

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

The Idaho Infant Toddler Program completed the following activities to develop the FFY 06 APR:

- o Provided program performance data and received input from regional managers, early intervention specialists, supervisors, and other stakeholders including the Early Childhood Coordinating Council.

As part of the General Supervision process outlined in indicator #9, Idaho:

- o Gathered FFY 2006 regional and statewide data from record reviews and Data-Tot using the Regional Annual Performance Report process.
- o Re-formatted the Corrective Action Plan to address the areas of non-compliance, finding/supporting evidence for non-compliance, strategies to correct non-compliance, and a data monitoring worksheet to track required data.
- o Developed Corrective Action Plans for regions determined out of compliance.
- o Monitored CAPs with regions on a pre-determined intervals (quarterly, sometimes monthly) to ensure correction of non-compliance.
- o Completed routine analysis of Data Tot data to verify regional information.
- o Developed a Focus Monitoring process for the state.
- o Completed one regional Focus Monitoring visit that provided important regional and statewide information regarding areas of strength and areas of improvement around Quality Services.

Idaho will post the FFY 06 results to the public regarding 'measurable and rigorous targets' and performance on each EIS program in the SPP on the Idaho Department of Health and Welfare Infant Toddler home page as soon as possible but no later than May of 2008. In addition, information will be shared through other public forums such as the early intervention specialist/supervisor quarterly meeting, program managers, and the Early Childhood Coordinating Council.

Part C Annual Performance Review (APR) for FFY 2006 (2006-2007)

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for (FFY 2006): 1,444/1,773 = **81.4%**

Idaho’s FFY 2006 target was **100%** of children with IFSPs receive early intervention services on their IFSPs in a timely manner. Actual target (performance) data using a “Snapshot” of all children enrolled as of June 1, 2007 revealed that **81.4%** of children receive services in a timely fashion.

To report the percent of children with IFSPs who received initial and subsequent services in a timely manner in FFY 2006, a report was generated from the Idaho Infant Toddler database (Data Tot). The report analyzed data using the current definition of children receiving timely services that compares the service initiation date to the projected start date on initial IFSP and subsequent IFSPs.

Number of Eligible Children	Number/Percent of Children with all Services Delivered Timely	Number/Percent of Family-Related Reasons/ Extenuating Circumstances for Delays	Number/Percent of Children with Timely Delivery of services
1773	1360 76.7%	84 4.7%	1444 81.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

Baseline data reported in FFY 2005 revealed that **72%** of children in Idaho were receiving services in a timely fashion. In FFY 2006, using the same timely service definition and reporting criteria, **81.4%** of children received services in a timely fashion, revealing a **9.4%** improvement between FFY 2005 and FFY 2006.

Of the 1773 children above, 329 or 18.6% are due to system delays. System delays are a result of not meeting the programs definition of children receiving services in a timely fashion. Because this is an area of non-compliance and focus for the state of Idaho, delays of children receiving timely services are continuously monitored to identify trends and areas for improvement. Upon further examination, the following reflects challenges the state continues to face when providing services to children in a timely manner:

- Personnel shortages – Idaho continues to face personnel shortages, especially speech language pathologists and physical therapists.
- Staff turnover – The Infant Toddler Program continues to experience stiff competition for qualified providers. Examples of other programs/businesses requiring qualified providers include hospitals, private clinics, and school districts.
- Increased population, leading to program growth, resulting in bigger caseload demands.
- Providing services in natural environments – Because of the shortage of personnel, and the continued increase in program growth, in many cases it comes down to either providing services for a child in a timely fashion using a clinic based service or a child’s services being delayed.

Due to exceptional family circumstances, 81 children had delays in timely service delivery. Examples of cited family reasons include child/family illness, family vacation, family relocation, and family scheduling conflicts. Due to other extenuating circumstances, 3 children had delays in timely service delivery. Examples of cited extenuating circumstances include snow storms prohibiting travel and a cancellation by a Child Protection worker in the Children and Family Services program. Specific data regarding service delivery timeliness is recorded in the Idaho Infant Toddler (ITP) electronic data system (Data Tot). This data provides the state with the necessary documentation for OSEP reporting requirements.

Additional Data Regarding Total # of Services Provided in a Timely Fashion

In addition to data regarding *children* receiving services in a timely manner, Idaho also collects data pertaining to the number of *services* being provided in a timely manner. Using a “Snapshot” of all children enrolled as of June 1, 2007, **91%** of *services* were provided timely including exceptional family and other extenuating circumstances outside the lead agencies control. Considerable progress (**14.41%** increase) in the number of timely *services* being delivered has been made between the baseline data in June 1, 2006 (**76.59%**) and June 1, 2007 (**91%**). Please refer to the chart below for further details.

