

Part C State Performance Plan (SPP) Revisions for 2006-2010

This plan was revised as of February 1, 2007 based on clarifications provided by the Office of Special Education Programs (OSEP). A stakeholders' meeting was held on October 16th, 2006 to review the proposed changes. The updated SPP was then sent to all 33 early intervention programs and input was gathered at three statewide provider meetings during December. In December the draft revised SPP was posted on Birth23.org using the old SPP forms. Once the current forms were made available, this version was posted on the website.

Substantial Changes:

The following are the indicators that have been revised (if viewing this electronically the list contains hyperlinks to the pages indicated):

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

~the way timely services were measured was changed to all new services. Page 4-5

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

~the target was changed. Page 8

Indicator 4: Families participating in Part C report that early intervention services have helped the family know their rights, effectively communicate their children's needs, and help their children develop and learn

~targets and improvement strategies were added. Page 13

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.

~ The process for making determinations was added. Page 37

Minor Changes

Due to reorganization, wherever the 2005 SPP read "regional manager" the phrase "lead agency staff" is used and "QA manager" was changed to "QA team" as this new resource was developed.

Timelines for some of the data system changes were modified as the reorganization used much of the system developer's time and resources.

As referenced in the FFY05/SFY06 Annual Performance Report, new improvement activities were added to a number of indicators.

For reference, this updated SPP is posted on Connecticut's Birth23.org website along with the original SPP dated December 1, 2005.

SPP Template – Part C (3)

Connecticut
State

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

Overview of the State Performance Plan Development:

This six-year plan was developed with broad stakeholder input. Data for each indicator was first reviewed in August of 2005 for completeness and accuracy. As needed, clarification letters and exception reports were sent to each of the 33 comprehensive early intervention programs to ensure that any data errors were corrected. A combined State Interagency Coordinating Council (ICC) and Focused Monitoring (FM) stakeholders meeting was held on October 17, 2005. In addition, local meetings were held within each region for all Birth to Three programs on September 27, October 12, and October 21. At each meeting, an overview of the plan was presented along with summary data for each indicator. Those present proposed targets, improvement activities, timelines and resources for each indicator as well as modifications to definitions and collection methods as well as the plans for collecting data on new indicators.

Lead agency staff and one Local ICC reviewed a late draft of the plan in early November 2005. A final draft was posted on the Birth to Three website, www.birth23.org and a request for comments was sent to parent advocacy and support programs (Connecticut Parent Advocacy Center, AG Bell, African-Caribbean-American Parents of Children with Disabilities, Family Support Network, Padres Abriendo Puertas, Parents Available to Help, Autism Resource Center, CT Families for Effective Autism Treatment, CT Down Syndrome Congress, Infant Mental Health Association, Newborn Hearing Screening Task Force, Commission on Children) and all 33 Birth to Three programs. This same draft was mailed to the State ICC and a conference call was held to review suggested edits. The Commissioner and Deputy Commissioner of the Department of Mental Retardation, the lead agency for IDEA Part C in Connecticut, also reviewed the plan.

The ICC approved the final edits with the understanding that the plan can be modified as needed in future years. This plan fulfills the obligations of the State Interagency Coordinating Council to report to the U.S. Department of Education in the current fiscal year.

A hard copy of this version of the SPP was distributed to all Birth to Three programs, the Connecticut Parent Advocacy Center and the entire stakeholders group, including the Interagency Coordinating Council. It has been posted on the Birth to Three website at www.birth23.org. The lead agency is working closely with the Department of Education on jointly issuing a press release to the general media about the Part B and Part C plans.

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)

Measurement:

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

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

“Timely” is defined in Connecticut as when ALL services begin within 45 days of the family’s signature on the initial IFSP and when any additional service on subsequent IFSPs begins within 45 days of the family’s signature.

Available data: The Connecticut Birth to Three data system contains IFSP service information including the projected start date for each service. The system also captures the dates on which services are delivered each month.

According to Connecticut Statute 17a-248e(c) the IFSP must be developed in consultation with the child’s pediatrician or primary care physician. In order to ensure, at a minimum, that the child’s physician is aware that the child is eligible for Part C and what types of outcomes and services have been designed, Birth to Three procedures require that services may not begin until after the child’s primary physician signs the initial IFSP. This may delay the start of services in some cases.

Service delivery: Connecticut procedures encourage use of a primary interventionist. While each IFSP is unique, a review of data indicates that in implementing transdisciplinary service delivery, most children receive a weekly visit from their primary interventionist with less frequent visits or joint visits from other disciplines.

Connecticut analyzes the data for this indicator based on a point in time. For all IFSPs that are in effect on the date selected, the number of days from the IFSP signature to the first occurrence of each newly planned service is calculated. If the plan that is in effect is an initial IFSP, then the system calculates the number of days for ALL the services listed on the plan. If the plan that is in effect is a periodic review, the system calculates the number of days for those services that were new on that IFSP. If ANY service with a projected start date within 45 days from the IFSP signature date is started more than 45 days from the IFSP signature date, the entire record is determined to not be timely.

Baseline Data for FFY 2004 (2004-2005):

The baseline data for FFY 2004 is no longer accurate based on the current guidance from OSEP with regard to how to measure the data for this indicator.

Discussion of Baseline Data:

FFY 2005 data reflected below is the NEW baseline data.

Using a point in time, on 6/30/06, 1636 children had IFSPs that were either initial IFSPs or periodic reviews with a new service. 1486 of those 1636 had all initial or new services begin within 45 days of the IFSP meeting when the parent signed the IFSP.

In 107 instances, services were untimely due to documented extraordinary family circumstances. This was verified by emails to each program regarding every late service.

(1486+107) / 1636 = 97% of all new services were timely.

Since the measurement of this indicator was changed mid-year, the point in time used was at the very end of FFY05, therefore a more thorough analysis will be presented in the APR due Feb 1, 2008.

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

Improvement Activities/Timelines/Resources:

Focused Monitoring

This indicator has recently been chosen by the focused monitoring stakeholders group as the new selection measure for the Child Find priority area: “All children and families receive quality early intervention services.” The next round of program rankings will use this selection measure and low-performing programs will be selected for on-site visits. Based on the data described above, more large programs may be selected than small programs. However all low performing programs will participate in data verification.

Timeline: January 2006

Resources: Focused Monitoring Stakeholder Group, Part C Director, Focused Monitoring Team (QA Manager plus three parent members and a Birth to Three program director as a peer member), *Lead Agency Staff*

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, both for the size grouping into which the program falls, and for the state as a whole. Since this is a new measure, the data will be added to the program profile. This measure was chosen as a selection measure for focused monitoring; therefore the program’s rank within their size grouping will also be included.

Timeline: The profiles are updated on the website every six months.

This measure will be added to the profile for the next round due in January 2006.

Resources: *QA Team*, Child Find/Public Awareness Coordinator, Child Development Infoline (the statewide intake office contractor for the Birth to Three System).

Performance Dashboard

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Each program will be given real-time access to the data for this indicator. Programs view their performance for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample. Stakeholders that are provided ready access to this information will be able to assist in quickly identifying barriers to compliance.

Timeline: July 2007

Resources: QA Team, Data System Programmer, Data Users Group

The accuracy with which a program enters IFSP and service utilization data clearly impacts the measurement of this indicator. As the data is made public in program profiles and in focused monitoring ranking tables, the system will work to assure a common understanding about the most correct ways to enter services planned and delivered.

Timeline: July 2006

Resources: Part C Director, QA Team, Data System Programmer, Lead Agency Staff

Biennial Performance Report (BPR)

The measurement of timely services will be added to the statewide self-assessment and improvement tracking system called the Biennial Performance Report (BPR) for the next cycle of self assessments. Any programs found to be out of compliance on this measure will correct the non-compliance as soon as possible but in no case more than 12 months from identification.

Timeline: September 2007 - 2010

Resources: QA Team, Data System Programmer, Lead Agency Staff

Department of Mental Retardation Business Plan

This measure has been added to the lead agency’s business plan for SFY06. Data is reported out each quarter. This should engage the leadership at DMR in the efforts to eliminate any non-compliance. *Note: as of July 2006 the three regional offices were centralized however the data continue to be reported quarterly to the leadership of the department.*

Timeline: Ongoing

Resources: QA Team, Part C Director

A data verification/exception report will be sent to programs for any new services that start more than 45 days from the IFSP meeting after each point in time collection.

Timeline: Annually Resources: QA Team

A reminder will be developed in the Birth to Three data system for program that will notify staff whenever a new service is recorded as beginning more than 45 days from the IFSP meeting. Also a report will developed that will list all currently eligible children for whom more than 30 days have passed since the IFSP meeting without new services being delivered.

Timeline: January 2008 Resources: System Developer

The Birth to Three Data system was modified for FFY06/SFY07 to more easily identify services listed on IFSP reviews as “New” (since all services on initial IFSPs are considered new). During SFY07, this measure will be added to the performance dashboard (a data display of each program’s performance) and the Biennial Performance Report (BPR) system. SFY06 was a critical year for clarifying how this indicator should be measured. As with transition conferences and IFSPs, the number of delays due to program error is expected to drop significantly.

Timeline: July 2007 Resources: System Developer, Local EI Programs.

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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 programs for typically developing children.¹

(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 programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Overview of Issue/Description of System or Process:

From the re-design of its system and change of lead agency in 1996, Connecticut has put tremendous emphasis on serving children in natural environments. Serving children in natural settings has been a part of our Mission Statement since that time. Connecticut published Service Guidelines on providing services in Natural Environments in 1997.

Each year, the lead agency completes data verification to ensure that IFSPs include a justification for services that cannot be provided in a natural environment. This is completed by selecting records based on two measures:

- 1) The primary service is not Home or a Setting Designed for Typically Developing Children
- 2) The program has indicated in the data system that there is a service that cannot be provided in a natural setting.

