



Learning Innovations  
20 Winter Sport Lane  
Williston, VT 05495  
Phone 802.951.8218  
FAX 802.951.8222

## **EXECUTIVE SUMMARY**

# **FOCUSED MONITORING (FM) IN THE CONNECTICUT BIRTH TO THREE SYSTEM: A KALEIDOSCOPE OF PERSPECTIVES**

Prepared by  
Kristin Reedy, Ed.D. and Vicki Hornus, M.S.,  
Learning Innovations at WestEd

**December 2008**

# **Executive Summary**

## **Focused Monitoring (FM) in the Connecticut Birth to Three System: A Kaleidoscope of Perspectives**

**Prepared by Kristin Reedy, Ed.D. and Vicki Hornus, M.S.**  
**Learning Innovations at WestEd**  
**December 1, 2008**

### ***BACKGROUND***

The Connecticut Department of Developmental Services (DDS) contracted with Learning Innovations at WestEd to conduct an external evaluation of the Connecticut Birth to Three Focused Monitoring System (the CT FM System). The evaluation plan was designed to collect information from multiple perspectives and sources of data in order to capture a complete and accurate picture of Focused Monitoring in Connecticut in order to provide a basis for ongoing review and continuous improvement, resulting in improved outcomes for Connecticut's young children with disabilities and their families.

### ***MONITORING REQUIREMENTS UNDER IDEA***

Under the Individuals with Disabilities Education Act (IDEA), states are responsible for ensuring compliance with the statute and providing General Supervision of all programs providing Part B (3-21) and Part C (0-3) services. A state's system of General Supervision is responsible for monitoring and enforcing IDEA requirements and ensuring a process that will lead to continuous improvement (National Center for Special Education Accountability Monitoring-NCSEAM, 2007). "Focused Monitoring" has been defined as: "A proactive approach which includes a purposeful selection of priority areas to examine for compliance/results while not specifically examining other areas in order to maximize limited resources, emphasize important requirements, and increase the probability of improved results" (NCSEAM, 2007). Focused monitoring activities of the Lead Agency for Part C should be designed and implemented to improve educational results and functional outcomes for infants and toddlers with disabilities and their families.

A state's system of General Supervision is comprised of several components that should work together in an integrated manner to ensure overall compliance with the IDEA. Focused Monitoring is one component of Connecticut's system of General Supervision for the Part C Birth to Three Early Intervention Program. Other components include: the State Performance Plan (SPP) and Annual Performance Report (APR); (2) State to Local Determinations; (3) statewide monitoring through the Biennial Performance Report (BPR) self-assessment process; (4) statewide policies, procedures and service guidelines; (5) Memoranda of Understanding with other agencies and programs; and (6) the due process and dispute resolution system including complaints, mediation, and due process hearings. The General Supervision system is managed through state policies and procedures, informed by data on processes and results, supported with technical assistance and professional development, and includes fiscal

management and enforcement procedures to ensure compliance. The focus of this current evaluation was on the Focused Monitoring component of Connecticut's Birth to Three General Supervision system.

### **EVALUATION QUESTIONS**

The evaluation questions were designed to solicit perceptions from a variety of stakeholder perspectives and to assess the match between what was described in state documents and by state staff as the process of Focused Monitoring with what was actually occurring during the on-site visit(s). In others words, the evaluation (1) explored the degree of commonality or discrepancy in stakeholder perceptions and understandings of the purposes, intended outcomes, and the process of Focused Monitoring and (2) assessed the degree of fidelity with which the process is being implemented. The CT FM System was also evaluated against the standards set forth in the NCSEAM Focused Monitoring Implementation Checklist (2005).

### **METHODS**

A range of evaluation activities was conducted to obtain information on the functioning of the CT FM System. The variety of data sources provided a multi-lens look at Focused Monitoring as it is being implemented in Connecticut; a kaleidoscope of lenses through which to view the system.