Number of Eligible Services	Number/Percent of Timely Services	Number/Percent of Family-Related Reasons/Extenuating Circumstances for Delays	Number/Percent of Timely Services
FFY 2006 4426	3925 88.5%	117 2.5%	4024 91%

Even though OSEP directs states to provide information on the number of children that receive services in a timely fashion, for a more in depth analysis Idaho provided data regarding services occurring in a timely fashion. Additionally, of the 329 or 18.6% of children who did not receive services in a timely fashion, 207 or 63% of those children received more than one service, but only one service was delayed.

APR Template – Part C (4)

Idaho
State

Further analysis of the individual services being delayed revealed that the majority included speech therapy and physical therapy, the two services Idaho struggles with the most in finding qualified providers. With this further analysis of service data, a direct correlation to SLP and PT shortages and children receiving untimely services is evident.

Data Requested by OSEP in FFY 2005 (2004-2005) SPP/APR Response Table

Although the state is below the federal target (100%) for timely services, an effective system of identifying regional compliance/non-compliance is displayed by the data below.

FFY 04 (2004-2005) Regional Correction of Non-Compliance for Timely Services						
Reg. 1	Reg. 2	Reg. 3	Reg. 4	Reg. 5	Reg. 6	Reg. 7
X		X	X	X	X * = 6/06	X
Note: X = Identification of non-compliance in FFY 04 (2004-2005). * = One region (6) corrected non-compliance through completion of a Corrective Action Plan within one year of identification that was verified.						

In FFY 04 (2004-2005) non-compliance was based on hand tallied regional service delay reports identifying children awaiting services.

Regional reports identified delays in service delivery and based on these reports, determination of non-compliance was made in 6 of 7 regions. One region (2) reported that all children were served in a timely manner throughout the entire FFY 04 timeframe. One region (6) corrected non-compliance within one year of identification.

Non-compliance in FFY 04 was systematic in nature due to a shortage of resources, increase in the number of children being served, and bigger personnel caseloads. The systemic non-compliance occurred prior to an approved supplemental funding request to purchase additional services in SFY 2006 (March 2006 – June 2006) and an approved expansion funding request that included positions and funds for early intervention services for SFY 2007 (July 1, 2006 – June 30, 2007).

State approved strategies in regional Corrective Action Plans included:

- o filling open personnel positions,
- o recruiting additional contractors,
- o revising local interagency agreements to serve three year olds only between March 1 and August 31st,
- o training personnel regarding timeline requirements and documentation, and
- o developing processes to ensure appropriate and reliable tracking of timely services and service delays.

As part of the Corrective Action Plan process, regions were required to submit hand tallied reports on a quarterly (or in some instances, monthly) basis. Correction of non-compliance was verified through quarterly monitoring calls, validation of data submitted in service reports, and targets set in the Corrective Action Plan achieved.

FFY 05 (2005-2006) Regional Correction of Non-Compliance for Timely Services						
Reg. 1	Reg. 2	Reg. 3	Reg. 4	Reg. 5	Reg. 6	Reg. 7
* = 6/06		* = 6/06	* = 11/05	* = 1/06		* = 8/06
Note: * = Correction of non-compliance in FFY 05 (identified in FFY 04) through completion of Corrective Action Plan strategies within one year of identification that was verified.						

In FFY 05 (2005-2006), as part of Idaho's General Supervision System, regions were monitored to ensure compliance with Part C of IDEA APR indicators through completion of *strategies* designed to improve timely services.

Based on completed regional Corrective Action Plan strategies, 5 out of the 7 regions came into compliance in FFY 05 (within 12 months of identification), thus indicating previously identified non-compliance in FFY 04 being corrected in a timely fashion.

State approved 05 and 06 strategies in regional Corrective Action Plans include the following:

- using developmental therapists to provide language stimulation with technical assistance/consultation from speech language pathologists,
- ensuring an expeditious process for service coordinators and contractors to alert appropriate ITP staff when service openings occur,
- training personnel regarding appropriate projected start dates for services,
- increasing contractor reimbursement rates,
- re-visiting program processes to consolidate or find efficiencies,
- training personnel regarding appropriate projected start dates for services,
- revising local interagency agreements to eliminate providing services to children over 3 years of age, and
- filling new personnel positions appropriated by the legislature.