The QA Team contacts each program and requests copies of the justifications.

618 data indicated (for the primary service setting only):

Year	Number Served in Natural Environments (NE)	Number of Children Served	Percent of Children Served in NE
12/1/03	3687	3701	99.62%
12/1/02	4019	4033	99.65%
12/1/01	3869	3879	99.74%
12/1/00	3777	3794	99.55%

Baseline Data for FFY 2004 (2004-2005):

618 data indicated (for the primary service setting only):

Year	Number Served in Natural Environments (NE)	Number of Children Served	Percent of Children Served in NE
12/1/04	3935	3948	99.67%

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

Discussion of Baseline Data:

Connecticut places great value on the importance of working with families during typical daily routines in a variety of settings that are natural for the child and family. This drives many procedures, documents and training activities and is an integral part of the observation checklist that is used in our process of credentialing direct service providers.

Since 12/1/01 the number of children receiving services in a setting other than Home or a Setting Designed for Typically Developing Children has never been below 95%. As there will always be a few children for whom early intervention cannot be achieved in a natural environment a target of 100% would actually indicate non-compliance.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	95%
2006 (2006-2007)	95%
2007 (2007-2008)	95%
2008 (2008-2009)	95%
2009 (2009-2010)	95%
2010 (2010-2011)	95%

Improvement Activities/Timelines/Resources:

The targets were changed to 95% based on direction from OSEP. This indicator has been a strength of Connecticut's for a number of years. The lead agency will continue to monitor that 100% of IFSPs include justifications for any service in a setting other than home or a setting designed for typical children. *Timeline:* Annually *Resources:* Part C Director, *QA Team*

Program Profiles - Since February 2005, the lead agency has posted program profiles on birth23.org. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. The data about this indicator will be added to the program profile. *Timeline:* The profiles are updated on the website every six months. This measure will be added to the profile by June 2006. *Resources:* *QA Team,*

A report is run each year to monitor whether justifications are included in IFSPs for any service not provided in the home or a setting designed for typically developing children. Programs are asked to submit copies of the justifications to the lead agency. *Timeline:* Annually *Resources:* QA Team

This data will be verified during both focused monitoring visits and verification visits each year. *Timeline:* Annually *Resources:* QA Team

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

- 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.

If a + b + c + d + e does not sum to 100%, explain the difference.

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

- 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.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- 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 the (# 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 the (# 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 the (# 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 the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

Since 7/1/2001, Connecticut has been collecting data from programs based on the “scores” from curriculum embedded assessments. The scores represent the number of items achieved (“+” = 1 point, “+/-” = ½ point and “-” = 0 points). Over the years the data has been analyzed and numerous adjustments have been made to the data collection process to ensure accuracy while attempting to decrease the data entry burden placed on providers. 75% of programs use the *Hawaii Early Learning Profile* or *HELP* and the other 25% use the *Carolina Curriculum for Infants and Toddlers with Special Needs* and the *Carolina Curriculum for Preschoolers with Special Needs*. Both of these instruments have been described as “authentic assessments” in the early intervention research literature. Until recently the Carolina data could not be easily analyzed because there were two different scoring booklets required to span the 0-36 month age range. The third edition of the *Carolina*, published in 2005, created one scoring booklet from 0-36 months.

Programs were originally informed that this data would only be aggregated on a statewide basis. Since reporting to the public by Early Intervention Program is a requirement of the SPP/APRs, in August 2005, programs were informed that the data would eventually be added to the program profiles that are posted on birth23.org.

For all children that enter Birth to Three after 1/1/06, data related to each of the three measures in Indicator 3 will be reported using the framework of the Child Outcomes Summary Form recently developed by the Early Childhood Outcomes (ECO) Center. Using initial assessment data, programs will record a “score” from a 7-point rating scale in the data system. A rating of seven describes a child that shows behaviors and skills expected for his or her age in all or almost all everyday situations that are part of the child’s life. These children will be reported as “at age level”. The rating scale then includes six other ratings that describe children that are not yet at age level.

Programs will continue to be required to update curriculum-embedded assessments so that families can better understand their child’s progress as compared to typical development.

If at least six months of services have been received at the time of exit, the program will again record a rating from the 7-point rating scale in the data system. The ECO analytic tools will be used to report progress.

With parent consent, this data may be passed on to each child’s LEA for possible use in the 619 Child Outcome data collection process.

This new assessment reporting procedure will be issued to all Birth to Three programs as of 1/1/2006. In addition to the *HELP* and *Carolina*, providers will also be encouraged to use the Assessment, Evaluation and Programming System for Infants and Children (AEPS), second edition, authored by Diane Bricker or any other authentic, curriculum-embedded assessment instrument.

Programs are given the *HELP*, *Carolina*, and *AEPS* crosswalks provided by the ECO Center for IFSP teams to use with the Child Outcome Summary Form (COSF).

Baseline Data for FFY 2004 (2004-2005):

NA - the baseline as described in the measurement boxes on page 9 and 10 above was not available in FYY04 nor in FFY05.

However, the following percent of all children newly enrolled after 1/1/06 were assessed to be at or near age level (COSF 6 or 7) upon entry to the Birth the Three System:

3a) 17.01%, 3b) 10.44%, 3c) 10.23%.

As of 1/25/07 there were 1417 records with Child Outcome Summary Form entry scores in the Birth to Three data system prior to 7/1/06. The numbers that scored 6 or 7 (indicating performance at or near age level) were as follows:

3a) 241; 3b) 148; 3c) 145

Discussion of Baseline Data:

NA - Entry data only is being reported in the FYY05 APR. Data that matches the measurement directions above will be reported in with the APR in February 2008 for all children exiting Birth to Three during FFY06 with at least six months of service.

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

Improvement Activities/Timelines/Resources:

Targets will be set in the APR due 2/1/2008. A more thorough analysis will be conducted with the records that reflect developmental changes from entry to exit including age at referral, referral concern, how eligibility was determined, ICD-9 codes, months in Birth to Three at exit and exit reasons.

Timeline: February 2008 *Resources:* QA Team

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

Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

Both the National Center for Special Education Accountability and Monitoring and the Early Childhood Outcomes Center have developed a family survey instrument. Both instruments were shared with stakeholders at the meetings described on page 1. There was a high level of interest regarding the literacy levels and overall burden on families in completing a long survey. The ECO survey was judged to involve too much reading, which also made it unsuitable for telephone interviews. Based on this input, the lead agency decided that it would use a customized version of the NCSEAM survey. During January of 2006, the lead agency will convene a meeting with programs and parents to review the item bank developed for that survey and customize it by exchanging some items for other items of similar calibration. The format may also be redesigned to be more family friendly while still being "scantronable." The method of delivery (via mail or by the service coordinator), the population to survey (currently eligible or recently exited) and a contractor for analyzing the results will also be determined. All decisions will be finalized by March 31, 2006.

Baseline Data for FFY 2005 (2005-2006):

4a) 73.2% 4b) 71.1% 4c) 84.4%

Discussion of Baseline Data:

The baseline data for this new indicator is from a version of the NCSEAM Family Survey. Using guidelines provided by NCSEAM for item-swapping, 44 questions were selected by stakeholders and the survey was distributed in Spring 2006 in both English and Spanish. 2622 were distributed; 1561 were hand delivered and 1145 were mailed to families whose children had exited the Birth to Three System in the previous six months. Families that had questions were given the phone number of the Connecticut PTI (Connecticut Parent Advocacy Center) and service coordinators for any family that spoke a language other than English or Spanish were asked to call the lead agency so that a telephone interpreting service could be provided. All families were given the option of responding to the survey online.

There were 712 surveys completed with return rates based on those distributed as follows: 28% from those that had been hand delivered (441 including 37 that were completed online) 19% from those that had been mailed (218 including 16 that were completed online). 699 were usable for purposed of this analysis.

Group	Indicator 4-A	Indicator 4-B	Indicator 4-C
All Individuals: N = 699*			
White = 78%	74.1%	71.2%	84.3%
Black = 6%	95% CI:	95% CI:	95% CI:
Hispanic = 12%	70.7% - 77.2%	67.7% - 74.4%	81.4% - 86.8%
Other = 4%			
Hand Delivered: N = 441			
White = 76%	74.8%	71.8%	86.1%
Black = 6%	95% CI:	95% CI:	95% CI:
Hispanic = 15%	70.5% - 78.6%	67.4% - 75.8%	82.6% - 89.0%
Other = 4%			
Mail Delivered: N = 218			
White = 83%	70.6%	67.3%	79.4%
Black = 6%	95% CI:	95% CI:	95% CI:
Hispanic = 6%	64.2% - 76.2%	60.8% - 73.2%	73.5% - 84.2%
Other = 4%			

A statistically significant but representative sample of 384 records was randomly selected from the 712 completed surveys to match the race/ethnicity percentages of Part C enrollment as of 12/1/05.

618 Sample	Indicator 4-A	Indicator 4-B	Indicator 4-C
N = 384			
White = 65%	73.2%	71.1%	84.4%
Black = 11%	95% CI:	95% CI:	95% CI:
Hispanic = 20%	68.6% - 77.4%	66.4% - 75.4%	80.4% - 87.7%
Other = 4%			

*CL: Confidence Level, followed by the range

SPP Template – Part C (3)

Connecticut
State

618 Sample By Race/Ethnicity

White/Caucasian (N = 247)	72.1% 95% CI: 66.2% - 77.3%	70.5% 95% CI: 64.5% - 75.8%	84.2% 95% CI: 79.1% - 88.2%
Black or African American (N = 41)	65.9% 95% CI: 50.6% - 78.5%	63.4% 95% CI: 48.1% - 76.4%	80.5% 95% CI: 66.0% - 89.8%
Hispanic or Latino (N = 74)	82.4% 95% CI: 72.2% - 89.4%	78.4% 95% CI: 67.7% - 86.2%	90.5% 95% CI: 81.7% - 95.3%
Asian or Pacific Islander (N = 12)	66.7% 95% CI: 39.1% - 86.2%	66.7% 95% CI: 39.1% - 86.2%	66.7% 95% CI: 39.1% - 86.2%
Unknown (N = 3)	66.7% 95% CI: 20.7% - 93.9%	66.7% 95% CI: 20.7% - 93.9%	66.7% 95% CI: 20.7% - 93.9%

(*Note not all completed surveys could be used due to insufficient responses on all items.)