<b>Evaluation Activities</b>	<b>Time Frame</b>
Conducted meeting of Focused Monitoring Stakeholders Group to obtain input and agreement on evaluation questions, methodology and instrumentation.	April 14, 2008
Reviewed FM documents, protocols and reports, examples of corrective action plans, etc.	Spring 2008
Reviewed guidance documents from NCSEAM.	Spring 2008
Reviewed Verification Letter (2006) and Determination Letter and Response Table (2008) from the U.S. Office of Special Education Programs (OSEP).	Spring 2008
Conducted 2 focus groups with local providers in East Hartford and Shelton, CT. Number of participants: 18 representing 17 of 38 of local programs.	June 19-20, 2008
Conducted in-depth telephone or face-to-face interviews with local program providers, DDS and other state level staff, Parent and Peer Focused Monitoring Team Members, the ICC Chair and other "key informants." Total of 18 interviews conducted.	Summer-Fall 2008
Participated as an observer on one three-day on-site FM Visit.	Summer 2008
Conducted telephone interviews with two representatives from the National Center for Special Education Accountability Monitoring (NCSEAM).	Fall 2008

### **HISTORY OF FOCUSED MONITORING IN CONNECTICUT**

Focused Monitoring in Connecticut began in 2003 with consultation from the Northeast Regional Resource Center (NERRC) and the National Center on Special Education Accountability Monitoring (NCSEAM). Connecticut's Part C Director, Linda Goodman, was invited to serve as a member of the NCSEAM's Advisory Board and Connecticut was chosen as one of the original NCSEAM "partner" states. NCSEAM guidance

documents including the *NCSEAM Self-Assessment: Focused Monitoring Implementation Checklist (FMIC)* were utilized to design Connecticut's Birth to Three Focused Monitoring System. Working with the Focused Monitoring Stakeholders Group, DDS identified three priority areas for Focused Monitoring: Child Find, Service Delivery, and Transition. These areas were selected, in part, because valid and reliable data on these three indicators were readily available. To date, 26 of 38 local early intervention programs have received an on-site Focused Monitoring review.

### ***DESCRIPTION OF CONNECTICUT'S FOCUSED MONITORING SYSTEM***

Focused Monitoring is one component of Connecticut's system of General Supervision for Part C of the IDEA. Stakeholders identify priority areas. Programs are selected for an on-site monitoring review based upon a ranking of performance in priority areas. Monitoring reports include findings of noncompliance and required corrective actions. As described in the Connecticut *IDEA Part C Quality Assurance Manual (2007)*, the purpose of Focused Monitoring is "...not to compare programs to each other but to support low performing programs by helping them to identify effective strategies for improvement" (p.28).

The State Interagency Coordinating Council (ICC) serves as the base for the Focused Monitoring Stakeholders Group, with the addition of parents, a representative from the Part B Focused Monitoring staff (Connecticut State Department of Education), and a special education director from a local school district who is also on the Part B stakeholders group. The Focused Monitoring Stakeholders Group annually reviews aggregated statewide data provided by DDS and determines the priority area(s) to be addressed in the coming year. As indicated above, the three priority areas have been Child Find, Service Delivery and Transition. Local early intervention programs are sorted into small, medium, and large groupings based on the size of the program. This provides a basis of comparison to other similarly sized programs. Indicators and measures for each priority area have been defined for program ranking and selection using statewide data available on all local programs. Programs are ranked according to their level of compliance with the targeted indicator. Based on this ranking, the lowest ranking programs within each group are selected. A Focused Monitoring Team conducts the on-site program review, comprised of the DDS Part C Accountability and Monitoring Manager, three Parent Team Members who are employed by DDS, a director of a local Birth to Three program in another part of the state who serves as a Peer Member and other DDS staff, as appropriate or needed.

The process for Focused Monitoring includes the following components: (1) pre-planning calls with the selected program; (2) a parent input letter mailed to all families of children enrolled in the program; (3) a "desk audit" of state compiled data on the program prior to the visit at which data from multiple sources are reviewed and hypotheses generated by the Monitoring Team to guide the on-site inquiry visit; (4) the on-site inquiry visit which includes record reviews and interviews with program staff and parents; (5) the on-site exit meeting and drafting of the preliminary report which includes notification of any findings of noncompliance; (6) the final summary report; (7)

improvement and corrective action plan development and (8) technical assistance and/or professional development related to the improvement or corrective action plan. The local program director and staff are closely involved in the planning of the on-site visit from the point of notification of selection, through the on-site visit, including the opportunity to provide input into the hypotheses generated during the desk audit and the discussion of the verification of hypotheses at the exit meeting.