Correction of non-compliance was verified by documentation of implementation and completion of strategies identified in regional Corrective Action Plans. In addition, quarterly Corrective Action Plan calls were completed and on-site visits were made if progress was insufficient over multiple quarters.

December 05 Updates in Idaho's Measurement to Determine Compliance/Non-Compliance

Prior to the updates in Idaho's data system, regional Corrective Action Plans identified strategies to be monitored on a quarterly (sometimes monthly) basis. The regional timely service data were dynamic and ever changing based on weekly MDT actions, thus making it difficult to consistently and routinely capture information to determine regional compliance/non-compliance. As a result, Idaho determined a need for change in the process to increase the validity and reliability of measurement methods. The state initiated changes to better define the reporting, tracking, and validation process for this indicator.

In FFY 05 and 06, the following state specific activities were completed to change the measurement of timely service to ensure compliance:

- December 2005 - Data Tot was enhanced to record data for timely service.
- October 2005 – With assistance from NECTAC and WRRC, the state developed Regional Annual Performance Report (R-APR) process to collect and collate data for each region and APR indicator. R-APR data collected for FFY 06 was used to develop the APR/SPP and identify regional non-compliance.
- Winter/Spring 2007 – The state sought and received technical assistance from NCSEAM regarding the existing general supervision - Corrective Action Plan process.
- February 2007 - Re-formatted the Corrective Action Plan to address the areas of non-compliance, finding/supporting evidence for the non-compliance, strategies to correct non-compliance, required evidence of change to document what intervals of change were needed to correct non-compliance, and a data monitoring worksheet to track required data (via reports from Data Tot) at pre-determined intervals of time. Regional performance was evaluated over reduced periods of time (usually quarterly, but as short as a one month intervals).
- 2007 - Completed training, technical assistance, and implemented the new general supervision - Corrective Action Plan requirements and process with each region.

2006-2007 SPP Improvement Activities Completed

Improvement activities are designed to assist the state in meeting their measurable and rigorous targets identified in the SPP. Idaho has had a 9.4% increase between baseline data reported in FFY 2005 and target data reported in FFY 2006. In addition, in FFY 06, 91% of services are being provided in a timely fashion. Idaho has made good strides in the last year, thus showing the improvement activities below have supported the states ability to ensure children receive services in a timely fashion. In addition, new improvement activities have been added in FFY 07 and 08 to continually improve the states ability in providing timely services to children.

Resource recruitment:

- Given increased general fund and FTE support appropriated by the 2006 legislature, the Department filled all 15 new positions (ex: social workers, speech, occupational, and physical therapists), according to personnel shortages in specific geographic areas. Due to unsuccessful recruitment for personnel such as speech language pathologists, some FTE's were reclassified to identify alternative service options to respond to children's needs.
- The Infant Toddler Program reimbursement rates from Medicaid for early intervention services were increased to allow additional purchase of services.
- Contracts were negotiated to increase the number of providers to assure timely implementation of all IFSPs.

Training:

- Regional Early Intervention Specialists and other designated ITP staff provide regular intervals of training for new and ongoing Service Coordinators (public and private). These trainings ensure Service Coordinators understand their responsibilities, program timelines and procedural requirements outline in IDEA and the updated Idaho Infant Toddler Program Interim Implementation Manual. Service Coordinators are available to assist teams to identify providers for timely access to services.

Monitoring:

- Projected service start dates and actual service start dates identified on initial and subsequent IFSPs are tracked and monitored using Data Tot by regions and central office at intervals ranging from monthly to quarterly to ensure all children are served in a timely manner.
- For regions identified to be out of compliance, Corrective Action Plans were developed outlining evidence of change and strategies to correct the deficit as soon as possible but no later than one year from the date of identification.
- All regions with Corrective Action Plans were monitored through monthly data submissions, reports, phone contacts, and on-site visits as required and/or specified in their plans. Strategies on Corrective Action Plans were reviewed monthly, and if necessary, existing strategies were modified or new ones were developed to assist the regions in meeting compliance.
- Ongoing training and technical assistance was provided by the central office data manager to all regions to provide additional clarification and information regarding timely service data elements and associated tracking and reporting.
- Through communication with regions, central office identified and shared effective and successful practices regions are using to track and monitor timely service delivery ensuring consistent and efficient systems are being used statewide. These communications occurred during quarterly Early Intervention Specialist/Supervisor meetings with central office staff and through regular communication by the central office data manager with regions.