The baseline reported in this SPP is the percent of the 384 representative records with a measure that met or exceeded the standards provided by NCSEAM (539 for 4a, 556 for 4b, and 516 for 4c).

Connecticut contracted with Randall Penfield, Ph.D. at the University of Miami to use the Rasch method to analyze the percent of families that agreed with the questions related to the three indicators. This method resulted in percentages that were lower than calculating straight percentages from the raw data but the Rasch method produces percentages that factor in a measure of confidence for each response and as a result the percentages reported are more accurate.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA - Baseline reported in FFY05 (2005-2006)
2006 (2006-2007)	4a) 77% 4b) 75% 4c) 88%
2007 (2007-2008)	4a) 77% 4b) 75% 4c) 88%
2008 (2008-2009)	4a) 77% 4b) 75% 4c) 88%
2009 (2009-2010)	4a) 77% 4b) 75% 4c) 88%
2010 (2010-2011)	4a) 77% 4b) 75% 4c) 88%

Improvement Activities/Timelines/Resources:

The survey will be repeated again in Spring 2007 and new targets will be set based on that sample size and results.

Timeline: June 2007 *Resources:* QA team, support staff.

An analysis will be completed to determine whether a statistically significant, and representative sample could have been random selected from only the completed surveys that were hand delivered. If so, the survey may only go to eligible families and the resources from the mailing would be used to send out reminder notices.

Timeline: June 2007 *Resources:* Contracted Statistician, QA team

An analysis of the return rate by EI program will be completed and the results will be sent to each program along with any comments families wrote on the surveys.

Timeline: February 2007 *Resources:* QA team

Software will be purchased and staff will be trained to allow the lead agency to complete the RASCH analysis without contracting with an outside statistician.

Timeline: June 2009 *Resources:* QA team

(A sample of the survey used is attached as Appendix 1)

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Measurement:

- A. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. 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.

Overview of Issue/Description of System or Process:

Connecticut has a single point of entry for referrals. The lead agency employs a full time Child Find/Public Awareness Coordinator. All public awareness is the responsibility of the lead agency, not individual early intervention programs. Until recently, Connecticut had been grouped with states using moderate eligibility criteria. That changed in October, 2005 when OSEP placed Connecticut in the narrow eligibility cohort.

Table 8-6 (www.federalresourcecenter.org/frc/sppc.htm), details infants under 1 year of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percent change): 2000 through 2004

	Birth to 1			Other States%			
	<u>Child Count</u>	<u>CT 0-1 Pop</u>	<u>CT%</u>	<u>Mod. Eligibility</u>	<u>CT Rank</u>	<u>National %</u>	<u>CT Rank</u>
12/1/03	419	41,690	.93%	.85%	4	.91%	23
12/1/02	476	43,147	1.14%	.84%	3	.95%	18
12/1/01	442	42,719	1.05%	.83%	6	.90%	19
12/1/00	408	43,604	0.95%	.64%	5	.93%	22

Baseline Data for FFY 2004 (2004-2005):

Table 8-6, details infants under 1 year of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percent change): 2000 through 2004:

	Birth to 1			Other States %	
	<u>Child Count</u>	<u>CT 0-1 Pop</u>	<u>CT %</u>	<u>Moderate Eligibility</u>	<u>CT Rank</u>
12/1/04	441	42,876	1.03%	.87%	5 (out of 16)
	Birth to 1			Other States %	
	<u>Child Count</u>	<u>CT 0-1 Pop</u>	<u>CT %</u>	<u>Narrow Eligibility</u>	<u>CT Rank</u>
12/1/04	441	42,876	1.03%	.75%	5 (out of 16)

SPP Template – Part C (3)

Connecticut
State

	Birth to 1 Child Count	CT 0-1 Pop	CT %	National %	CT Rank
12/1/04	441	42,876	1.03%	.92%	24 (out of 56)

Discussion of Baseline Data:

When grouped with states with narrow eligibility criteria, Connecticut ranks highest for the percent of children served 0-2 (excluding children at-risk). However, Connecticut ranks 5th for the percent of children served under the age of 1. In order for Connecticut to rank highest in the Narrow group, the percent of children served under the age of 1 would need to be over 1.72% therefore it appears that there is room for improvement, if the state is able to support that improvement fiscally. Part C federal funds pay for only 7% of direct services, therefore the majority of the cost of serving additional children is borne by other funding sources.

After the Governor’s SFY04 budget proposed withdrawing Connecticut from Part C of IDEA due to significant growth in the number of children served each year from 1996 - 2003, the lead agency made minor changes to eligibility determinations. The state budget office had directed the lead agency to contain growth, yet there was widespread determination to maintain an entitlement to early intervention services.

Changes that affected eligibility for children under 12 months of age included:

1) changing the definition of “very low birth weight” (a diagnosed condition) from 1000g to 750g; 2) working with our medical advisory committee to make other modifications to the list of diagnosed conditions and 3) eliminating a secondary list of conditions that did not have a high probability of resulting in developmental delay but which, when combined with a moderate delay in one area, could make a child eligible (that secondary list formerly included torticollis). As of 7/1/03, newly referred children with those conditions were not eligible unless they were found to have a developmental delay of 2 SD in one area or a delay of 1.5 in two areas (unlikely for children in this age group). This resulted in a drop in the percent of children served under the age of 1 from 12/1/02 to 12/1/03 as well as a drop in ranking among states with moderate eligibility criteria. The percent and rank have rebounded somewhat, but stakeholders felt that both could still be higher if eligibility for preemies under 1000g were restored or if eligibility were expanded to include other diagnoses.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.05%
2006 (2006-2007)	1.1%
2007 (2007-2008)	1.2%
2008 (2008-2009)	1.2%
2009 (2009-2010)	1.3%
2010 (2010-2011)	1.4%

Improvement Activities/Timelines/Resources:

The state will conduct a thorough analysis of the variables related to early diagnosis and referral to form hypotheses about how to best support earlier referrals. Some of variables will include referral sources (specifically birth hospitals), race/ethnicity, language, insurance/income, town of residence, eligibility, diagnoses, and re-referral rates. The state will also explore evaluation instruments best suited for infants in order to determine developmental delay or to help inform clinical opinion of developmental delay.

Timeline: Spring 2006

Resources: Part C Director, [QA Team](#), Child Find/Public Awareness Coordinator,

State Profile

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. Data about this indicator will NOT be added to the program profiles since child find is the sole responsibility of the lead agency. The sub-unit for this indicator will be the *county* not each Birth to Three program.

Timeline: The state profile will be created by *June 2007 and updated every year.*

Resources: Part C Director, [QA Team](#), ICC, [Lead Agency Staff](#), Child Find/Public Awareness Coordinator, Child Development Infoline

In order to increase the percent of children served under the age of 1, the lead agency, with the consent of the state budget office, would need to reverse some of the modifications made in July 2003 and/or add other categories of diagnosed conditions. Primarily, stakeholders and the Birth to Three Medical Advisory group expressed an interest in raising the birth weight for eligible low birth weight babies from 750 grams to 1000 grams. Other groups such as the newly created Governor's Early Childhood Cabinet are interested in expanding eligibility for Birth to Three in general or adding other groups of children with diagnosed conditions such as those with lead levels of 15 or higher. The Newborn Hearing Screening Task Force and the Department of Public Health have actively advocated for children with mild or unilateral hearing loss to be eligible. Advocacy groups with an interest in early detection such as lead levels, newborn hearing screening and infant mental health may have an impact on increasing the number of children found eligible for Birth to Three before age 1. This will have a fiscal impact on the system and will require an infusion of additional state or federal dollars. It is unlikely that this will occur in the next state fiscal year, but may be possible in SFY2008 when a new biennial budget cycle begins. *Timelines:* Reversal of July 2003 modifications – July 2007 *Resources:* Lead agency Commissioner, ICC, CT Office of Policy and Management, Part C Director

Regardless of changes in the eligibility determination process, child find and public awareness (CF/PA) activities will continue to focus on building connections with newborn screening, Neonatal Intensive Care Units, groups concerned about lead levels, and infant mental health as well as birthing hospitals.

Timeline: Ongoing *Resources:* CF/PA coordinator

Public awareness activities will target primary physicians and hospital discharge planners about how eligibility for Birth to Three is determined and more specifically about the list of diagnosed conditions. This may change significantly based on the outcome of the first two improvement activities listed above

Timeline: Ongoing *Resources:* CF/PA coordinator

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Measurement:

- A. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. 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.

Overview of Issue/Description of System or Process:

Connecticut has a single point of entry for referrals. The lead agency employs a full time Child Find/Public Awareness Coordinator. All public awareness is the responsibility of the lead agency, not individual early intervention programs. Until recently Connecticut has been grouped with states using moderate eligibility criteria. As of October, 2005 OSEP has classified Connecticut with states in the narrow eligibility cohort.