## ***FINDINGS***

Findings from each of the data collection activities are described and summarized below. Each section provides a different lens through which to view the CT FM System from the perspective of seven different groups: the ICC and Focused Monitoring Stakeholders Group, providers of early intervention services at the local level, Parent and Peer Focused Monitoring Team Members, DDS staff and other state level stakeholders, DDS Managers, and external consultants from NCSEAM. In addition, this section includes a report of an observation of an on-site Focused Monitoring visit, conducted in August 2008.

### **ICC and Focused Monitoring Stakeholders Group**

A meeting with the ICC and Focused Monitoring Stakeholders Group was held on April 14, 2008. The purposes of the evaluation were explained, over-arching evaluation questions were shared and the Department provided an overview of Connecticut's Birth to Three system of General Supervision. The group raised a number of issues that they wanted to see addressed including the difference between quality versus compliance as the intent of the Focused Monitoring reviews, the cost of implementing the system, how Connecticut's system compares to that used in other states, how the Biennial Performance Report (BPR) and the CT FM System complement each other and how the CT FM System contributes to improved family and child outcomes. Questions included: Is Focused Monitoring focusing on the "right" programs? Is Focused Monitoring worth the cost? Are we getting information that will help in program improvement?

### **Focus Groups with Providers**

Two focus groups were held: June 19-20, 2008, with a total of 18 participants representing 17 of 38 programs. The majority of focus group participants tended to view the purpose and intended outcomes of Focused Monitoring to be improved compliance. As one provider put it, "I wish could say it is really to improve programs. Seems like the idea is to be in 100% compliance with federal guidelines and if the program improves, that's great, but that doesn't seem to be the goal." Some providers also seemed to perceive Focused Monitoring as something imposed on them from the state level rather than a participatory process in which they had had involvement. Others remembered being asked for their input on priority areas and measures. Providers were very clear about how programs are selected but many questioned whether or not the selection process is targeting programs appropriately, noting that high rates of compliance may

mask poor quality programs or services. There appeared to be confusion on the part of some providers regarding how Focused Monitoring relates to the other components of General Supervision, particularly the relationship to the BPR. Providers also questioned whether the investment in time and resources in the Focused Monitoring process was worth the effect. However, further probing and the opportunity to generate strengths and recommendations brought out acknowledgement of the necessity of a compliance monitoring system and the effort that the DDS has made to make the process clear, consistent, predictable, participatory, transparent and above all, data-based. The general perception is that the process has helped to improve compliance at the local level. However, there are fundamental concerns about an over emphasis on compliance at what many feel is at the expense of program quality and a strong interest in revising the selection process so that it targets the programs most in need of improvement.

### **Interviews with Focused Monitoring Peer Team Members**

Peer Team Members were positive in their reports of their experience. Overall they were able to thoroughly describe the process. There was consistency between interviewee descriptions and what was described and reported by DDS. The majority of comments from Peer Team Members expressed the view that Focused Monitoring is more about good data and compliance rather than program quality. Peer Team Members felt that they were authentically able to contribute to the process, that their voice was heard and that their experience as a local director provided a “reality check” and a day-to-day perspective that grounded the visit and added value to the process for the program being monitoring. They also indicated that participation was a professional development/learning experience for them personally. They would like to see more opportunity for local directors to be a part of the Focused Monitoring visits.

### **Interviews with Focused Monitoring Parent Team Members**

Parent Team Members were unanimous in their view that the purpose of Focused Monitoring is to ensure that all families and children receive the highest quality services possible. They view intended outcomes as improvement in both compliance and quality: “Ultimately the outcome is that children get the best possible services that they can get.” Parent Team members who had been involved in the process from the beginning reported on the extensive training that they had initially received but newer members reported that they were trained “on the job” by other team members. They all indicated that they may request additional training and support, as needed, but that there is no ongoing, scheduled training plan. Parent Team Members clearly understand and were able to accurately and consistently describe the process. They perceive themselves to be equal partners and team members. There was consensus that the CT FM System has a very positive impact on the quality of services and outcomes for children and families.

## Interviews with DDS Staff and Other State Level Stakeholders

State staff and others with a statewide perspective listed multiple purposes for Focused Monitoring including compliance with IDEA, improvement in quality and services, opportunities for training and technical assistance and improvement in the overall Birth to Three System. When describing outcomes, both compliance and quality measures were identified. Several individuals mentioned improvement in compliance data on the transition indicator and improvement in services. One individual expressed concern about unintended consequences asking: “Could the focus on quantitative data, which is readily available, mask some of the quality issues? Numbers don’t necessarily demonstrate the quality.” State staff and stakeholders see the connection between Focused Monitoring and the overall system of General Supervision, where the BPR “fits” and the relationship between the various components. The connection between compliance and quality was clearer for this group. On the whole, they believe that the CT FM System has had a positive impact on the quality of services for children and families. Examples of comments include: “It has raised the bar in terms of how programs are run;” and “We have hard data to show that families are getting timely services.”