- Central office evaluated the mechanism for data entry, analysis, and reporting when tracking and reporting timely service delivery. Data entry and analysis of the data have essentially remained the same. Reporting criteria used for tracking delays in service has been adjusted to ensure consistency and accuracy of timely service data being reported throughout the federal fiscal year. All regions are using the same report criteria to pull and analyze timely service data including service delays.
- Through the Corrective Action Plan process, Early Intervention Specialist/Supervisor quarterly meetings, and ongoing technical assistance, central office has provided consistent support and information to regions to help promote the delivery of timely services.
- The Idaho Infant Toddler Implementation Manual was revised and updated in June of 2007. Videoconference training was held that included all seven regions. Regional staff, contractors, and service coordinators were invited to attend the training. Follow up delivery of the new manual and training was done by regional staff to contractors and service coordination agencies that were not able to attend the training. As part of the continued effort to adhere to delivery of timely services and validate the existing policies and procedures, the following information was disseminated during the training:
 - Timely Service Definition – Service is considered timely when delivered by the projected start date on the initial IFSP and any subsequent IFSPs.
 - Steps to promote the efficient use of available local, state, and federal resources for every child's services on the initial IFSP or subsequent IFSPs.

Maintenance of Interagency Agreements (IAAs) and Contracts:

- Regions review their local interagency agreements and contracts on a regular basis with community partners and early intervention providers who serve children through an IFSP to ensure that requirements regarding timelines and procedural safeguards continue to be addressed. In addition, most recent agreements have been revised to minimize the number of children being served by the Infant Toddler Program over the age of three, thus freeing resources for eligible children under the age of three. Only upon exceptional circumstances are children beyond three being served. In addition, some regions have transitional programs with school districts to serve children over three during the summer prior to entering the school district.
- Regions renew on an annual basis contracts issued to early intervention providers to serve children through an IFSP. These contracts are diligently reviewed with the necessary revisions made to ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the state approved standard contract. These contracts are an integral piece in holding contracted service providers accountable to the Part C regulations and APR indicators. As a result of the importance of the contracts and Idaho's accountability, regions monitor these contracts on regular basis to monitor for compliance.
- Regions actively recruit and identify new service contractors.

Policy review and revisions:

- With the definition of timely service measurement modified in July 2005, Idaho identified the need to evaluate the new definition of and ensure regions understood and were aligned with the definition. Based on the results of the evaluations, Idaho identified the need to provide additional technical assistance and training to insure consistent regional data identification and collection.

Reporting:

- ITP quarterly performance data was reported to central office administration, regional program managers, early intervention specialists, and supervisors. In addition, quarterly performance data has been posted on the internal Department of Health and Welfare website. Semi-annual reports regarding performance data was provided to the Early Childhood Coordinating Council (EC3), serving as the State Interagency Coordinating Council (ICC).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2006):

New improvement activities have been developed to increase compliance levels and ensure early intervention services are being provided in a timely fashion. These activities have been added to the Improvement/Timeliness/Resources section of the 2006 SPP.

New 2007-2008 Improvement Activity:

Policy review and revisions:

- In October 2007 an Infant Toddler Planning Summit meeting with ITP central office staff, CFS/ITP managers, early intervention specialists, and supervisors was held to address current program needs and issues. As a result of this meeting, the following workgroups were formed:
 - Contractor
 - Practice
 - Efficiency and Quality Assurance
 - Training

In FFY 2007 (2007-2008), workgroups will meet to study, analyze data, and develop recommendations to address program needs and issues. The program with stakeholder input will identify a recommendation to implement in FFY 2008 (2008-2009).

New 2008-2009 Improvement Activity:

Policy review and revisions:

- In FFY 08 (2008-2009), the Infant Toddler Program will implement recommended change based on the ITP Planning Summit workgroups and seek the necessary resources to implement the change.

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Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Services in Home and Community Based Settings – 92.3%

Actual Target Data for (FFY 2006): 1,777/1,919 = **92.6%**

Data Source: ITP Data-Tot System 618 Report Data – December 1, 2006		
Service Setting	Data	Data
EI CTR	15	0.8%
HOME	1,734	90.36%
SVC PROV	120	6.25%
COMMUNITY SETTING	43	2.2%
IN-HOSP	1	0.15%
RESIDENT	3	0.05%
OTHER	3	0.15%
TOTAL N.E.	1,777	92.6%
Total Enrolled		1,919

Idaho's FFY 2006 target - **92.3%** of children in Idaho receive services in homes and community based settings. Actual target (performance) from the 618 December 1, 2006 data revealed that **92.6%** infants and toddlers are primarily receiving services in their homes and community based settings, exceeding the established target for FFY 2006.