Table 8-5 (www.federalresourcecenter.org/frc/sppc.htm), lists infants and toddlers ages birth through 2 (excluding children at risk) receiving early intervention services under IDEA, Part C, by state (in descending order of percentage change): 2000 through 2004

	Birth to 3			Other States%			
	Child Count	CT 0-3 Pop*	CT%	Mod. Eligibility	CT Rank	National %	CT Rank
12/1/03	3701	125,072	2.92%	2.20%	3	2.24%	9
12/1/02	4033	131,661	3.19%	2.20%	3	2.16%	8
12/1/01	3879	130,813	3.02%	2.10%	2	2.00%	6
12/1/00	3794	130,813	2.90%	1.94%	2	1.80%	6

*The population figures are estimates for those used by WESTAT based on the source file at www.census.gov/popest/states/asrh/files/sc_est2004_6race_AL_MO.csv

The data note from the 12/1/03 618 child count data submission reads as follows:
 Due to fiscal exigency, in 2003 Connecticut modified its eligibility criteria for its Birth to Three program. The list of diagnosed conditions was reduced (specifically, Torticollis was removed from the list and the very low birth weight eligibility criteria was redefined.) In addition, children with delays in expressive language only but not a significant delay in the overall communication domain were no longer eligible. These changes resulted in a reduction of the state's Part C eligibility rate from 73% to 65%. In addition, in September of 2003, Connecticut introduced parent fees. This resulted in a high number of families (over 400) withdrawing from the Birth to Three System. Together, these two changes resulted in a lower total child count for 2003. The lower child count for children under the age of 12 months is a direct result of changes to the eligibility criteria.

SPP Template – Part C (3)

Connecticut
State

Baseline Data for FFY 2004 (2004-2005):

Table 8-3 (www.federalresourcecenter.org/frc/sppc.htm), lists infants and toddlers ages birth through 2 (excluding children at risk) receiving early intervention services under IDEA, Part C, by eligibility criteria, age, and state (in descending order of percent of population): 2004

A.	Birth to 3 Child Count	CT 0-3 Pop	CT %	Other States % Mod. Eligibility	CT Rank
12/1/04	3948	127,491	3.10%	2.20%	3 (out of 16)

Table 8-3c (www.federalresourcecenter.org/frc/sppc.htm), lists infants and toddlers ages birth through 2 (excluding children at risk) receiving early intervention services under IDEA, Part C, by eligibility criteria (new), age, and state (in descending order of percent of population): 2004

A.	Birth to 3 Child Count	CT 0-3 Pop	CT %	Other States % Narrow Eligibility	CT Rank
12/1/04	3948	127,491	3.10%	1.73%	1 (out of 16)

B.	Birth to 3 Child Count	CT 0-3 Pop	CT %	National %	CT Rank
12/1/04	3948	127,491	3.10%	2.3%	9 (out of 56)

Discussion of Baseline Data:

When compared to other states with a moderate eligibility definition, Connecticut has ranked among the top three states each year. When compared to other states with a narrow eligibility definition, Connecticut ranks at the top. Nationally, Connecticut has been in the top 10 for this indicator for the past five years.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	3.10%
2006 (2006-2007)	3.10%
2007 (2007-2008)	3.15%
2008 (2008-2009)	3.15%
2009 (2009-2010)	3.15%
2010 (2010-2011)	3.19%

Improvement Activities/Timelines/Resources:

Stakeholders expressed an interest in returning to a process whereby children with expressive language/speech as the only area of a significant delay combined with certain biological factors would be eligible. This would add an estimated 110 children (typically in the 24-36 mo. age range) to the monthly enrollment.

In order to increase the percent of children served under the age of three, the lead agency, with the consent of the state budget office, would need to reverse some of the modifications made in July 2003 and/or add other categories of diagnosed conditions. Primarily, stakeholders and the Birth to Three Medical Advisory group expressed an interest in raising the birth weight for eligible low birth weight babies from 750 grams to 1000 grams. Other groups such as the newly created Governor's Early Childhood Cabinet are interested in expanding eligibility for Birth to Three in general or adding other groups of children with diagnosed conditions such as those with lead levels of 15 or higher. The Newborn Hearing Screening Task Force has actively advocated for children with mild or unilateral hearing loss to be eligible.

Since Part C funds only 7% of direct services, this will have a fiscal impact on the system and will require an infusion of additional state or federal dollars. It is unlikely that this will occur in the next state fiscal year, but may be possible in SFY2008 when a new biennial budget cycle begins.

Timelines: Reversal of July 2003 modifications – July 2007

Resources: Lead agency Commissioner, ICC, CT Office of Policy and Management, Part C Director

State Profile

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole.

Child find is the responsibility of the lead agency through a central intake office. Each town in Connecticut is served by at least two and as many as seven local EI programs. A profile will be developed to publicly report this data by county since the sub-unit for child find cannot be the EI program.

Timeline: The state profile will be created by *June 2007 and updated every year.*

Resources: Part C Director, *QA Team*, ICC, *Lead Agency Staff*, Child Find/Public Awareness Coordinator, Child Development Infoline

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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)

Measurement:

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

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

	IFSPs <u>On time</u>	Total <u>IFSPs</u>	Simple <u>Percent</u>	Delay due to <u>Family Request</u>	Family Centered Percent
FFY03/SFY04	3142	3845	82%	5	82%
FFY02/SFY03	3274	4175	78%	NA	78%
FFY01/SFY02	3131	3890	80%	NA	80%

Simple Percent on time = Initial IFSP meetings on time / Total

Family Centered Percent on time = Initial IFSP meetings on time / (Total less Family Requests)

Baseline Data for FFY 2004 (2004-2005):

IFSPs <u>On time</u>	Total <u>IFSPs</u>	Simple <u>Percent</u>	Delay due to <u>Family Request</u>	Family Centered Percent
3395	4035	84%	407	94%

Discussion of Baseline Data:

When this indicator was chosen as a selection measure for focused monitoring, stakeholders were very clear that the lead agency needed a a method for identifying delays that were due to a request by the family (vacations, holidays, and illness.) As a result this information was added to the data system.

Analysis of the data for the 233 records where the initial IFSP meeting was longer than 45 days from referral and the family did not request a delay yielded the following:

- Stakeholders hypothesized that since the parent fee system began, many parents were taking more time to decide about consenting to services. Of the 233 children described above, 112 or 48% were eligible for Medicaid and as such not included in the parent fee system. Of the 121 children not covered by Medicaid, 95 children in 90 families were

required to pay fees based on their income. (There were 5 sets of twins.) 90 is 2.3% of the 3877 *families* with initial IFSPs due in FFY04.

- Given the scheduling challenges presented by the winter climate in Connecticut, especially during the last fiscal year, an analysis was run by month to see whether this may have been a factor. The winter months were not found to have more late IFSPs. In fact, of the 233 IFSP meetings held late, 83 or 35% were held during the months of June-August and only 49 or 21% were held during December –February.
- Another factor in planning the IFSP meeting is determining the child’s legal status. This is an interagency effort between the service providers and local child protective service offices. Twenty six or 11% of the 233 children lived with someone other than their parent.
- To determine whether finding an interpreter was a challenge, an analysis by language spoken in the home was completed. The percentages were found to match statewide averages.
- Two of the three Birth to Three regions in Connecticut have experienced some intermittent delays in finding available programs for families. This shortened the time available for programs to complete evaluations and IFSPs. The delays were usually very short as 199 or 85.4% of the 233 experienced only a 0-3 day delay; 17 or 7.3% experienced 4-7 day delay and only 17 others or 7.3% experienced a delay of over 1 week.
- The one region (South) that did not have any delays in finding available programs had the highest percent of IFSPs over 45 days.

<u>Region</u>	<u># Late</u>	<u>Percent of 233</u>	<u># IFSPs</u>	<u>Late IFSPs as a Percent of Regional IFSPs</u>
North	62	26.6%	1331	4.7%
South	100	42.9%	1188	8.4%
West	71	30.5%	1516	4.7%

The 100 children in the South Region were served by 8 different programs out of a total of 12 that cover the region. Three of the 4 without late IFSPs were 100% on time. For the 8 programs with late IFSP meetings, the number per program ranged from 1 to 40 but late IFSPs ranged as a percentage of all IFSPs ranged from 1% to 27%.

Programs have been ranked twice on this indicator since December 2004. The tables are available on the Connecticut Birth to Three website www.birth23.org. During FFY2005, one program (the program with 27% of IFSPs held late) received an on-site inquiry visit based on their ranking as the lowest among programs of a similar size. A desk audit was completed on a second program. Both programs developed improvement plans to track compliance as soon as possible but no later than 12 months from identification.

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

Improvement Activities/Timelines/Resources:

The Birth to Three Regulations will be modified to permit foster parents to be considered as parents as defined in the IDEA 2004 pending final Part C regulations. This would eliminate any delay in determining a child’s legal status prior to initial evaluation.

Timelines: Spring 2006

Resources: Part C Director, DMR Office of Governmental and Legal Affairs

As needed new programs will be added to increase capacity.

Timelines: As needed

Resources: Birth to Three *Lead Agency Staff*

Performance Dashboard

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Each program will be given real-time access to the data for this indicator. Programs view their performance for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample. Stakeholders that are provided ready access to this information will be able to assist in quickly identifying barriers to compliance.

Timeline: July 2005

Resources: *QA Team*, Data System Programmer, Data Users Group

Focused Monitoring:

This indicator will continue to be a selection measure for the Child Find priority area until the state is at 100%.

Timelines: Ranking and Selection in December and June of each year. On-site visits conducted monthly.

Resources: Focused Monitoring Stakeholder Group, Part C Director, Focused Monitoring Team (QA Manager plus three parent members and a Birth to Three program director as a peer member), *Lead Agency Staff*

Biennial Performance Report (BPR)

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR). Programs are being phased in to this process from the previous cyclical monitoring and continuous improvement plan process based on when they last received a full monitoring visit.

Timelines:

15 programs were last monitored between 7/1/01 and 6/30/02 (Group A) and their BPR was due on 9/1/05 (SFY06 / FFY05). Improvement/corrective action plans were due within 30 days and progress updates due by 3/15/06. Any non-compliance is to be corrected as soon as possible but no later than 9/15/06 (SFY07 / FFY06).

