

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

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2	<a href="#"><u>Infants and toddlers primarily receive early intervention services in the home or programs for typically developing children.</u></a>
3a	<a href="#"><u>Infants and toddlers demonstrate improved: Positive social-emotional skills (including social relationships)</u></a>
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4a	<a href="#"><u>Families participating in Part C report that early intervention services have helped the family know their rights</u></a>
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5a&b	<a href="#"><u>The percent of infants and toddlers birth to 1</u></a>
6a&b	<a href="#"><u>The percent of infants and toddlers birth to 3</u></a>
7	<a href="#"><u>Families of infants and toddlers referred to Birth to Three have an evaluation / assessment and an initial IFSP meeting 45 days.</u></a>
8a	<a href="#"><u>All children exiting Part C who receive timely transition planning including IFSPs with transition steps and services</u></a>
8b	<a href="#"><u>Notification to LEA of all children exiting Part C, if child potentially eligible for Part B</u></a>
8c	<a href="#"><u>All children exiting Part C receive timely transition conferences, if child potentially eligible for Part B.</u></a>
9	<a href="#"><u>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</u></a>
10	<a href="#"><u>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.</u></a>
11	<a href="#"><u>Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.</u></a>
12	<a href="#"><u>Non-applicable in Connecticut</u></a>
13	<a href="#"><u>Percent of mediations held that resulted in mediation agreements.</u></a>
14	<a href="#"><u>State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.</u></a>

## 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.

Regional managers 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](http://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](http://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 USC 1416(a)(3)(A) and 1442)

#### Measurement:

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

Account for untimely receipt of services.

**Overview of Issue/Description of System or Process:**

“Timely” is defined in Connecticut as all services beginning within 45 days of the family’s signature on the initial IFSP.

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. The service utilization record for each child is given an attendance status of “new” for the month during which the first service is provided.

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.

After considering the information above, all of the stakeholders requested that timely services be measured as 30 days from the projected start date for each service since it more accurately reflects each family’s preference for the initiation of each service. However, since OSEP has specified that “timely” must be measured from the date of the parent’s signature on the IFSP, Connecticut has defined “timely services” as those that occur within 45 days of the parent’s signature on the IFSP.

For children who were new in FFY04, the number of days from the IFSP signature to each IFSP service was calculated unless a specific service was projected to begin more than 45 days from the IFSP meeting. If ALL services planned to begin within 45 days from the IFSP signature date actually started within 45 days, then that record was determined to be timely. If ANY service planned to begin within 45 days from the IFSP signature date was started more than 45 days from the IFSP signature date, *the entire record* was determined to not be timely. (Connecticut did not use fractions of services since 99.75% is still below 100%)

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

Between 7/1/04 and 6/30/05, 94% of new children (2081/2210) received ALL of the early intervention services on their IFSPs in a timely manner.

**Discussion of Baseline Data:**

There were 129 children for whom one or more of the early intervention services on their IFSPs were not received in a timely manner. (If the delivery of the first service was sufficient to consider early intervention services as timely, there would only be 110 children out of 2210 who did not receive at least their first service in a timely manner.)

Number of Services That were not Timely	Number of Services on IFSP			
	1 service	2 services	3 services	4 services
1 service	77	14	3	-
2 services	-	30	1	-
3 services	-	-	3	1
4 services	-	-	-	-
				Total = 129

Programs in Connecticut are grouped by size according to the number of children enrolled at a point in time. For analysis purposes, the 129 children were served by the following sized programs:

	Small Programs 0-59 children	Medium Programs 60-149 children	Large Programs 150+ children
Number not timely	10	14	105
Total new children	327	1632	5792
Percent not timely	3.1%	0.9%	1.8%
Number of Programs	3/11	7/11	12/12
Percent of Programs	27%	64%	100%

For 11 programs, less than 1% of the new children had services that were not timely. For eight programs, the rate was between 1-2%, but for three programs the rate was over 2%.

Analysis of the 129 that did not receive timely services by region of the state shows:

North Region	27
South Region	63
West Region	39

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

### **Improvement Activities/Timelines/Resources:**

A reminder report will be developed in the Birth to Three data system and made available for end users at the program level that lists children for whom more than 30 days have passed since the IFSP meeting without any services being delivered.

Timeline: January 2006

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

#### *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), Regional Managers

#### *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 in Spanish and English. This measure will be added to the profile for the next round due in January 2006.

Resources: QA Manager, 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 2006

Resources: QA Manager, 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 Manager, Data System Programmer, Regional Managers

*Biannual Performance Report (BPR)*

The measurement of timely services will be added to the statewide self-assessment and improvement tracking system called the Biannual 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: July 2007 - 2010

Resources: QA Manager, Data System Programmer, Regional Managers

*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 by region. This should engage the lead agency's Regional Directors as well as its Commissioners in the efforts to eliminate any non-compliance.