### State DDS Manager Interviews

DDS Managers affirmed the “fit” with General Supervision and confirmed the process as described including input from stakeholders in selecting priority areas. Working with NCSEAM as a partner state helped to bring the NCSEAM model to Connecticut and guided the early conceptualization of the program. They understand the difficulty in explaining the connection between monitoring for compliance and its impact on program quality and acknowledge that the relationship may not be clear for providers at the local level. From the DDS vantage point, strengths of the process include its participatory and transparent structure and the fact that it is data-based and yet can be individualized through the generation of hypotheses, tailored to individual programs.

DDS Managers also pointed out that the initial selection of compliance indicators for Focused Monitoring was made based on the availability of valid and reliable data on those indicators for all local programs. The selected indicators provided an objective, data-based method for program selection. They acknowledged the emphasis on compliance but noted, “Now that we have three years of family outcome and child outcome data available, we can shift the Focused Monitoring lens to look at true outcome data...” while continuing to include compliance measures in the on-site reviews. They noted the improved levels of compliance across programs but acknowledged that improved compliance may not translate into higher quality. For example, the statewide level of compliance on the transition indicator is now very high, “...but that doesn’t mean that it is a smooth transition.”

When asked if the time, money and other resources used in the implementation of the CT FM System were worth the investment, both DDS Managers agreed unequivocally,

“Yes it is!” “Yes, totally, especially when compared with the former system of cyclical monitoring.”

### **Observation of the Focused Monitoring Process**

For the purposes of this external evaluation, a member of the Evaluation Team observed the Focused Monitoring Team during a three-day on-site visit of a selected program during the Summer 2008. The observation of the on-site visit confirmed the Focused Monitoring process as described in the Connecticut IDEA Part C Quality Assurance Manual (2007). The process was implemented with fidelity to what had been described in writing and confirmed by those who were interviewed as well as focus group participants.

### **Interviews with National Special Education Accountability Monitoring (NCSEAM) Consultants**

The Evaluation Team sought the input and national perspective from NCSEAM consultants, both of whom had supported Connecticut in the initial development and design of their system. NCSEAM Consultants described Focused Monitoring as “... a tool that is used to result in improvement and correction where it is needed... It should be different from state to state depending on their needs and decisions.” In their view, the primary purpose of Focused Monitoring is to focus attention on areas where improvement is most needed and will have the greatest impact on children and families. NCSEAM consultants were complimentary of the Connecticut system. “Connecticut has taken the premises of Focused Monitoring and done a better job designing it so that it makes sense for them...” “They are a classic example of what was envisioned by the NCSEAM stakeholder group originally, including all of the things that were deemed important—data, peers, parents, confirming or not confirming the hypotheses, record reviews, all of the pieces that are on the FM checklist.” NCSEAM also emphasized that Focused Monitoring is not the same in every state. “The idea is that it’s a set of really good principles...but how states choose to use those principles...” depends on the state context. They also emphasized that, “You can’t do focused on-site monitoring unless you have a comprehensive system of General Supervision. It can’t stand alone, you have to have all the pieces.” Across the country they see the potential of Focused Monitoring to impact quality and outcomes for children and families.

### **SUMMARY AND REFLECTIONS**

This external evaluation of Connecticut’s Birth to Three Focused Monitoring System was designed to provide a multi-lens look at the process and procedures, components, effectiveness and impact of the system using multiple sources of data. Document reviews, interviews, focus groups, and an extensive on-site observation provided a kaleidoscope of perspectives from which to look at Connecticut’s approach, from the points of view of those responsible for creating the system, to those who are on the “receiving end,” to those who view Focused Monitoring from a wide national lens, to those who narrowly focus in from a local provider or parent perspective. The following

section summarizes overarching themes that emerged for the Evaluation Team from the totality of data collected. Themes are followed by a section on strengths and suggested considerations for improvement.