9 programs were last monitored between 7/1/02 and 6/30/03 (Group B) and their BPR is due on 1/15/06 (SFY06 / FFY05). Improvement/corrective action plans are due within 30 days and progress updates due by 7/15/06. Any non-compliance is to be corrected as soon as possible but no later than 1/15/07 (SFY08 / FFY07).

9 programs were last monitored between 7/1/03 and 9/30/04 (Group C) and their BPR was due on 7/15/06 (SFY07 / FFY06). Improvement/corrective action plans are due within 30 days and progress updates due by 1/15/07. Any non-compliance is to be corrected by 7/15/07 (SFY08 / FFY07).

Group A will then complete a new BPR self-assessment by 7/15/07, Group B by 1/15/08 and Group C by 7/15/08. This process will repeat every two years.

Resources: Birth to Three Program staff, *Lead Agency Staff*, *QA Team*, Data System Programmer, Part C Director

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These program profiles include the percent of IFSP meeting held on time for each program, for the group into which the program falls and for the state as a whole. The program's rank within their group is also included. Parents requested that the average number of days from referral to IFSP be displayed since it was more meaningful than a percent within 45 days. That is included by program, group and for the state as well.

Timeline: The profiles are updated on the website every six months.

Resources: *QA Team*, Child Find/Public Awareness Coordinator, Child Development Infoline

DMR Business Plan

This measure has been added to the lead agency's business plan for SFY06. Data is reported each quarter. This should engage lead agency in efforts to eliminate any non-compliance.

Timeline: July 2005 – June 2006

Resources: *QA Team*, Part C Director

Verification emails are sent to each program about every late meeting before the APR is completed.

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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
(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.

Overview of Issue/Description of System or Process:

In July 2003, the statewide IFSP form was modified to include a section documenting development of a transition plan for every child, regardless of age.

Smooth Transitions is a priority area for Part C focused monitoring in Connecticut. The on-site visit protocol includes reviewing transition plans for clear steps to help the child and family adjust to the next setting at age three.

Baseline Data for FFY 2004 (2004-2005):

	<u>Total Exiting at</u> <u>Age Three with IFSP</u>	<u>Transition Plan</u> <u>included in IFSP</u>	<u>Percent</u>
FFY04	2509	2509	100%

Discussion of Baseline Data:

When reviewing the contents of an IFSP in the IDEA regulations, the lead agency determined that the transition plan was a required component. The data system was modified to measure compliance with the law, which is what this data reflects.

The quality of the plans is evaluated as part of focused monitoring and the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR).

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

Improvement Activities/Timelines/Resources:

In order to maintain compliance the lead agency will continue with the following practices:

Performance Dashboard

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Each program will be given real-time access to the data for this indicator. Programs view their performance for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample. Stakeholders that are provided ready access to this information will be able to assist in quickly identifying barriers to compliance.

Timeline: July 2007

Resources: Data System Programmer

Focused Monitoring

This indicator will continue to be measured in the transition protocol for focused monitoring. Since the statewide IFSP form includes a transition plan section, all children have a transition plan that includes steps and services. Focused monitoring reviews the quality of the plans.

Timelines: Monthly on-site visits

Resources: Focused Monitoring Stakeholder Group, Part C Director, Focused Monitoring Team (QA Manager plus three parent members and a Birth to Three program director as a peer member), *Lead Agency Staff*

Biennial Performance Report (BPR)

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR). Programs are being phased in to this process from the previous cyclical monitoring and continuous improvement plan process based on when they last received a full monitoring visit.

Timelines:

15 programs were last monitored between 7/1/01 and 6/30/02 (Group A) and their BPR was due on 9/1/05 (SFY06 / FFY05). Improvement/corrective action plans were due within 30 days and progress updates due by 3/15/06. Any non-compliance is to be corrected as soon as possible but no later than 9/15/06 (SFY07 / FFY06).

9 programs were last monitored between 7/1/02 and 6/30/03 (Group B) and their BPR is due on 1/15/06 (SFY06 / FFY05). Improvement/corrective action plans are due within 30 days and progress updates due by 7/15/06. Any non-compliance is to be corrected as soon as possible but no later than 1/15/07 (SFY08 / FFY07).

9 programs were last monitored between 7/1/03 and 9/30/04 (Group C) and their BPR was due on 7/15/06 (SFY07 / FFY06). Improvement/corrective action plans are due within 30 days and progress updates due by 1/15/07. Any non-compliance is to be corrected by 7/15/07 (SFY08 / FFY07).

Group A will then complete a new BPR self-assessment by 7/15/07, Group B by 1/15/08 and Group C by 7/15/08. This process will repeat every two years.

Resources: Birth to Three Program staff, *Lead Agency Staff*, *QA Team*, Data System Programmer, Part C Director

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These profiles include demographic and performance data for each program, for the group into which the program falls and for the state as a whole. This indicator will be added to the program profile.

Timeline: The profiles are updated on the website every six months. This indicator will be added to the profile for the next round due in January 2006.

Resources: *QA Team*, Child Find/Public Awareness Coordinator, Child Development Infoline

The data system will be modified so that an IFSP cannot be committed into the data system unless a transition plan is present. This will be added to the Performance Dashboard and monitored with verification visits.

Timeline: Ongoing Resources: QA Team and EI Programs

The quality of the plans will continue to be monitored through the Biennial Performance Report (BPR) and as part of Focused Monitoring on-site visits.

Timeline: Ongoing Resources: QA Team and EI Programs

Verification emails are sent to each program about every missing plan before the APR is completed.

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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:

- B. Notification to LEA, if child potentially eligible for Part B
(20 USC 1416(a)(3)(B) and 1442

Measurement:

- 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.

Overview of Issue/Description of System or Process:

LEAs are notified by the lead agency three times per year of all children enrolled in Birth to Three by program. If the parents have given consent to release information, the child’s name, birth date, service coordinator, and diagnostic code appear. If there is no consent, only the child’s date of birth appears. State law 17a-248d(e) requires LEA notification by January 1 of each year.

Each family gives or declines consent to refer their child to the LEA. A referral form is sent to each LEA for every child for whom the family is seeking Part B services and the date the referral form is sent is recorded in the Birth to Three data system.

Baseline Data for FFY 2004 (2004-2005):

During FFY04 the families of 2674 children consented to a referral to their LEA regardless of age or potential eligibility for Part B services. The LEAs were notified about 100% of those children.

Number of children exiting Part C and potentially eligible for Part B <u>where notification to the LEA occurred</u>	Number of children exiting Part C who were potentially eligible for Part B	Percent
2424	2424	100%

Discussion of Baseline Data:

This format for early notification was developed in collaboration with LEAs and has been in place for more than five years.

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

Improvement Activities/Timelines/Resources:

In order to maintain compliance, the lead agency will continue with the following practices:

The report sent to the LEA will be updated as needed, based on feedback from providers and LEAs.

Timelines: LEA reports to be mailed out each year during August, December and May.

Resources: [Lead Agency Staff](#), Data System Programmer, Data Users Group, LEAs, 619 Coordinator, Part C Director

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These program profiles include the percent of families that decide to refer their child to their LEA at least 150 days before age three. This percent is displayed for each program, for the group into which the program falls, and for the state as a whole.

Timeline: The profiles are updated on the website every six months.

Resources: [QA Team](#), Child Find/Public Awareness Coordinator, Child Development Infoline

State Profile

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. The data about this indicator will NOT be added to the program profiles since the sub-unit for this indicator is the school district not each Birth to Three program. District data will be posted in a separate profile for the state as a whole in the same location as the program profiles on birth23.org (Quality Assurance).

Timeline: The state profile will be created by *January 2008 and updated every year.*

Resources: Part C Director, [QA Team](#), ICC, [Lead Agency Staff](#), Child Find/Public Awareness Coordinator, Child Development Infoline

In response to OSEP’s SPP letter of March 2, 2006, Connecticut has modified the notification of LEAs about children who are within 90 days of age three and may be eligible for Part B. As previously described, lists are sent to each district three times per year that include information about all children in the district enrolled in Birth to Three. The family’s contact information (a.k.a. “directory information”) was only shared if parents had consented to a referral to their LEA by signing YES on the Part C LEA referral/consent to release information form. If a family “opted out” by signing NO or not signing the referral/consent form or revoking previous consent, only de-identified information was included on the list.

As of May 2006, if a child is within 90 days of age three and the LEA referral/consent form has NOT YET been signed or the data regarding that signature has NOT YET been entered into the data system, a separate report is sent to each district (if needed) with “directory information” about these children residing in their district.

*Both reports to the districts will continue to be sent three times per year (as applicable).
Timeline: Ongoing
Resources: Service and Support Office*

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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:

- C. Transition conference, if child potentially eligible for Part B.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

Connecticut was identified as being out of compliance on this indicator in the December 24, 2002 letter approving the State Improvement Plan, as well as in the APR letters from OSEP dated February 13, 2004, January 5, 2005 and October 14, 2005.

Connecticut has been monitoring this item closely for four years and has made significant improvement (beginning at 69% in SFY2001). The Part C focused monitoring stakeholders group chose “Smooth Transitions” as a priority area. This indicator is the selection measure for that priority. Once the indicator was included on program profiles and tables showing program rankings on this indicator were posted on the Birth to Three website, stakeholders felt strongly that the lead agency needed a way to know when the reason for the delay was due to a request by the family (vacations, holidays, and illness.) As a result this information was added to the data system.