Data for this indicator was gathered from Data Tot (Idaho Infant Toddler Program data system). See Indicator #14 for reference to the validity and reliability of the Data Tot data system.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

The Idaho Infant Toddler Program maintains continuous efforts in assuring that early intervention services are provided in the homes or community based settings or that an appropriate justification of the extent, if any, to which services are not provided in a natural environment.

In response to the Part C FFY 2005 SPP/APR Response Table, Idaho has put in place monitoring protocols for natural environment justifications via file reviews and the Idaho data system (Data Tot) and provides technical assistance throughout the year to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddler receive early intervention services, in accordance with Part C natural environments requirements.

Regions have worked diligently to continue ongoing relationships with existing providers (contractors) and develop relationships with new providers (contractors) available to meet the natural environment requirements, particularly in rural and remote settings. In addition, many regions have begun to incorporate additional payments for travel time and mileage for Infant Toddler Program contractors. Careful assessment of natural environment and family routines during the IFSP and work to provide services through routine based interventions supports the provision of services in natural environments. All of these efforts have continued to positively impact regions' abilities to provide services in natural environments.

618 data and monitoring in 2006 supports Idaho has no systemic issue related to children receiving services in natural environments in FFY 2006. Providing services to children in natural environments remains a strength for the state.

Resolution of Previously Identified Non-Compliance in FFY 05

Based on information provided in FFY 05 APR indicator #9 one region corrected non-compliance and one region (5) was unable to correct non-compliance within 12 months despite aggressive efforts by regional staff and Central Office technical assistance, monitoring, and sanctions. The number of therapists serving that part of the state is quite limited and case loads are high (especially speech language pathologists and physical therapists). This region continues out of compliance with this indicator as of January, 2008. Sanctions imposed by central office and activities conducted by the region to correct the on-going noncompliance include the following:

State sanctions imposed:

- Increased level of monitoring and review of data
- Region required to rework contract rate structure putting a strong incentive on provision of services in the natural environment
- Public reporting of data in numerous forums across the state
- Central Office shared legislation and best-practice related information regarding the value of services in NE with regional staff. It was required this information be shared with regional contractors in training activities.

Regional strategies implemented:

- Reworked contract rate structure placing financial incentives on provision of services in NE
- Aggressive recruitment of new SLP and PT contracts
- Training to contractors re: importance/value of services in NE
- Developed/distributed parent training materials regarding importance/value of services in NE.

The Corrective Action Plan for this region (5) will be modified to incorporate the following new strategies:

- In order to assure full compliance, applicable records that contain a statement of justification will be re-examined to ensure the appropriateness of selecting a setting outside a natural environment.
- When an IFSP team (including the family) selects a service location for a child outside a natural environment, if appropriate, the team will determine whether or not the setting can be justified. If it can be justified, the justification will be appropriately documented. If it cannot be justified, the team will complete a plan on how the child will be transitioned into a natural environment setting.
- Explore bringing in outside technical assistance (preferably a trained therapist that has provided services in natural environments and thoroughly understands the research and benefits) to work with personnel to assist in the progression of providing services in natural environments.

2006-2007 SPP Improvement Activities Completed

Improvement activities are designed to assist the state in meeting their measurable and rigorous targets identified in the SPP. Idaho has met their natural environment targets two years in a row, thus remaining a strength for the state. As a result, the improvement activities below clearly support the states ability to provide services in natural environments.

- Central office completed quarterly (and in many instances, monthly) monitoring of service setting data to consistently examine regional performance.
- ITP quarterly performance data was reported to central office administration, management team, regional program managers, early intervention specialists, and supervisors. In addition, quarterly performance data has been posted on the internal Department of Health and Welfare website. Semi-annual reports regarding performance data were provided to the Early Childhood Council (EC3), serving as the state's Interagency Coordinating Council (ICC).
- Contracts and memoranda of agreements were maintained for the delivery of service in natural environments unless the child could not benefit from the service in the natural environment. In addition, some regions added financial incentives in service provider contracts for provision of services in natural environments.
- The Early Years Conference was held on November 28th and 29th 2006 in Boise, Idaho and offered numerous sessions to enhance the practice of services in natural environments. The conference had numerous contributors, one of which included the Idaho Infant Toddler Program. Attendance of Infant Toddler staff was promoted via e-mails, flyers, web-site, and information disbursed at a quarterly Early Intervention/Supervisor Infant Toddler meeting.
- Central office senior research analyst provided ongoing trainings and technical assistance to all regions to promote consistency and accuracy regarding the data elements and functions added to Data Tot in December 2005.