## Themes

**Quality vs. Compliance:** An overall theme that emerged from the comments from both the focus groups with providers and the state level staff and Monitoring Team Member interviews related to the issue of program quality versus program compliance. Was the Focused Monitoring System intended to do one or the other or both? Was it accomplishing one or the other or both? Local providers who had been the recipients of an on-site Focused Monitoring review tended to perceive the process as heavily compliance oriented and that program quality was neither addressed nor improved as a result. State level staff and Monitoring Team Members, however, tended to see the process as a focus on compliance as a means to improve program quality and that improved services to children and families was the ultimate goal. Whether or not that goal is being achieved remains a matter of degree and difference of opinion.

**Cost vs. Impact:** A second theme that surfaced particularly from the Focus Group participants (providers) was (1) acknowledgement of the time, effort, and resources put into the process from both the state and local level and (2) questioning whether that investment was justified. In other words, “Is it worth it?” If the process is simply resulting in improved record keeping at the local level with no connection to improved services and results, then the outlay of resources and the intrusiveness of the process are perceived as excessive. If, on the other hand, the process is improving compliance as well as increasing capacity at the local level and resulting in improved quality and ultimately outcomes for children and families, the return is worth the cost. Because “program quality” and long-term impact are difficult to document using the current indicators and measures, whether the return is worth the investment remains largely a matter of perspective, informed by anecdote and personal experience.

**Validity—Identifying the “right” programs:** A third theme questioned the validity of the process. Providers noted that the current procedure of categorizing programs by size and then ranking programs within their size group has tended in recent years to identify programs that may be the lowest scoring in their group, but are still demonstrating high levels of compliance. On the other hand, providers commented that there might be programs that “...are good at putting in their data...so they look good...but they are not the best quality.” “Some people have good data so they stay under the radar.” This raises issues of validity in the program selection process and whether there might be other, less intrusive ways to address relatively low or isolated instances of noncompliance. This concern also points to the areas of priority or focus for Focused Monitoring which, to date, have included Child Find, Service Delivery and Transition. A question implied by many of the interview comments is, “Do these continue to be the ‘right’ priority areas?”

## **Strengths: Leadership, Process, and Impact**

**Leadership:** Providers of programs that were monitored acknowledge the expertise and deep understanding of Part C that DDS leadership brings to the Focused Monitoring process as well as to the overall administration of the Birth to Three System in Connecticut. Observations of the on-site visit confirmed that the effectiveness of the process could be credited to a large degree to strong leadership and direction from the DDS Team Leader.

**Process:** Table 1 shows a comparison of the strengths of the CT FM System as perceived by three groups: providers, state level staff and stakeholders, and Focused Monitoring Team Members. Perceived strengths of the process included strong leadership from the Department of Developmental Services, a process that is well organized, consistently implemented, data-based and which incorporates multiple sources of data and a variety of perspectives. Team members clearly feel that their opinions and input are taken seriously and that they have a genuine opportunity to influence the outcome.

The Evaluation Team's review of the process aligns with stakeholder perceptions. The on-site visit that was observed in the Summer 2008 indicated that, in fact, the process follows the description in the *IDEA Part C Quality Assurance Manual* and confirms the descriptions given in interviews with Focused Monitoring Team Members and state level staff, all of whom have a common understanding of how the process is intended to be implemented.

Based on the observation of the on-site review, the process is very participatory beginning with the desk audit and generation of initial hypotheses, to the on-site interviews with the local program director and staff, to the exit meeting at which findings are reviewed and hypotheses disproved or confirmed. The process is also highly efficient in terms of use of staff time and resources. The work that the team does prior to the on-site visit ensures that time spent on-site is used effectively. The model of generating draft hypotheses based on data prior to the on-site visit enables the Monitoring Team to target their inquiry and to probe for evidence of particular concerns and contributing factors. The parent perspective is clearly reflected in the structure of the monitoring teams as well as the degree to which parent views are affirmatively solicited in the on-site interview process.