Timeline: July 2005 – June 2006

Resources: QA Manager, Part C Director

## 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.

**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 Part C Director 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%

**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 more than 14 in a single fiscal year. If that number were tripled, Connecticut would still serve over 99% of children with IFSPs on Dec. 1 in natural environments. Since there will always be a few children for whom early intervention cannot be achieved in a natural environment (such as children who are inpatients in hospitals or children who can only be seen during supervised visits in child protective services offices), a target of 100% would actually indicate non-compliance.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>99.67%</b>
<b>2006</b> (2006-2007)	<b>99.67%</b>
<b>2007</b> (2007-2008)	<b>99.67%</b>
<b>2008</b> (2008-2009)	<b>99.67%</b>
<b>2009</b> (2009-2010)	<b>99.67%</b>
<b>2010</b> (2010-2011)	<b>99.70%</b>

**Improvement Activities/Timelines/Resources:**

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: Annual Data Verification  
Resources: Part C Director, QA Manager

*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 in Spanish and English. This measure will be added to the profile in June 2006.

Resources: QA Manager, 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: 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);
- C. Use of appropriate behaviors to meet their needs.  
(20 USC 1416(a)(3)(A) and 1442)

#### Measurement:

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

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

### 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 be added to the program profiles that are posted on birth23.org.

**Discussion of How Baseline Data Will Be Collected for FFY 2005 (2005-2006):**

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. Any child with a rating in the range of 6 to 1 at entry will be reported as “delayed”.

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. Those children rated as “7” will be reported as “at age level”. For those children with a score less than 7, the programs will report “yes” or “no” to the question: “Has the child shown any new skills or behaviors related to this measure since the last outcomes summary?” A child scoring less than 7 but coded as “yes” for this item will be reported as “Improved”. A child scoring less than 7 but coded as “no” for this item will be reported as “no improvement.”

With parent consent, this data will 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 will be given the *HELP*, *Carolina*, and *AEPS* crosswalks provided by the ECO Center as soon as they have been finalized. The lead agency will develop samples using existing curriculum embedded assessment data that programs have been entering since 7/1/2001.

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

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

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

#### Measurement:

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

### Overview of Issue/Description of System or Process:

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, but probably only the 25 items that measure impact on families. 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 "scantrable." 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.

### Discussion of How Baseline Data Will Be Collected for FFY 2005 (2005-2006):

Beginning in May of 2006, the family survey will be given to all families within the population selected. The surveys will include the child's unique identifier from the Birth to Three data system. This will allow an initial analysis of the gender, race/ethnicity, language, insurance type, early intervention program, region and other variables selected by stakeholders. If

responses are not representative of the families receiving early intervention services or the overall response is too small to yield valid results, parent members of the focused monitoring team will make direct phone calls to families as follow-up. A web-based interface is also being considered.

If, with stakeholder input, the lead agency decides to give surveys to all families whose children are currently enrolled in the Birth to Three System as of a certain date, that would mean approximately 4000 surveys would be distributed. If there was only a return rate of 10%, that would result in 400 responses from which 350 could be selected in order to achieve a representative sample using a 5% sampling error with a 50%/50% expected population percentage split.

If, with stakeholder input, the lead agency decides to give surveys to all families that exit Birth to Three during the year, that would mean approximately 4400 surveys would go out. If there was only a return rate of 10%, that would result in 440 responses from which 353 could be selected in order to achieve a representative sample using a 5% sampling error with a 50%/50% expected population percentage split.

Based on surveys mailed over the last two years to families who have changed early intervention programs, a higher return rate is expected. It may be possible that a 20% return rate from 4000 families could result in 800 responses, which could produce two representative samples of 350.

Regardless of the population to be surveyed, all families in the selected population will be included and back-up efforts will be in place with sufficient time allocated to assure a representative sample.

Timelines: Survey development: January 2006, Initial distribution: May-June 2006, Analysis: Summer 2006.