- Central office provided technical assistance to multiple regions regarding the expected practice of services delivered in natural environments and reviews of specific cases related to acceptable justifications for provision of services outside of the home or community based setting.
- To increase the number of qualified providers, letters were sent to each speech language pathologist graduate program in the nation. In addition, recruitment job announcements were published in the ASHA journals and other professional publications.
- The Idaho Infant Toddler Implementation Manual was revised and updated including the policies, procedures, and benefits of providing services in natural environments in June of 2007. Videoconference training was held that included all seven regions. Regional staff, contractors, and service coordinators were invited to attend the training. Follow up delivery of the new manual and training was done by regional staff to contractors and service coordination agencies that were not able to attend the training. As part of the continued effort to adhere to natural environment requirements, the training provided technical assistance and policy clarification about the team process and parameters to address natural environment service settings. In addition, regional staff, contractors, and service coordinators were encouraged to work with families to ensure parental understanding that to the maximum extent possible, early intervention services must be provided in natural environments, unless the child cannot benefit from the service in natural environments. In addition, service setting location is a decision made by the IFSP team that includes the parent and is not an individual decision made by a parent or service provider. The revised manual provides a standardized source and practice for regional staff, contractors, and service coordinators to understand and implement natural environment requirements.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2006):

N/A for FFY 2006

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See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

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

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

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

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

nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

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

FFY	Measurable and Rigorous Target
	<i>Not required for "new" Indicator 3, See SPP for additional information</i>

Actual Target Data for *(Insert FFY):*

N/A, See SPP for additional information

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for *(Insert FFY):*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *(Insert FFY) [If applicable]*

Part C State Annual Performance Report (APR) for 2006**Overview of the Annual Performance Report Development:**

See the Overview of the Annual Performance Report Development, Page 1.

This indicator presents findings of the NCSEAM Family Survey conducted by the Idaho Infant Toddler Program (ITP) to address Indicator 4, the “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.”

The survey administered by the ITP included two rating scales developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM). The 22-item Impact on Family Scale (IFS) measures the extent to which early intervention helped families achieve positive outcomes, including the three outcomes specified in Indicator #4. The 25-item Family-Centered Services Scale (FCSS) measures the quality of family-centered services provided to families. See attached survey.

A total of 2,733 paper-based surveys were distributed to all parents enrolled in the Infant Toddler Program July 1, 2007. To increase the number of possible respondents and to assure a wider age distribution, families who had exited the Program in the preceding 3 months were also mailed a survey. Both a Spanish and English survey was enclosed for all families identified with Spanish as their primary language. Sampling was not used in the survey distribution process.

A postage-paid Business Reply Envelope and a cover letter in both English and Spanish were enclosed. The cover letter explained the purpose of the survey and how to complete and return it. In addition, the cover letter explained how to complete the survey electronically using the Internet, and/or how to complete the survey by telephone. A unique identifier was included in each survey to enable tracking of respondent demographics.

In total, 419 surveys were returned for a 15.33% return rate. This number is high enough for the estimated statewide percents on the indicator to be within an adequate confidence interval, based on established survey sample guidelines (e.g., <http://www.surveysystem.com/sscalc.htm>). Data from each of the scales were analyzed through the Rasch measurement framework.

OSEP requires that the state’s performance be reported as the *percent* of families who report that early intervention services helped them achieve specific outcomes. Deriving a percent from a continuous distribution requires application of a standard, or cutscore. The ITP elected to apply the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. The recommended standards, established based on item content expressed in the scale, were as follows: for Indicator 4a, *know their rights*, a measure of 539; for Indicator 4b, *effectively communicate their children’s needs*, a measure of 556; and for Indicator 4c, *help their children develop and learn*, a measure of 516.

Idaho will post the FFY 06 results to the public regarding ‘measurable and rigorous targets’ and performance on each EIS program in the SPP on the Idaho Department of Health and Welfare Infant Toddler home page as soon as possible but no later than May of 2008. In addition, information will be shared through other public forums such as the early intervention specialist/supervisor quarterly meeting, program managers, Early Childhood Coordinating Council, etc.

