (or report(s)) is limited to only one source of information in:</p> <ol style="list-style-type: none"> 1. Determining eligibility - For example, only test scores are used by the 	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
					<p>team to determine the child’s eligibility.</p> <p>2. Planning meaningful and functional services for children and families – For example, IFSP outcomes and strategies reflect teaching to test items.</p> <p>NOTE: The Data Management System will include a place to identify the child’s eligibility determination.</p>	
	<p>9. Does the IFSP include outcomes (or statements of measurable results) that are expected to be achieved, including pre-literacy and language as developmentally appropriate?</p> <p>If yes, answer (a) through (c) below. If no or N/A, skip to question #10.</p>				<p>The IFSP is required to include child and/or family IFSP outcomes. These should be based on the needs and interests of the child and the family.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be in the IFSP outcome section of the IFSP (reflecting whether or not</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
<i>Quality IFSPs – State Selected Indicator #3</i>	a. Are IFSP outcomes measurable? (303.12 (a)(1), 303.344 (c))				child and/or family outcomes are included). <u>Criteria for Providing a Yes, No, or N/A Response</u> A “N/A” response is applicable only if an IFSP has not yet been completed for a child referred to ESIT. A “Yes” response is appropriate if there are child and/or family outcomes on the IFSP and an IFSP was developed. A “No” response is appropriate if an IFSP meeting has occurred and completed and there are no child and/or family outcomes included on the IFSP. <u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be in the IFSP outcome section of the IFSP (either embedded in the	

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					<p>outcome statement itself or with the outcome).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is not appropriate for this item.</p> <p>A “Yes” response is appropriate if all child and/or family outcomes on the most current IFSP have criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary for the outcome to be achieved. (NOTE: Criteria, procedures, and timelines do not need to be documented within the outcome) Outcomes should state what the child or family will do or have, under what circumstances, and when. Outcomes should be specific enough to be able to determine when the outcome is achieved. For example, if the outcome is: <i>Kim will eat with her family, eating the foods they eat</i>, the criteria,</p>	

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					<p>procedures and timelines might be:</p> <p><u>Criteria for meeting outcome:</u> When Kim is able to eat 2 meals every day with her family, eating food from the table and gaining / maintaining sufficient weight for removal of the night tube feeding.</p> <p><u>Procedures:</u> Parents will share with the team any increase in Kim’s intake of new foods or liquids, increase in ability to eat foods with the family (when she eats one meal every day and then begins eating two meals some days), decrease in the need for night time tube feeding while maintaining desired weight gain until physician recommends that tube feeding is no longer necessary.</p> <p><u>Timeline:</u> Review strategies and activities for effectiveness at least monthly</p>	

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					and outcome at least once every 3-6 months. A “No” response is appropriate if any (one or more) IFSP outcomes do not meet the information in the “Yes” response above.	
	b. Are the IFSP outcomes reflective of family priorities, concerns and resources? (quality)				<u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: information that the family has shared about their concerns and priorities for their child in comparison to the IFSP outcomes on the IFSP. <u>Criteria for Providing a Yes, No, or N/A Response</u> A “N/A” response is not appropriate for this item. A “Yes” response to this question is appropriate if all child and family IFSP outcomes are clearly based on family concerns and	

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					<p>priorities (e.g., there are clear connections between the IFSP outcomes and information the family has shared about what’s working and challenging in everyday routines and activities and the priorities families would like to focus on).</p> <p>A “No” response is appropriate if any (one or more) child and family IFSP outcome seem to be based on provider priorities or something other than family concerns and priorities (e.g., there is not a clear connection with the concerns and priorities expressed by the family), and/or no family outcomes are included related to specific family needs and concerns expressed by the family.</p>	
	<p>c. Are the IFSP outcomes functional and stated in terms of the child’s participation in</p>				<p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence</p>	

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	<p>everyday routines and activities? (quality)</p>				<p>might be: IFSP outcomes page compared to information gathered from family about child’s participation in routines and activities.</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is not appropriate for this item.</p> <p>A “Yes” response is appropriate if child and family outcomes reflect what the child or family will do in everyday routines and activities (e.g., Kim will eat with her family, eating the foods they eat; Kim will sleep through the night and take daytime naps and go to bed at the same time as her sister.)</p> <p>A “No” response if any (one or more) child and family outcomes is written:</p> <ul style="list-style-type: none"> • as services to be provided, and/or • in discipline-specific 	

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					therapeutic language, and/or <ul style="list-style-type: none"> • in vague terms, and/or • without relevance to everyday routines and activities. 	
<i>Quality IFSPs – State Selected Indicator #3</i>	10. Are the outcomes, services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child? (303.322 (d)(1))				<p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: IFSP outcomes page and IFSP services page (reflecting whether outcomes/services support enhancing family capacity).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an IFSP has not been completed.</p> <p>A “Yes” response is appropriate if IFSP outcomes and services to meet these outcomes reflect how service providers support the family/caregivers in</p>	