Resources: Part C Director, QA Manager, lead agency Technical Support, NCSEAM, Birth to Three Programs, Regional Managers, Additional Contractor

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

**Measurements:**

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](http://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 Child Count	CT 0-1 Pop	CT%	Other States% Mod. Eligibility	CT Rank	National %	CT Rank
12/1/03	419	41,690	<b>.93%</b>	.85%	4	.91%	23
12/1/02	476	43,147	<b>1.14%</b>	.84%	3	.95%	18
12/1/01	442	42,719	<b>1.05%</b>	.83%	6	.90%	19
12/1/00	408	43,604	<b>0.95%</b>	.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 Child Count	CT 0-1 Pop	CT %	Other States % Moderate Eligibility	CT Rank
12/1/04	441	42,876	<b>1.03%</b>	.87%	5 (out of 16)

  

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

	Birth to 1 <u>Child Count</u>	<u>CT 0-1 Pop</u>	<u>CT %</u>	<u>National %</u>	<u>CT Rank</u>
12/1/04	441	42,876	<b>1.03%</b>	.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 5<sup>th</sup> 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
<b>2005</b> (2005-2006)	<b>1.05%</b>
<b>2006</b> (2006-2007)	<b>1.1%</b>
<b>2007</b> (2007-2008)	<b>1.2%</b>
<b>2008</b> (2008-2009)	<b>1.2%</b>
<b>2009</b> (2009-2010)	<b>1.3%</b>
<b>2010</b> (2010-2011)	<b>1.4%</b>

### **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 Manager, 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 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 as the program profiles on birth23.org (Quality Assurance).

Timeline: The state profile will be created in Spanish and English by June 2006 and updated every six months with the Program Profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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

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

**Measurements:**

- 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](http://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	<b>2.92%</b>	2.20%	3	2.24%	9
12/1/02	4033	131,661	<b>3.19%</b>	2.20%	3	2.16%	8
12/1/01	3879	130,813	<b>3.02%</b>	2.10%	2	2.00%	6
12/1/00	3794	130,813	<b>2.90%</b>	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](http://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.

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

Table 8-3 ([www.federalresourcecenter.org/frc/sppc.htm](http://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.	<u>Birth to 3 Child Count</u>	<u>CT 0-3 Pop</u>	<u>CT %</u>	<u>Other States % Mod. Eligibility</u>	<u>CT Rank</u>
12/1/04	3948	127,491	<b>3.10%</b>	2.20%	3 (out of 16)

Table 8-3c ([www.federalresourcecenter.org/frc/sppc.htm](http://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.	<u>Birth to 3 Child Count</u>	<u>CT 0-3 Pop</u>	<u>CT %</u>	<u>Other States % Narrow Eligibility</u>	<u>CT Rank</u>
12/1/04	3948	127,491	<b>3.10%</b>	1.73%	1 (out of 16)

B.	<u>Birth to 3 Child Count</u>	<u>CT 0-3 Pop</u>	<u>CT %</u>	<u>National %</u>	<u>CT Rank</u>
12/1/04	3948	127,491	<b>3.10%</b>	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.

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

### **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. The data for 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 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 as the program profiles on birth23.org (Quality Assurance).

Timeline: The state profile will be created in Spanish and English by June 2006 and updated every six months with the Program Profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

Account for untimely evaluations.

### Overview of Issue/Description of System or Process:

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

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>	<b>Family Centered <u>Percent</u></b>
3395	4035	84%	407	<b>94%</b>

### 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](http://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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**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. 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 Regional Managers

*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 Manager, 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), Regional Managers

*Biannual Performance Report (BPR)*

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biannual 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, Regional Managers, QA Manager, 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 in Spanish and English.

Resources: QA Manager, 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 by region. This should engage lead agency Regional Directors as well as the Central Office Commissioners in efforts to eliminate any non-compliance.

Timeline: July 2005 – June 2006

Resources: QA Manager, Part C Director

## 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 Age Three with IFSP</u>	<u>Transition Plan 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 Biannual Performance Report (BPR).

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

**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 2006

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

*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), Regional Managers

*Biannual Performance Report (BPR)*

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biannual 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, Regional Managers, QA Manager, 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 in Spanish and English. This indicator will be added to the profile for the next round due in January 2006.

Resources: QA Manager, 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 / 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 where notification to the LEA occurred <u>2424</u>	Number of children exiting Part C who were potentially eligible for Part B <u>2424</u>	Percent <u>100%</u>
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### 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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**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: Regional Managers, 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 in Spanish and English.

Resources: QA Manager, 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 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 as the program profiles on birth23.org (Quality Assurance).

Timeline: The state profile will be created in Spanish and English by June 2006 and updated every six months with the Program Profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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 / 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>	<b>Family Centered Percent</b>
North	567	626	91%	32	96%
South	458	523	88%	34	94%
West	565	633	89%	35	95%
Statewide	1590	1782	89%	101	<b>95%</b>

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](http://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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**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 Regional Managers

*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 Manager, 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 in January 2006 and again in July 2006.