**Impact:** Impact on local program improvement, program quality and on child and family outcomes is difficult to measure and needs to be addressed over time. The diverse perceptions described above indicate that the degree to which program quality is improved as a result of the Focused Monitoring process is a matter of opinion, position, and point of view. Data, however, show high levels of compliance for the state as a whole. A review of Connecticut's 2008 Annual Performance Report (APR) indicates that levels of compliance on the State Performance Plan (SPP) compliance indicators are close to the required target of 100% compliance. As summarized in the 2008 OSEP Determination Letter and accompanying Response Table (June 2008), Connecticut is

**Table 1 Perceived Strengths of Connecticut’s Birth to Three Focused Monitoring System**

<b>Monitoring Team Members</b>	<b>State Level Staff or Stakeholders</b>	<b>Providers/Program Directors</b>
Leadership and expertise from DDS.	Leadership and expertise from DDS.	
Provides support to leverage resources at the local program level.		Provides support to leverage resources at the local program level.
Peer membership on the team.	Peer membership on the team.	
	Provides a good training vehicle for the peer member and helps to make program-to-program connections.	
Parents’ perspective and membership on the team.	Parents’ perspective and membership on the team.	
Provides a means to address compliance.	Provides a means to address compliance. Assists with tracking of correction of noncompliance.	Improves compliance at the local and state level.
Uses a data-based process from which to make program decisions.	Uses a data-based process that allows comparisons across programs. Well developed website with publicly available data. Transparent process.	Uses a data-based process. Provides data demonstrating improvement in services for Birth to Three.
Uses multiple measures and reflects multiple perspectives.	Uses multiple measures and reflects multiple perspectives.	
Uses a supportive, problem-solving approach.	Makes connection between forms & paperwork, compliance & program quality.	Participation of local program director in process of generating hypotheses and recommendations.
Focus on strengths as well as areas for improvement.	Vehicle for staff training—increases local capacity.	
Well-organized, consistent process.	Well-organized, fair, consistent process.	
		Enhances Connecticut’s reputation as a “national leader” in Part C.
Tailored to the individual program; unique hypotheses.		

reporting 97% compliance for timely services (Indicator C-1), 97% compliance for timeliness of the Individual Family Services Plan (IFSP) (Indicator C-7) and 99.9%, 100%, and 99.4% compliance for early childhood transition (C-8 A, B, and C, respectively). In addition, Connecticut reported 99% for children receiving early intervention services in the home or for programs for typically developing children, and high child find/identification rates for infants and toddlers with disabilities (Indicators C-5 and 6). Based on this data, it appears that Connecticut as a whole is performing well on indicators of both compliance and performance. It is not possible to conclude, however, that these high levels of compliance are directly linked to the CT FM System. Rather, the entire General Supervision system as a whole, including the BPR and Focused Monitoring, are most likely contributing to the high levels of compliance that Connecticut is able to demonstrate.

The following are examples of stakeholder and state staff comments regarding the positive impact that Focused Monitoring is having at the local level:

- “There is impact for children and families. We have identified programs that were not serving families appropriately and [the process] enabled us to go deeper and we eliminated one program.”
- “The process really makes programs look at themselves and want to be better.”
- “The level of accountability and systematic focus on holding people accountable is making a big difference.”
- “We talk to families, and we think that transitions are going smoother, start earlier; data shows that more kids are getting FAPE at three, on time. And more kids have access...families weren’t really accessing their right to an evaluation in the transition to the school districts.”
- “Yes, [there is impact] on the quality of program services...it forces you to have an internal review. Any time an external agency comes in to evaluate your system, you are going to spend a period of time evaluating your own system prior to that so it’s positive in that regard. Plus it provides a chance for the state to offer suggestions for improvement.”
- “...the bottom line is—are we improving services to families—and I think we are. Families are benefiting.”
- “Babies can’t wait. Families are getting timely services and we have hard data to show that.”

## Areas for Improvement

Table 2 shows a comparison of the suggestions for improvement in the Focused Monitoring system offered by three groups: providers, state level staff and stakeholders, and Focused Monitoring Team Members.

**Connection to Quality:** Based on input from the provider focus groups, it appears that the process could be improved by finding a way to address program quality more directly. The current use of rates of compliance for particular indicators in program selection and the focus on compliance, particularly though the record review process during the on-site visit, give the impression that procedural compliance is the “bottom line” and that procedural compliance in and of itself will also ensure program quality. To continue the “buy in” needed to justify the investment of substantial resources to the process, it will be important to make a more explicit connection between compliance, quality, and ultimately child and family outcomes.