Baseline Data for FFY 2004 (2004-2005):

Region	Conference <u>On time</u>	Total <u>Conferences</u>	Simple <u>Percent</u>	Delay due to <u>Family Request</u>	Family Centered Percent
North	567	626	91%	32	96%
South	458	523	88%	34	94%
West	565	633	89%	35	95%
Statewide	1590	1782	89%	101	95%

Simple Percent on time = Trans. Conferences on time/Total Conferences held

Family Centered Percent on time = Conferences on time/(Total less Family Request)

Discussion of Baseline Data:

Programs have been ranked twice on this since December 2004. The tables are available on the Connecticut Birth to Three website www.birth23.org. During FFY2005, two programs received an on-site inquiry visit based on being ranked the lowest among programs of a similar size. Both programs developed improvement plans to track compliance as soon as possible but no later than 12 months from identification.

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

Improvement Activities/Timelines/Resources:

Since IDEA Section 637(a)(9)(A)(ii) requires the lead agency to convene a transition conference “among the lead agency, the family, and the local educational agency” it was Connecticut’s opinion that only those transition conferences that included all three participants could be considered “convened.” This definition was the basis of all data previously submitted to OSEP. At the beginning of November, 2005, service coordinators were instructed that if they’ve made every effort to accommodate the LEA’s schedule but the LEA did not participate in the transition conference, even by conference call, they may hold the transition conference without the LEA representative, as long as they document the invitation to the LEA and their attempts to have the LEA representative participate. Both Birth to Three programs and LEAs have been notified and the procedure will be revised by 1/1/06. In addition, the revised procedure for referral to the LEA will encourage referral at age two, rather than waiting until 2 ½. This reflects the earlier transition conference date of up to nine months prior to age three in IDEA 2004.

Timeline: July 2006 *Resources:* Part C Director, Birth to Three *Lead Agency Staff*

Performance Dashboard

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Each program will be given real-time access to the data for this indicator. Programs view their performance for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample.

Stakeholders that are provided ready access to this information will be able to assist in quickly identifying barriers to compliance.

Timeline: July 2005

Resources: [QA Team](#), Data System Programmer, Data Users Group

Focused Monitoring

This indicator will continue to be a selection measure for focused monitoring. Updated ranking tables will be posted on the Connecticut Birth to Three website.

Timelines: Ranking and Selection in *twice* each year, on-site visits conducted monthly.

Resources: Focused Monitoring Stakeholder Group, Part C Director, Focused Monitoring Team (QA Manager plus three parent members and a Birth to Three program director as a peer member), [Lead Agency Staff](#)

Biennial Performance Report (BPR)

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR). Programs are being phased in to this process from the previous cyclical monitoring and continuous improvement plan process based on when they last received a full monitoring visit.

Timelines:

15 programs were last monitored between 7/1/01 and 6/30/02 (Group A) and their BPR was due on 9/1/05 (SFY06 / FFY05). Improvement/corrective action plans were due within 30 days and progress updates due by 3/15/06. Any non-compliance is to be corrected as soon as possible but no later than 9/15/06 (SFY07 / FFY06).

9 programs were last monitored between 7/1/02 and 6/30/03 (Group B) and their BPR is due on 1/15/06 (SFY06 / FFY05). Improvement/corrective action plans are due within 30 days and progress updates due by 7/15/06. Any non-compliance is to be corrected as soon as possible but no later than 1/15/07 (SFY08 / FFY07).

9 programs were last monitored between 7/1/03 and 9/30/04 (Group C) and their BPR was due on 7/15/06 (SFY07 / FFY06). Improvement/corrective action plans are due within 30 days and progress updates due by 1/15/07. Any non-compliance is to be corrected by 7/15/07 (SFY08 / FFY07).

Group A will then complete a new BPR self-assessment by 7/15/07; Group B by 1/15/08 and Group C by 7/15/08. This process will repeat every two years.

Resources: Birth to Three Program staff, [Lead Agency Staff](#), [QA Team](#), Data System Programmer, Part C Director

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These program profiles include the percent of transition conferences convened on time for each program, for the group into which the program falls and for the state as a whole. Since this is a selection measure for focused monitoring, the program's rank within their group is also included.

Timeline: The profiles are updated on the website every six months.

Resources: [QA Team](#), Child Find/Public Awareness Coordinator, Child Development Infoline

SPP Template – Part C (3)

Connecticut
State

Department of Mental Retardation Business Plan

This measure has been added to the lead agency's business plan for SFY06. Data is reported each quarter by region. This should engage the *DMR leadership* in the efforts to eliminate any non-compliance.

Timeline: July 2005 – June 2006

Resources: *QA Team*, Part C Director

Verification emails are sent to each program about every late conference before the APR is completed.

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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)

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.
For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

As of 9/30/05, 38 programs had received full onsite monitoring visits as part of a three-year cycle. The last three visits were completed between 7/1/04 and 9/30/04. The quality assurance system was then redesigned to include Focused Monitoring (FM) and a new electronic Biennial Performance Reporting and Improvement Planning system (BPR).

Focused Monitoring

Based on previous monitoring results and data analyses, the Part C Focused Monitoring Stakeholders selected three priority areas: Child Find, Service Delivery and Transition. They then developed specific selection indicators for each. Programs were grouped by size based on the number of children with IFSPs on 12/1/04, then ranked within each grouping for each selection indicator. The lowest performing programs were selected for on-site inquiry visits or data verification. Four programs received on-site inquiry visits in the Spring of 2005.

Biennial Performance Report and Improvement Planning (BPR)

A committee that included parents, providers and Part C staff developed an electronic performance reporting system. This system requires that programs complete a self-assessment biennially and develop an improvement plan as needed. The system includes compliance and quality measures and data is gathered from record reviews, family interviews, staff interviews and staff observations. Whenever possible, measures are linked to the data in the Connecticut Birth to Three data system.

Programs were grouped to allow for staggered completion of each BPR. Programs that received a full on-site monitoring visit before SFY 2003 were assigned a due date of 7/1/05. Programs that received a full on-site monitoring visit during SFY 2003 were assigned a due date of 1/15/06. Programs that received a full on-site monitoring visit after SFY 2003 were assigned a due date of 7/15/06. After submitting the self-assessment data, an electronic improvement plan template is generated based on the results. The Part C Director mails notification to programs with findings of non-compliance. Child specific non-compliance must be corrected within 45 days and systemic non-compliance must be corrected as soon as possible but in no case later than 12 months from identification. Programs work with their *lead agency staff* to finalize their improvement plan targets, timelines, and strategies within 1 month of completing the self-assessment. Overall progress updates are required to be submitted electronically every 6 months. Electronic reminder notices are sent to both the regional manager and the program in advance. (Due to delays in refining the definitions of and criteria for the BPR measures as well as the data system, the first group of programs was given the option to extend their submission due date from 7/1/05 to 9/15/05).

Determinations

In addition, Section 616 of the IDEA requires that the Part C lead agency review performance of each Early Intervention (EI) Program each year. In Connecticut, based on the information provided in the EI program's Biennial Performance Report (BPR), information obtained through monitoring visits, information obtained through data analysis for the APR and any other public information, the lead agency will determine if the EI program:

- *Meets Requirements;*
- *Needs Assistance;*
- *Needs Intervention; or*
- *Needs Substantial Intervention.*

In making these determinations and in deciding upon appropriate enforcement actions, the lead agency will consider all information available to the lead agency at the time of the determination, including the history, nature and length of time of any reported noncompliance, and any evidence of correction. If the EI program also provides quantitative and qualitative data demonstrating that, in a timely manner, the EI program corrected identified noncompliance, the lead agency will consider the EI program to be in substantial compliance regarding that indicator.

EI programs that do not meet one or more of the program's targets identified in their BPR Improvement Plan (IP) should closely examine the strategies identified in the IP and consider whether the program needs to change those strategies. Failure to meet performance targets may result in focused monitoring, requests for additional data or information regarding related requirements, or other actions by the lead agency.

Connecticut's four determinations are as follows:

Meets Requirements

Factors the lead agency will consider in determining whether an EI program meets the requirements and the purposes of IDEA, include the following:

- *The EI program demonstrates substantial compliance on ALL compliance measures.*
- *All measures have valid and reliable data (actual baseline data, progress data, etc.).*
- *The EI program demonstrates that in a it corrects noncompliance timely manner.*

Needs Assistance

Factors the lead agency will consider in determining whether an EI program needs assistance in implementing the requirements of IDEA include the following:

- *The EI program does not demonstrate substantial compliance on one or more of the compliance measures.*
- *One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.).*
- *The EI program demonstrates that it corrects noncompliance in a timely manner.*
- *The EI program makes substantial progress in correcting noncompliance.*

If the lead agency determines that the EI program needs assistance, the lead agency shall take one or more of the following enforcement actions:

- ~ *Develop a compliance agreement.*
- ~ *Advise the EI program of available sources of technical assistance.*
- ~ *Provide the EI program with technical assistance.*
- ~ *Update Policies / Procedures / Advisories / Training*
- ~ *Modify the Birth to Three Data System*

Needs Intervention

Factors the lead agency will consider in determining whether an EI program needs intervention in implementing the requirements of IDEA include the following:

- *The EI program has needed assistance for at least 12 months.*
- *The EI program does not demonstrate substantial compliance on one or more of the compliance measures.*
- *One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.) and the EI program has not made significant progress in correcting previously identified data problems.*
- *The EI program has not demonstrated that it corrected noncompliance in a timely manner.*
- *The EI program has not made substantial progress in correcting noncompliance.*

If the lead agency determines for 2 consecutive years that the EI program needs intervention, the lead agency may take any of the actions described under needs assistance and may take one or more of the following enforcement actions:

- ~ *Require the EI program to use the program's funds for required technical assistance.*
- ~ *Require the EI program to prepare a corrective action plan with the lead agency.*
- ~ *Require the EI program to use the program's funds to hire an external monitor.*
- ~ *Withhold referrals to the EI program.*
- ~ *Amend the contract to shorten the term of the contract.*
- ~ *Seek to recover funds as related to the specific noncompliance.*

Needs Substantial Intervention

If the lead agency determines, at any time, that an EI program needs substantial intervention in implementing the requirements of Part C or that there is a substantial failure to comply with a corrective action plan, the lead agency will designate the EI program as in need of substantial intervention. Among the factors that the lead agency will consider are:

- *The EI program fails to demonstrate substantial compliance on one or more of the compliance measures or other measures which significantly affect the core requirements of the program, such as the delivery of services to children with disabilities.*
- *One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.) and the EI program has not made significant progress in correcting previously identified data problems.*
- *The EI program does not demonstrate that in a timely manner it corrects noncompliance.*
- *The EI program does not make substantial progress in correcting noncompliance.*
- *The EI program has informed the lead agency that it is unwilling to comply.*

If the lead agency determines, at any time, that the EI program needs substantial intervention, the lead agency may take any of the actions described under needs intervention and may take one or more of the following enforcement actions and provide an opportunity for a hearing:

- ~ *Seek to recover funds as related to failure to meet the requirements of the contract.*
- ~ *Withhold any further payments to the EI program.*
- ~ *Initiate the process to not renew or terminate the contract.*

Baseline Data for FFY 2004 (2004-2005):

The baseline data for FFY 2004 no longer applies since this indicator was changed.