Timelines: Ranking and Selection in December and June 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), Regional Managers

*Biannual Performance Report (BPR)*

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biannual 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, Regional Managers, QA Manager, 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 in Spanish and English.

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

*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 lead agency's Regional Directors as well as its Commissioners in the efforts to eliminate any non-compliance.

Timeline: July 2005 – June 2006

Resources: QA Manager, Part C Director

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

#### Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.

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

### 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 Biannual 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.

#### *Biannual 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 biannually 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 regional managers 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 9/1/05).

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

- a. 14 findings of non-compliance were due to be corrected in FFY 2004.
- b. 14 (100%) were corrected within 12 months of identification on an accepted improvement plan.

Indicator	Monitoring Method	# Programs Reviewed*	# Programs with Findings	a. # of Findings	b.# Corrected w/in 1 yr	% Corrected w/in 1 yr
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	<i>This is a new indicator not previously measured by Birth to Three in Connecticut.</i>					
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	Data Review	35*	1	1	1	100%
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.	Data Review	35*	0	0	NA	NA
	On-site Visit	10**	5	5	5	100%
8. A.: IFSPs with transition steps and services.	Data Review	35*	0	0	NA	NA
	On-site Visit	10**	0	0	NA	NA
8. C.: Transition conference on time, if child potentially eligible for Part B.	Data Review	35*	0	0	NA	NA
	On-site Visit	10**	8	8	8	100%
<b>TOTALS</b>				14	14	100%

\* Focused monitoring did not begin until FFY04 / SFY05 and as such no corrective action plans are due until FFY05 / SFY06      \*\*with corrective action plans due in FFY04 / SFY05

**Discussion of Baseline Data:**

As of 7/1/05 there were 33 comprehensive Birth to Three programs in Connecticut. Ten programs with findings due to be corrected by 6/30/05 were included in the baseline data. Twenty programs had previously reported having corrected non-compliance (see previous APRs) and three programs had findings due to be corrected in FFY 2005 (July 1, 2005 – June 30, 2006).

In FY06, the state did not renew the contracts of two of the ten programs that had findings due to be corrected by 6/30/05.

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

**Improvement Activities/Timelines/Resources:**

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

Priority Area non-compliance will be monitored by focused monitoring system, the electronic self-assessment and improvement tracking system called the Biannual 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. 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 Manager, 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.

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), Regional Managers

*Biannual Performance Report (BPR)*

Non-compliance is identified in the electronic self-assessment and improvement tracking system called the Biannual 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, Regional Managers, QA Manager, 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 every six months in Spanish and English. This measure will be added to the profile for the next round due in January 2006.

Resources: QA Manager, 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 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:**

- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to such areas.
  - 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:

See description in the previous measurement for Indicator #9A.

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

- a. 35 findings of non-compliance were due to be corrected in FFY 2004.
- b. 35 (100%) were corrected within 12 months of identification on an accepted improvement plan.

Indicator	Monitoring Method	# Programs Reviewed*	# Programs with Findings	a. # of Findings	b.# Corrected w/in 1 yr	% Corrected w/in 1 yr
Multidisciplinary assessment in all five areas of development.	On-site Visit	10	3	3	3	100%
Annual re-assessments completed on time	On-site Visit	10	2	2	2	100%
Required participants at all IFSP meetings	On-site Visit	10	1	1	1	100%
IFSPs include all required components	On-site Visit	10	9	22	22	100%
Periodic and Annual reviews held at mandated times	On-site Visit	10	7	7	7	100%
<b>TOTALS</b>				13	13	100%

\*with corrective action plans due in FFY04 / SFY05

**Discussion of Baseline Data:**

As of 7/1/05 there were 33 comprehensive Birth to Three programs in Connecticut. Ten programs with findings due to be corrected by 6/30/05 were included in the baseline data. Twenty programs had previously reported having corrected non-compliance (see previous APRs) and three programs had findings due to be corrected in FFY 2005 (July 1, 2005 – June 30, 2006).

In FY06, the lead agency did not renew its contracts with two of the ten programs that had findings due to be corrected by 6/30/05.

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

**Improvement Activities/Timelines/Resources:**

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

Non-compliance not included in the SPP priority areas will be monitored during focused monitoring on-site visits, through the electronic self-assessment and improvement tracking system called the Biannual Performance Report (BPR) and through the complaint process.

*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 Manager, Data System Programmer, Data Users Group

*Focused Monitoring:*

Each fiscal year 8-9 programs will receive on-site inquiry visits. Any non-compliance not included in the SPP priority areas 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.

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), Regional Managers

*Biannual Performance Report (BPR)*

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, Regional Managers, QA Manager, 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.