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children’s needs; and

C. Help their children develop and learn.

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

<p>Measurement:</p> <p>A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.</p> <p>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.</p> <p>C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.</p>
--

FFY	Measurable and Rigorous Target
2006 (2006-2007)	<p>A. 57% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 53% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs.</p> <p>C. 69% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>

Actual Data for FFY 2006 (Survey collected in September 2007):

SPP/APR Indicator #4a:

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

A. Know their rights.

Standard:

A. .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

Percent at or above established cutscore for Indicator 4A standard: 242/416 = 58.2%

SPP/APR Indicator #4b:

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

B. Effectively communicate their children’s needs.

APR Template – Part C (4)

Standard: A. .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale:
 “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

Percent at or above established cutscore for Indicator 4B standard: 226/416 = 54.3%

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

C. Help their children develop and learn.

Standard: A. .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s impact of EI Services on Your Family scale:
 “Over the past year, Early Intervention services have helped me and/or my family understand my child’s special needs.”

Percent at or above established cutscore for Indicator 4C standard: 299/416 = 71.9%

The table below displays the distribution of race/ethnicity in the survey sample.

Distribution of Race/Ethnicity in the Sample			
Race	Number	Percentage	% Idaho 0-3 Population
White	348	83%	81.5%
Black or African/American	5	1%	1.1%
Hispanic or Latino	31	7%	14.7%
Asian or Pacific Islander	6	1%	1.3%
American Indian or Alaskan Native	7	2%	1.4%
Multi-Racial	14	3%	NA
Missing	8	2%	NA

The Hispanic return rate (7%) was below expected levels based on state demographics. However, the categories for multi racial and missing data may account for this shortfall.

Please see the Improvement Activities/Timelines section for strategies that will be implemented to increase the representation of the Hispanic population in the 2008 survey process.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006:

Comparison of FFY 2005 and FFY 2006 Survey Data			
	Baseline for FFY 2005	Data for FFY 2006	Targets for FFY 2006
Number surveys returned	355	419	
Return Rate	14.74%	15.33%	
% Responses above established cutscore			
4A -- know rights	56%	245/416 = 58.2%	57%
4B – communicate child's needs	52%	226/416 = 54.3%	53%
4C – help child develop and learn	68%	299/416 = 71.9%	69%

A total of 419 surveys were returned. Of these, 3 had no responses to the items comprising the Impact on Family Scale. Therefore, the number of valid measures in the analysis was 416. A total of 242 respondents had a measure at or above the measure that the state adopted as the standard for Indicator 4A. Therefore, the percent of families who reported that early intervention services have helped the family know their rights was 242/416 = 58.2%. A total of 226 respondents had a measure at or above the measure that the state adopted as the standard for Indicator 4B. Therefore, the percent of families who reported that early intervention services have helped the family effectively communicate their children's needs was 226/416 = 54.3%. A total of 299 respondents had a measure at or above the measure that the state adopted as the standard for Indicator 4A. Therefore, the percent of families who reported that early intervention services have helped the family help their children develop and learn was 299/416 = 71.9%

As evidenced by the chart above, The Idaho Infant Toddler Program has improved in all three areas from FFY 2005 data and has exceeded all targets set for FFY 2006. Please see below for a status update on the improvement activities that were completed during FFY 2006 and the additional strategies we intend to implement during FFY 2007.

Improvement Activities/Timelines/Resources 2006-2007

Improvement Activity planned for 2006-2007	Activities Completed in 2006 – 2007
1) Public Reporting of data regarding Family Outcome Survey Results. .	Report on EIS regional program performance published on DHW, ITP website, ITP Progress reports, and provided to Interagency Coordinating Council (name changed to Early Childhood Coordinating Council) and seven regional committees (RECCs)
2) Incorporate strategies to increase Parent Survey return rate and representation	The following strategies were implemented to increase Parent Survey return rate and representation: <ul style="list-style-type: none"> • Mailed survey to all Program enrollees, including those in service less than 6 months • Notified service coordinators when survey was being distributed and had them encourage their families to