**Program Selection:** Selection of programs for the on-site Focused Monitoring visits is currently based on rates of compliance in priority area indicators, using a rank ordered listing of programs, categorized by size of the program. This provides the perception of equity across programs and allows for comparisons between programs of similar size. However, due to the relatively high rates of compliance that are currently being demonstrated by local programs on the identified priority area indicators, selection using the current method may result in programs being targeted which are already demonstrating high levels of compliance, even though the program may be the lowest ranked on the priority indicator within its size grouping. Although any incidence of noncompliance with state or federal requirements must be identified, addressed and corrected, as overall compliance on priority indicators improves, statewide, this may result in the identification of programs for which the investment of resources in the on-site review is not warranted. There may be other, less intrusive ways to address noncompliance in these programs. Alternatively, there may be other areas of noncompliance or performance that need to be more fully addressed, implying the need to review priority areas, indicators and measures. Table 3 shows the range of compliance ratings for the three Focused Monitoring priority area indicators from which programs were selected for an on-site visit 2007-08.

**Table 2 Perceptions of What Could Be Improved**

<b>Monitoring Team Members</b>	<b>State Level Staff or Stakeholders</b>	<b>Providers/Program Directors</b>
Address quality as well as compliance.	Address quality as well as compliance.	Address quality as well as compliance.
Review/revise selection criteria to find the “right” programs.		Make the process “friendlier” and emphasize what you are doing right.
Make the process more “streamlined.”		Simplify the process. Coordinate with the BPR self-assessment. Use fewer indicators/measures.
Make interview protocols available to program directors.	Provide greater levels of policy guidance and TA.	Provide program guidance on what to expect.
	Look at the strong providers and what can be learned from them; not just the weaker programs. Share best practices across programs.	Match programs with needs in a particular area with another program that is strong.
		Develop different levels of monitoring, differentiated levels of review.
Increase/improve training for new members of the Monitoring Teams.	Provide training for new members of the ICC on the general supervision system including focused monitoring.	Provide training to local staff on why paperwork, compliance are important and how data is used.
		Address issues in data reporting and the data system.
	Include TA providers as part of the on-site visit.	Include program director in desk audit meeting, face to face.
	Provide more diversity among parent team members.	
Provide opportunities for programs to “self-correct.”		
	Evaluate the services we (DDS) provide to providers.	

**Table 3 Range of Program Compliance on Priority Area Indicators 2007**

Priority Area	Range of Percent Compliance		
	Small	Medium	Large
Transition	75-100%	93.33-100%	85.92-100%
Child Find	92.31-100%	83-100%	96.60-100%
Service Delivery	50-100% *	91.80-100%	90-100%

Note: The 50% compliance rating was based on 1 out of 2 cases out of compliance.

**Impact:** As noted above, many interviewees and state level personnel expressed the opinion that the Focused Monitoring process was more about compliance than quality. However, as also noted above, many stakeholders and DDS staff perceive that the system is having an overall positive impact on both. Nevertheless, it will be important for local program directors as well as parents and other stakeholders to see a connection between the CT FM System, the investment in resources required for implementation and improved program quality and services to children with disabilities and their families. As suggested above, it may be appropriate to reevaluate the priority areas and to choose those more closely tied to child and family outcomes or to pursue other means to measure program quality. It may also be time to explore appropriate methods and measures of impact on children and families. The family and child outcome indicators, on which Connecticut will report in the Annual Performance Report, may be appropriate measures and data sources.

### **COMMENDATIONS**

- The Department of Developmental Services is commended for seeking expert technical assistance prior to beginning the Focused Monitoring process, primarily from the National Center for Special Education Accountability Monitoring (NCSEAM) so that the system that was developed reflected best-accepted practice in the field.
- The Department is also commended for initiating the external evaluation of the system.
- The Department has developed and implemented a comprehensive, integrated system of General Supervision of which Focused Monitoring is one component.
- The process of Focused Monitoring was developed with authentic stakeholder involvement, is consistently implemented, data-based, and grounded in principles of equity, quality, and utility.

- The involvement of parents as members of the Focused Monitoring Teams as well as the extensive outreach and interviews with parents ensures that the parent perspective is reflected throughout the process.
- The leadership provided by DDS Accountability and Monitoring staff is exceptional and models the high standards to which local programs are also held.