Discussion of Baseline Data:

The data reported for the three FFY2004 sub-indicators were added together to create new baseline data.

The 33 (14+13+6) findings of non-compliance identified in FFY2003 were all corrected during FFY2004.

This represented 17 out of 35 programs.

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

Improvement Activities/Timelines/Resources:

In order to maintain compliance the lead agency will continue with the following practices:

Non-compliance will be identified in writing to programs as a result of the Biennial Performance Report system, Focused Monitoring, complaints, and dispute resolution.

Priority Area non-compliance will be monitored by the focused monitoring system, the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR) and by complaints.

Performance Dashboard

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Programs view their performance on compliance measures for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample. Stakeholders reported that having ready access to this information assists in quickly identifying barriers to compliance.

Timeline: July 2007

Resources: QA Team, Data System Programmer, Data Users Group

Focused Monitoring:

Each fiscal year 8-9 programs will receive on-site inquiry visits. Any priority area non-compliance identified during the visit will result in an update to the program’s improvement plan. The electronic improvement plan tracks progress updates to assist in assuring that any non-compliance is corrected as soon as possible but in no case later than 12 months from identification. For focused monitoring, identification occurs on the last day of the on-site visit when the preliminary report is provided to the program.

SPP Template – Part C (3)

Connecticut
State

Timelines: Ranking and Selection in December and June of each year. On-site visits conducted monthly.

Resources: Focused Monitoring Stakeholder Group, Part C Director, Focused Monitoring Team (QA Manager plus three parent members and a Birth to Three program director as a peer member), *Lead Agency Staff*

Biennial Performance Report (BPR)

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biennial Performance Report (BPR). Programs are being phased in to this process from the previous cyclical monitoring and continuous improvement plan process based on when they last received a full monitoring visit.

Timelines: 15 programs were last monitored between 7/1/01 and 6/30/02 (Group A) and their BPR was due on 9/1/05 (SFY06 / FFY05). Improvement/corrective action plans were due within 30 days and progress updates due by 3/15/06. Any non-compliance is to be corrected as soon as possible but no later than **9/15/06** (SFY07 / FFY06).

9 programs were last monitored between 7/1/02 and 6/30/03 (Group B) and their BPR is due on 1/15/06 (SFY06 / FFY05). Improvement/corrective action plans are due within 30 days and progress updates due by 7/15/06. Any non-compliance is to be corrected as soon as possible but no later than **1/15/07** (SFY08 / FFY07).

9 programs were last monitored between 7/1/03 and 9/30/04 (Group C) and their BPR was due on 7/15/06 (SFY07 / FFY06). Improvement/corrective action plans are due within 30 days and progress updates due by 1/15/07. Any non-compliance is to be corrected by **7/15/07** (SFY08 / FFY07).

Group A will then complete a new BPR self-assessment by 7/15/07; Group B by 1/15/08 and Group C by 7/15/08. This process will repeat every two years.

Resources: Birth to Three Program staff, *Lead Agency Staff*, *QA Team*, Data System Programmer, Part C Director

Program Profiles

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. Priority area data will be included in the program profile for each program.

Timelines: The profiles are updated on the website *at least once* every *year*.

Resources: *QA Team*, Child Find/Public Awareness Coordinator, Child Development Infoline

Determinations

Timelines: *Determinations will be made as soon as possible each year after the APR data disaggregated to the program level in preparation for public reporting. The determinations will not be included in the public reporting*

Resources: *QA Team, Child Development Infoline*

SPP Template – Part C (3)

The Procedural Safeguards section of IDEA will be reviewed and changes made to the procedure and the related forms to better align the requirements for compliance with the IDEA.

Timeline: January, 2006 *Resources:* Part C Director, Policy and Practice Office.

The Quality Assurance Manual will be updated by April 1, 2007 to align with the new method of measuring Timely Services as well as creating a more comprehensive Verification Visit process. Other changes as directed by OSEP in the Verification letter dated December 20, 2006 will be made. Stakeholder meetings will be held to gather input and review the proposed changes.

Timeline: April 1, 2007 *Resources:* QA team, Stakeholder Groups

Measures that track Part C requirements will align with their Part C requirements and correction will be required within one year of identification which begins when the program is notified in writing by the lead agency.

Timeline: April 1, 2007 *Resources:* QA team

For all Part C requirements, any individual records found to be out of compliance will be corrected even when systemic noncompliance is not identified.

Timeline: April 1, 2007 *Resources:* QA team, EI Programs

Tracking the timely correction of non-compliance was originally planned to be the responsibility of the regional managers. The Birth to Three System was reorganized 7/1/06 and an educational projects coordinator will be hired to manage this aspect of the QA system for the entire state. A research analyst will also be hired to free up the QA manager to focus more attention on this component of the overall QA system.

Timeline: June 2007 *Resources:* Part C Funds, QA team

The Biennial Performance Report (BPR) system will be restructured to enhance the identification and correction of non-compliance. Instead of 3 groups separated by 6 months, the programs will begin the second cycle in September 2007 as two groups with a year between due dates.

Timeline: June 2007 *Resources:* QA team, EI Programs

As described in the revised State Performance Plan, determinations will be made about each EI program as soon as possible after the APR is submitted and they will be notified in writing.

Timeline: June 2007 *Resources:* Part C Director, QA team, Stakeholder Groups

Since the lead agency is developing contracts with new programs to increase the capacity of Birth to Three, a system for monitoring these new programs on ALL IDEA compliance measures will be developed.

Timeline: December 2008 *Resources:* Part C Director, QA team, Policy and Practice Office

Periodically, the lead agency will monitor programs for continued compliance with those Part C requirements that most closely relate to improving results for Infants and toddlers with disabilities and their families consistent with IDEA section 616(a)(2)

Timeline: July 31, 2011 *Resources:* QA team, Stakeholder Groups

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

Overview of Issue/Description of System or Process:

Each signed, written complaint is investigated by a regional manager who reports her or his findings to the Part C Director. The Part C Director issues a written complaint response to the complainant within 60 days as well as a response to the program that is the subject of the complaint. If there were findings of IDEA non-compliance in the complaint response, the program is instructed to remediate the issue within 45 days (if it applies to a particular child or family) and within 12 months if it is a systemic issue.

Baseline Data for FFY 2004 (2004-2005):

Two signed written complaints were received; both were responded to within 60 days. Therefore, the baseline data indicates 100%

	<u>Complaint Received</u>	<u>Report issued</u>	<u># of Days</u>
Complaint #1	April 21, 2005	June 16, 2005	56
Complaint #2	April 28, 2005	May 19, 2005	21

Discussion of Baseline Data:

Typically, two to six signed written complaints are received each year. The Part C *lead agency staff* and Part C Director have been able to ensure an investigation is completed and a report is issued within 60 days.

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

Improvement Activities/Timelines/Resources:

The Connecticut Part C lead agency is currently functioning at 100% in terms of issuing responses to signed written complaints within 60 days. Maintenance activities will continue, including management of the process by the Part C Director, investigations by the Part C *lead agency staff*, and reports issued within 60 days. In addition to the report back to the complainant, a letter is sent to the program that is involved in the complaint, along with a copy of the response, specifying any steps to be taken in regard to remediation of noncompliance.

Resources: Part C Director, *Lead Agency Staff, QA Team*

In order to track compliance, the lead agency will develop the following:

State Profile

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. The data about this indicator will NOT be added to the program profiles since the sub-unit for this indicator is the region not the program. Regional data will be posted in a separate profile for the state as a whole in the same location as the program profiles on birth23.org (Quality Assurance).

Timeline: The state profile will be created by *January 2008 and updated every year.*

Resources: Part C Director, *QA Team, ICC, Lead Agency Staff, Child Find/Public Awareness Coordinator, Child Development Infoline*

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #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)

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

Overview of Issue/Description of System or Process:

Families are informed of their right to request a due process hearing, or mediation, or file a written complaint in all printed parent materials which service coordinators review with families at least annually.

As soon as a family requests a due process hearing, the hearing is assigned to one of three available hearing officers. The lead agency is represented by the Connecticut Attorney General's office. The hearing officer schedules the pre-hearing conference call with both parties as well as the hearing itself. The Part C Director handles arrangements for the hearing location and court reporter.

Baseline Data for FFY 2004 (2004-2005):

Two hearing requests were received during this period. Neither was fully adjudicated and both resulted in a settlement of compensatory services. In one case the first day of a multiple-day hearing was held and the hearing officer issued a hearing decision that incorporated the terms of the settlement. In both cases, the hearing request was made within three days of the children's third birthdays. In both cases "stay put" was requested, and in both cases the families had also filed a request for a due process hearing with their LEA. The "stay put" requests were denied by both hearing officers.