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					<p>enhancing the child’s development and achieving outcomes as part of everyday routines and activities.</p> <p>A “No” response is appropriate if IFSP outcomes (and therefore services) reflect only what the professional will do with the child, and only include specialized places and equipment.</p>	
	<p>11. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family’s concerns, priorities and resources?</p> <p>(303.344 Note 3; 303.12 (a)(1))</p>				<p>303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child’s development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes</p>	

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					<p>identified, including the frequency, intensity and method of delivering services</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: comparing IFSP services to IFSP outcomes and child’s unique needs (assessment report or information) and family needs (family assessment).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an IFSP has not yet been completed for a child who was referred to ESIT.</p> <p>A “Yes” response is appropriate if :</p> <ul style="list-style-type: none"> • Specific child and family services are listed and seem reasonable given 	

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					<p>the unique developmental needs of the child, the family’s concerns, priorities and resources, and necessary to achieve the IFSP outcomes; and</p> <ul style="list-style-type: none"> • Frequency, intensity, and method are specified for each service and seem reasonable and not burdensome to families given the developmental status of the child, the family’s concerns, priorities and resources, and the IFSP outcomes; and <p>A “No” response is appropriate if :</p> <ul style="list-style-type: none"> • Specific child and family services are not listed on the IFSP; or • Frequency, intensity, and method are not included for each specific service; or • Frequency, intensity, and method of services and/or 	

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					number of service providers involved do not address the unique developmental needs of the child or the concerns, priorities and resources of the family; or <ul style="list-style-type: none"> • Frequency, intensity, and method of services and/or number of service providers involved seem likely to be overwhelming or burdensome to the family rather than building family capacity 	
<p><i>Natural Environment Justifications– State Selected Indicator #4</i></p>	<p>12. Does the child’s IFSP indicate that all IFSP services are provided in natural environments? (303.12(b), 303.18, 303.167(c), and 303.344(d)(1)(ii))</p> <p>If the answer is Yes, skip Question #13</p>				<p>Part C regulations require that Part C services be provided in natural environments (settings that are natural or normal for the child’s same age peers who have no disabilities), including the home and community settings in which children without disabilities participate.</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the</p>	

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					<p>evidence might be or where the information can be found. For example, the evidence might be: IFSP services page (settings).</p> <p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is applicable only if an IFSP has not yet been developed for a child who was referred to ESIT.</p> <p>A “Yes” response is appropriate if all IFSP services are provided in the home or community settings where children without disabilities participate.</p> <p>A “No” response is appropriate if not all IFSP services are provided in a natural environment (with the exception of parent support activities such as parent groups, respite care, etc.)</p> <p>(NOTE: A “No” response to this question does not impact the program’s performance.)</p>	

<i>Topic Area</i>	Question/Item	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
<p><i>Natural Environment Justifications– State Selected Indicator #4</i></p>	<p>13. If any service is not provided in a natural environment, is there an appropriate justification documented? (303.344(d)(1)(ii))</p>				<p>If early intervention services cannot be achieved satisfactorily in a natural setting, a service may be provided in a setting other than a natural environment. The IFSP must include the natural environments in which services are provided, and if a service is not provided in a natural environment, a justification must be included. In other words, all services that are not provided in a natural environment (with the exceptions of respite care, parent support groups, etc.) must have an appropriate justification written in the IFSP (compliance requirement).</p> <p><u>Evidence</u> = Pilot sites are requested to identify what the evidence might be or where the information can be found. For example, the evidence might be: IFSP services page (settings) and natural environment justification.</p>	

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					<p><u>Criteria for Providing a Yes, No, or N/A Response</u></p> <p>A “N/A” response is not applicable for this question.</p> <p>A “Yes” response is applicable if the justification meets the following criteria:</p> <ul style="list-style-type: none"> • Is based on the individual needs of the child as determined by the IFSP team including the parent • Includes a plan to transition the child’s service into a natural setting within a short period of time • Is NOT based on administrative convenience, fiscal reasons, personnel limitations or parent/therapist preferences <p>A “No” response is appropriate if :</p>	

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					<ul style="list-style-type: none"> • no justification is included for services not provided in a natural setting • the justification is not based on the needs of the child but appears to be for administrative convenience, fiscal reasons, personnel limitations or parent/therapist preferences 	

Universal Developmental Screening Washington State Overview

Issue:

There is currently no comprehensive, coordinated system for identifying and referring children with developmental delays in Washington State. Currently, many providers rely on developmental surveillance, asking parents and caregivers about concerns during a health care visit. This method detects fewer than 30% of children who actually have developmental disabilities. An estimated 17% of children in the United States have a developmental or behavioral disability or autism. Data shows that Washington State is under-identifying children between birth and 12 months. Early detection of developmental delays leads to early treatment and improved outcomes for children.