## **RECOMMENDATIONS**

### **Process**

- Consider including more than one Peer Team Member on the Focused Monitoring Team to create a better balance between parents and peers and to maximize the opportunity for other program directors to contribute their knowledge and experience as well as to benefit from the process.
- When new team members join the team, consider providing explicit training on the record review process prior to the on-site visit to address consistency across the record reviews.
- For the on-site visit, consider delaying the formal, written notice of findings of noncompliance until the final written monitoring report is issued. This will (1) provide time for reflection and adjustment after the visit, (2) give more time for programs to correct identified noncompliance, (3) give DDS more time to verify correction of noncompliance by the close of the 12-month correction timeline, and (4) give the program an opportunity to immediately correct noncompliance before the formal notification is received.
- Publicize general findings and “lessons learned” from all of the visits completed in a given year, so that every program can benefit from the experience of a few.
- The Team Leader is key to a successful on-visit and to the overall Focused Monitoring process. It may be advisable to train additional DDS staff to take on the Team Leader’s role so that there are others who know the process and could be called upon to lead a visit if needed.

### **Design**

- Review the priority areas and criteria for program selection with the Focused Monitoring Stakeholders Group and consider a focus on new or additional priority areas based on Connecticut’s State Performance Plan and Annual Performance Report. Increase the emphasis on quality and outcome measures and consider new ways of measurement in addition to data analysis, record reviews and interviews.
- Given the high rates of compliance demonstrated on the measures for the three priority areas, reevaluate the identified priority areas or consider differentiated levels of response based on the level of noncompliance demonstrated by the program.
- Consider whether other factors might be used to “trigger” or select programs for a Focused Monitoring on-site visit.

- Develop measures of program quality and include them in the CT FM process and/or the BPR self-assessment. One suggestion is to convene a group of stakeholders to develop quality indicators for Birth to Three programs and include them in both the Focused Monitoring process and the BPR self-assessment.
- Reduce the complexity of the system and simplify the *IDEA Part C Quality Assurance Manual* so that it is easily understood by providers and parents.
- Review the relationship between the BPR and the CT FM System to reduce redundancy and to ensure alignment.
- Consider the development of a consolidated Improvement Plan or Corrective Action Plan that incorporates findings from the BPR, on-site Focused Monitoring, and the due process/complaint system.
- Use Data Verification to verify correction of noncompliance after implementation of a local Improvement or Corrective Action plan.
- Increase diversity (race/ethnicity, socio economic status, and disability categories) across the Parent Team Members and the ICC and Focused Monitoring Stakeholders Group.

### **Professional Development and Technical Assistance**

- Provide additional professional development to local programs on the overall system of General Supervision in Connecticut and ensure that the relationship between the various components is clear to all stakeholders.
- Clarify appropriate expectations for the technical assistance that is available to local programs and how that assistance might be accessed.
- Provide additional training and ongoing support to Parent Team Members.
- Carry out a Technical Assistance (TA) Needs Assessment to identify areas for focused TA.

### **CONCLUSION**

In summary, leadership, consistency, and efficiency along with high levels of participation, use of data from multiple sources and perspectives, and data-based generation and confirmation of hypotheses have made the Connecticut Birth to Three Focused Monitoring System an excellent example of how a focus on priorities can improve levels of compliance, strengthen local capacity and, to some degree, impact program quality at the local level. This external evaluation has attempted to capture the multiple viewpoints of a diverse group of constituents by presenting a kaleidoscope of lenses through which to view Connecticut's system. It provides a prism offering a range of colorful perspectives, reflecting well on Connecticut's ability to implement and ensure compliance with Part C of the IDEA.

## **REFERENCES**

Brackett, A. & Hurley, N. (2004). Collaborative evaluation led by local educators: A practical, print and web-based guide. Newton, MA: Education Development Center, Inc. Retrieved November 5, 2008 from [www.neirtec.org/evaluation](http://www.neirtec.org/evaluation).

Connecticut Department of Developmental Services. (2007). IDEA Part C quality assurance manual. Hartford, CT: Author.

Luster, J. (2006). Case study: The Connecticut Part C system of general supervision. New Orleans, LA: National Center for Special Education Accountability Monitoring (NCSEAM).

National Center for Special Education Accountability Monitoring (NCSEAM). (2005). *Focused monitoring implementation checklist (FMIC)*. New Orleans, LA: Author.

National Center for Special Education Accountability Monitoring (NCSEAM). (2007). *Developing and implementing an effective system of general supervision: Part C*. New Orleans, LA: Author. Retrieved November 5, 2008 from <http://www.monitoringcenter.lsuhsu.edu/General%20Supervision.htm>

U.S Department of Education, Office of Special Education and Rehabilitative Services (2008). *Connecticut FFY 2006 determination letter and response table*. Washington, DC: Author.