100% of all fully adjudicated hearings (which were "0").

Discussion of Baseline Data:

Neither request was fully adjudicated. Therefore, 100% of fully adjudicated due process hearing requests were fully adjudicated within the applicable timeline.

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

Improvement Activities/Timelines/Resources:

The state’s FFY05 grant award specified that Connecticut Part C must eliminate from its regulations the ability of either party in a due process hearing to request a postponement or extension. According to the Office of General Counsel at OSEP, all hearing decisions in Part C must be issued within 30 days of the request without exception. Although there were no fully adjudicated due process hearings in FFY04 that would have been affected by this provision, the state regulations were submitted for revision. The required 30-day comment period resulted in no comments being received and the revision should be approved by the Legislature’s Regulatory Review Committee in December, 2005. Although the lead agency proposed in FFY04 to retain outside counsel to represent the Birth to Three System at due process hearings, the Attorney General’s office has chosen to represent the lead agency at these hearings and to comply with the 30-day timeframe.

Resources: Part C Director, Hearing Officers, DMR Office of Legal and Governmental Affairs

In order to track compliance, the lead agency will develop the following:

State Profile

Since February 2005, the lead agency has posted program profiles on the birth23.org website. These include a variety of demographics and performance data for each program, for the size grouping into which the program falls and for the state as a whole. The data about this indicator will NOT be added to the program profile since the sub-unit for this indicator is the region not each Birth to Three program. Regional data will be posted in a separate profile for the state as a whole in the same location on birth23.org (Quality Assurance) as the program profiles.

Timeline: The state profile will be created by *January 2008 and updated every year.*

Resources: Part C Director, *QA Team*, ICC, *Lead Agency Staff*, Child Find/Public Awareness Coordinator, Child Development Infoline

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

Overview of the State Performance Plan Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

Applicable Part B due process procedures were not adopted by Part C.

Baseline Data for FFY 2004 (2004-2005):

NA

Discussion of Baseline Data:

NA

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

Improvement Activities/Timelines/Resources:

NA

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

Overview of Issue/Description of System or Process:

Families are informed of their right to request mediation or a due process hearing or to file a formal complaint in all printed parent materials which service coordinators review with families at least annually.

The Part C *lead agency staff* or the Part C Director receives requests for mediation. The Part C Director assigns one of three mediators. The mediator calls both parties (the family and the program) to schedule the mediation at a neutral location. The mediator informs the Part C Director whether or not the mediation resulted in an agreement. Mediations are held as promptly as possible. If a hearing has been requested, mediation is offered to the family and must be held prior to the hearing.

Baseline Data for FFY 2004 (2004-2005):

Two mediations held, 50% resulted in agreement.

Discussion of Baseline Data:

Two mediations were held in FFY2004:

	<u>Date Requested</u>	<u>Date Held</u>	<u>Issue</u>	<u>Agreement Reached?</u>
Mediation 1	8/24/04	9/14/04	additional ABA hrs	Yes
Mediation 2	9/16/04	11/9/04	paying for services outside of the Part C System	No

Comment: Mediation #2 was scheduled for 10/1/04 but the family's advocate could not make that date and the family requested that it be postponed until the advocate was available.

The lack of agreement in the second mediation was not surprising. The program was offering the family (whose child had an autistic spectrum disorder) an appropriate IFSP that included ABA services delivered by their own staff. However, the family was involved with an agency outside of the Birth to Three System and wanted the program to pay for those services instead.

The extremely small numbers of mediations held in Part C (far fewer than 10 per year) do not allow meaningful targets to be established.

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

Improvement Activities/Timelines/Resources:

Although the Center on Alternative Dispute Resolution (CADRE) reports that 75% of mediations should result in an agreement, the extremely small number of mediation sessions held in Part C (2-4 per year) make it doubtful that targets can be established in the future.

In addition, many issues that could potentially go to mediation are resolved prior to that, since Part C services are typically family-centered. It is a rare breakdown in communication that results in a request for mediation.

Resources: Mediators, program staff, Part C Director, *Lead Agency Staff*

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

Overview of the State Performance Plan Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

Overview of Issue/Description of System or Process:

All 618 data is produced from the Connecticut Birth to Three Data System – a real-time data system linking all programs, regional offices, intake office, and lead agency’s central office in a wide area network. Although there are many self-edits built into the system, prior to December 1 each year, a preliminary data run identifies any missing data or data that appears to have been entered incorrectly. Programs are contacted and corrections are made. Programs that have listed a child’s primary location of service as “other” are asked to identify those locations. Once all necessary data has been entered (e.g. data on children with IFSPs on December 1 may not be entered until mid-December), the *QA Team* runs the data and produces the reports.

Connecticut has always filed its child count data reports prior to February 1 of each year and its other reports prior to November 1.

Connecticut’s data, as a result of its child-specific, real-time data system, is accurate. There are numerous built in edits (list provided to WESTAT for inclusion in “Taking Your Data to the Laundry.”) Since the data is used for billing the lead agency, billing families, and ranking programs for focused monitoring, there are inherent incentives for accuracy. A number of standard reports are available at the program level to assist with tracking and monitoring service delivery, caseloads, timelines, as well as areas of compliance.

Currently, each program has a module in the real-time data system called the “Performance Dashboard” which displays data being monitored by the lead agency. Each program will be given real-time access to the data for this indicator. Programs view their performance for a six-month period and update it as often as needed. To help them identify any problems, they’ll be able to see the list of records used for that sample. Stakeholders that are provided ready access to this information will be able to assist in quickly identifying and correcting erroneous data.

All dispute resolution data is produced by the Part C Coordinator based on complaint and dispute resolution files kept in the lead agency’s central office. The accuracy of this data is cross-referenced with the case files.

Baseline Data for FFY 2004 (2004-2005):

100% of all data is submitted to OSEP on or before due dates and it is accurate.

Discussion of Baseline Data:

Connecticut is very proud of its data system and its ability to provide OSEP with timely and accurate data. We will continue to operate at 100% timeliness and accuracy.

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

Improvement Activities/Timelines/Resources:

Maintenance activities will continue in which the Part C Director, *QA Team*, and Systems Designer work together to ensure the timeliness and accuracy of data reported to OSEP. Training is offered at least annually to all program data-entry staff, there is a bi-monthly meeting of individuals who use the data system to continue to evolve the system, and there is a data system users manual that is updated at least annually and distributed to all programs.

Timeline: Ongoing Resources: QA Team, system designer, program data-entry staff

In FFY06/SFY07 the lead agency will begin verification visits with programs that completed an initial BPR in FFY05/SFY06. Programs were directed to keep a list of the records they reviewed for their Biennial Performance Report self-assessment. New records will be selected as well.

Timeline: Annually, Resources: QA team

The lead agency will increase the staff working with the QA manager and Data System Developer to assure the accuracy of all data. A full time research analyst and a part time educational projects coordinator will be added to the team.

Timeline: December 2006 Resources: Part C Funds.

Connecticut Birth to Three System Family Survey - Spring 2006



This is a survey for families receiving or who received Birth to Three services in Connecticut. Your responses will help guide efforts to improve services and results for children and families and will be kept confidential. For each statement below, please select one of the following responses. Your choices are: Very strongly disagree, Strongly disagree, Disagree, Agree, Strongly agree, or Very strongly agree.

The results of this survey will be posted on the Birth23.org website by February 2007 as part of the Connecticut Birth to Three Annual Performance Report.

Birth to Three Survey Number:

Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

PLEASE skip any item that does not apply to your family.

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My family was given information about how most children develop and learn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I was asked whether I wanted help in dealing with stressful situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I was given choices concerning my family's services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My family's daily routines were considered when planning for my child's services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have felt part of the team when meeting to discuss my child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The services on our IFSP have been provided in a timely way | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

My family was given information about:

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. the rights of parents regarding Birth to Three services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. community programs that are open to all children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. organizations that offer support for parents of children with disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. opportunities for my child to play with other children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. how to advocate for my child and my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. who to call if I am/was not satisfied with the services my child receives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. where to go for help or support if I feel worried or stressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Someone from the Birth to Three program:

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. asked whether the services my family was receiving were meeting our needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. went out into the community with me and my child to help us get involved in community activities and services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The Birth to Three service provider(s) that work(ed) with my child:

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 16. are/were dependable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. are/were easy for me to talk to about my child and my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. are/were good at working with my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. My service coordinator is/was available to speak with me on a regular basis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. My service coordinator is/was knowledgeable and professional | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. My family was given information about activities that I could do with my child in our everyday lives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I was given information to help me prepare for my child's transition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I was given information about the public school system's programs and services for children age three and older | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Very Strongly Disagree
Strongly Disagree
Disagree
Agree
Very Strongly Agree

Over the past year, Birth to Three services have helped me and/or my family:

24. participate in typical activities for children and families in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. know about services in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. know where to go for support to meet my child's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. know where to go for support to meet my family's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. feel that I can handle the challenges of parenting a child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. feel more confident in my skills as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. make changes in family routines that will benefit my child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. be more effective in managing my child's behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. figure out solutions to problems as they come up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. cope with stressful situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. feel that I can get the services and supports that my child and family need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. understand how the Birth to Three System works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. find information I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. be able to evaluate how much progress my child is making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. feel that my child will be accepted and welcomed in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. communicate more effectively with the people who work with my child and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. understand the roles of the people who work with my child and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. know about my child's and family's rights concerning Birth to Three services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. do things with and for my child that are good for my child's development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. understand my child's special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. feel that my efforts are helping my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Thank you for your participation!

(Note this is a sample of the questions only. The actual form was created in a software package that printed scan-able surveys in English and Spanish with different verb tenses depending on whether the families had exited Birth to Three or not. This sample was sent to a web survey designer for the web-based version.)