Timelines: The profiles are updated on the website every six months in Spanish and English. This measure will be added to the profile for the next round due in January 2006.

Resources: QA Manager, 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 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:

- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
  - # of findings of noncompliance made.
  - # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

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

#### Overview of Issue/Description of System or Process:

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

Each signed, written complaint is investigated by a regional manager who reports her or his findings to the Part C Director. Within 60 days of the complaint, the Part C Director issues a written complaint response to the complainant 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.

The decision for each due process hearing that is fully adjudicated is posted on the Birth to Three website ([www.birth23.org/quality assurance/hearing decisions](http://www.birth23.org/quality%20assurance/hearing%20decisions)). If any issues of IDEA non-compliance were found during the hearing, written notification is sent to the program that was a party to the hearing, instructing them 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 complaint. Typically, the remediation specific to the child or family is spelled out in the hearing decision and that decision is implemented immediately.

Other than providing the impartial mediator, the lead agency administration is not typically a party to mediation, which is between the family and their program. The mediator notifies the Part C Coordinator as to whether or not an agreement is reached, but the terms of that agreement are kept in the child's early intervention record. Therefore, non-compliance is

not identified through mediation. Typically, if the family's request for mediation identifies obvious non-compliance, the Part C Director would instruct the program to remediate the issue and mediation would not be necessary.

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

**Complaints:**

Five signed written complaints were received in SFY2004 (July 1, 2003 – June 30, 2004) and were due to be corrected in SFY05 (FFY04). Non-compliance was identified in three of the five letters of complaint. The lead agency did not have jurisdiction over the other two.

**Discussion of Baseline Data:**

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
9C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:		There were issues of noncompliance identified through signed written complaints. There were no issues of noncompliance identified through due process hearings or mediations.
a. # of agencies in which noncompliance was identified through other mechanisms	a = 3	Three agencies had issues identified through signed, written complaints
b. # of findings of noncompliance made	b = 6	One agency had 1 finding One agency had 3 findings One agency had 2 findings
c. # of corrections completed as soon as possible but in no case later than one year from identification	c = 6	One agency had already corrected the issue by the time the complaint was received (child specific – related to missed appointments)  One agency discontinued its contract with the lead agency within two months of the identification of non-compliance (systemic – all related to appropriate development of the IFSP, ). All children were transferred to other agencies.  One agency corrected its two systemic issues related to initial evaluations within six months of identification.
Percent = $c \div b \times 100$	$6 \div 6 = 1 \times 100 = 100\%$	

There were no child/family-specific issues of non-compliance identified through hearings or signed written complaints that would have been due to be corrected within FFY04 (i.e. within 45 days of identification).

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

**Improvement Activities/Timelines/Resources:**

The lead agency will continue to maintain its process for ensuring that noncompliance identified occasionally a hearing each year will result in findings of non-compliance. It has not been difficult for the Part C regional managers to follow-up on such findings.

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

The electronic improvement plan (see BPR above) tracks progress updates and helps regional managers to assure that any non-compliance is corrected as soon as possible but in no case later than 12 months from identification.

Timelines: Every six months

Resources: Part C Director, Regional Managers, QA Manager

*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 in Spanish and English by June 2006 and updated every six months with the Program Profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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 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 regional managers 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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**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 Regional Managers, 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, Regional Managers, QA Manager

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).

Timelines: The state profile will be created in Spanish and English by June 2006 and updated every six months with the program profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**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 in Spanish and English by June 2006 and updated every six months with the program profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, 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
<b>2005</b> (2005-2006)	NA
<b>2006</b> (2006-2007)	NA
<b>2007</b> (2007-2008)	NA
<b>2008</b> (2008-2009)	NA
<b>2009</b> (2009-2010)	NA
<b>2010</b> (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 Regional Managers 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
<b>2005</b> (2005-2006)	NA
<b>2006</b> (2006-2007)	NA
<b>2007</b> (2007-2008)	NA
<b>2008</b> (2008-2009)	NA
<b>2009</b> (2009-2010)	NA
<b>2010</b> (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, Regional Managers

## 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 accuracy).

#### 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 Manager 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.

Timeline: July 2005 Resources: QA Manager, Data System Programmer, Data Users Group

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
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**Improvement Activities/Timelines/Resources:**

None needed. Maintenance activities will continue in which the Part C Director, QA Manager, 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.

Resources: QA Manager, system designer, program data-entry staff

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 each Birth to Three 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).  
Timelines: The state profile will be created in Spanish and English by June 2006 and updated every six months with the Program Profiles.

Resources: Part C Director, QA Manager, ICC, Regional Managers, Child Find/Public Awareness Coordinator, Child Development Infoline