Purpose:

Design a system that provides Universal Developmental Screening and linkages to appropriate services for all young children in Washington State.

Background:

- The AAP recommends performing standardized developmental screening at 9, 18 and 24-30 months and whenever there is a parental or provider concern. Developmental Screening is the administration of a brief, standardized, validated tool to identify possible developmental delays in children.
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) recommends developmental surveillance at all well child checkups.
- Under EPSDT in Washington State, CPT code 96110 is not reimbursed when done in primary care. If a patient fails surveillance and a developmental screen is performed, the code is still not recognized or reimbursed.
- Within the Department of Health, three federal grants - Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Great Medical Homes include Developmental Screening (Great MINDS) , and the MCH Block grant - prioritize developmental screening as a goal.
- Universal Developmental Screening is identified as a strategy for healthy, ready and successful children in the state Early Learning Plan and the Birth to Three recommendations, put forth to the Governor by the Department of Early Learning (DEL). Early identification of children 0-3 years is a priority with the IDEA Part C program, Early Support for Infants and Toddlers.

Building the Washington System:

- Funds were blended from several DOH grants and DEL Early Support for Infants Toddlers (ESIT) American Recovery and Reinvestment Act (ARRA) funds, to support the work.
- A strategic framework was created based on research of other successful state efforts, and Washington State strengths.
- A Universal Developmental Screening Outcome Map was created by the Developmental Screening Partnership Group. The map identifies goals, strategies, and outcomes of multiple stakeholders, and the necessary components of the system.

- The Outcome Map builds on the Developmental Wellbeing section of the DEL Infant Toddler Outcome map, Developmental Wellbeing section, for continuity in statewide planning.
- Since June 2010, over 70 cross agency stakeholders have met to refine the vision and outcome map, and develop system components.
- To begin parental awareness of the importance of developmental screening, WithinReach created developmental growth pages under “Families” and “New Baby” tabs on the ParentHelp123 website. These are linked to CHILD Profile specific materials and a CDC developmental screening fact sheet.
- Workgroups were formed to research specific components of the system, such as looking at technology, care coordination, tools, etc.
- In December 2010, WithinReach was awarded a two year Kellogg Foundation Technical Assistance grant for the Help Me Grow National Replication Project. Help Me Grow is a successful developmental screening system from Connecticut. The grant provides consultation and expertise in planning our state system.

Next Steps:

- Additional stakeholders will be identified in order to broaden support.
- Workgroups will make recommendations to the partnership.
- Stakeholders will pilot elements as funding is available.

Key Partners and Stakeholders:

Partners include the Washington State Department of Health (DOH), DOH Children with Special Health Care Needs, Early Childhood Comprehensive Systems (ECCS), Project LAUNCH, CHILD Profile, Medicaid, the Washington Chapter of the American Academy of Pediatrics, Community Health Leadership Forum, Department of Early Learning (DEL), DEL Early Support for Infants and Toddlers, ECEAP, WithinReach, Office of Superintendent of Public Instruction, Department of Social and Health Services, DSHS Foster Care, Head Start, Early Head Start, Medical Home Leadership Network, Thrive by Five Washington, Community Health Centers, Yakima Children’s Village, Reach Out and Read WA, Washington State Dental Service Foundation, pediatricians and family physicians, and parents and families.

Reference:

Washington State Medical Home- University of Washington http://medicalhome.org/leadership/wg_devscreen.cfm

Meeting date: 04/26/2010
Revised date: 04/27/2010

DEPARTMENT OF EARLY LEARNING (DEL) Infant & Toddler Systems & Services Outcome Map
Three Year Plan (2010 – 2013)



Resources	DEL Funding Streams: CCDF ARRA funds, CCDF Ongoing Targeted Funds, OSPI Food Program, IT Consultation, Building Bridges	DEL Staff, Governor, Legislature and Other State Leaders	State and community partners: Thrive, CCRN, ESIT, DOH, OSPI, DSHS LH's, ESD's, families, childcare centers, family child care, FFN care, Head Start, Early Head Start, K-12 System, early intervention, health, mental health, family support, child welfare, economic assistance, advocates, businesses, community colleges, United Way of Washington	Infant and Toddler State System & Services Planning <ul style="list-style-type: none"> Evidence-based decision-making/research Data and research (WA Learns, DEL parent survey, WA Kids Count, CCDF survey results) Washington State Early Learning Plan and Recommendations to the Governor State systems and services theory of change ThinkTank
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