Improvement Activity planned for 2006-2007	Activities Completed in 2006 – 2007
	<p>complete and return the survey.</p> <ul style="list-style-type: none"> • Provided a postcard to be hand-delivered by SCs to all families one or two weeks prior to receipt of the survey. Reminded the family of the importance of the survey and had them encourage their families to complete and return it. • Included copy of Spanish survey in all initial mail-out packets identified as “Spanish primary language” in Data Tot. • Discussed the representation of the 2006 survey respondents regarding gender, disability, age and ethnic distribution with University faculty. Solicited and implemented suggestions for survey distribution process to increase the response rates and survey representation.
<p>3) Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey.</p>	<ul style="list-style-type: none"> • Distributed and discussed State and Regional results from survey with all EIS and Program Managers. Information was then shared with frontline staff who identified specific strategies to improve in the areas that scored lowest within each region. • Revised and reprinted content and produced sufficient Family Books to ensure all regions had an adequate supply. Monitored distribution rate by regions. • Regional EIS and supervisors provided training and information to on-going intake staff and interim Service Coordinators regarding the following: <ul style="list-style-type: none"> ○ Expectations and materials available regarding sharing and explaining Parent’s Rights and Safeguards to Families ○ Referral to and knowledge about Idaho Parent’s Unlimited (IPUL), Idaho’s Parent Advocacy agency.
<p>4) Support and utilize the State Parent organization (IPUL).</p>	<p>Supported the IPUL annual conference through funding for parent scholarships and/or speakers. Also developed a contract with IPUL for parent training regarding parent’s rights and responsibilities under IDEA, Part C.</p>
<p>5) Parent Training</p>	<p>Promoted access to parent education opportunities and parenting curriculum through distribution of materials and classes by the regional offices. Partnered with Child and Family services to target families at highest risk and in greatest need of intervention and support.</p>

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2007.

<p>Improvement Activities listed in SPP for 2007-2008</p>	
<p>1) Report progress data in APR on the following:</p> <p style="padding-left: 40px;">The percent of families participating in Part C who report that early intervention services have helped the family:</p> <ul style="list-style-type: none"> ○ Know their rights; ○ Effectively communicate their children's needs; and ○ Help their children develop and learn. <p>2) Compare performance to targets; adjust targets with public input as needed.</p> <p>3) Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey.</p> <p>4) Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.</p>	
<p>New Improvement Activities to add to SPP for FFY 2007</p>	<p style="text-align: center;">Justification for Change</p>
<p>1) Increase responses of the Parent Survey by the Hispanic population using a selection of the following strategies:</p> <ul style="list-style-type: none"> • Print postcard for distribution to families prior to survey distribution in Spanish as well as English. • Notify service coordinators of all children, including those coordinating for Hispanic families, when survey is being distributed and have them encourage their families to complete and return the survey. • Include copy of Spanish survey in all Survey packets identified as “Spanish primary language” in Data Tot. • Collaborate with a University (BSU or U of I) to further analyze the representation of the 2006 survey respondents regarding gender, age and ethnic distribution as compared to the population served by the Program. • Obtain recommendations regarding the survey distribution process and low-cost follow-up activities 	<p>Parent Survey response by Hispanic population is low relative to the percentage of the population we serve. Strategies are needed to increase responses from this group.</p>

Improvement Activities listed in SPP for 2007-2008	
to increase the response rates and survey representation.	
<p>2) Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey (e.g. increased focus on linkage to community resources, assisting families to integrate their child into “typical” community activities and events, and supporting the <u>Family’s</u> needs in addition to the developmental needs of the child.</p> <ul style="list-style-type: none"> • Set and monitor distribution policy for Family Books to ensure appropriate families receive a copy at entry. • Ensure EIS and Supervisors provide training and information to staff and Service Coordinators regarding referral to and knowledge about Idaho Parent’s Unlimited (IPUL), Idaho’s Parent Advocacy agency and other community resources that will be supportive for families. 	<p>NECSEAM Family survey results demonstrate a need to link parents to community and advocacy resources and promote activities to support the <u>family</u> in addition to meeting the child’s developmental needs.</p>
<p>3) Support the IPUL annual conference through funding for parent scholarships and/or speakers.</p>	<p>Increase linkage of families to advocacy and support organizations.</p>

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Effective General Supervision Part C/ Child Find

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

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

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

Measurement:

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

Actual Target Data for 2006 : 1.60%

FFY	Measurable and Rigorous Target
2006 (2006-2007)	1.60% of infants under 1 year of age receive early intervention services

Idaho's FFY 2006 target – 1.60% of the total statewide population of infants and toddlers aged birth to one enrolled for services into the Infant Toddler Program. This target was established in the previous year's APR using demonstrated performance history and calculations made with state provided Vital Statistics figures.

Actual Target (Performance) Data for 2006 : 1.70%

Date	0 – 1 POPULATION 1 SERVED	OSEP 0-1 Population	OSEP 0-1 % SERVED
December 1, 2006	392	23,031 **	1.70% **

** Reference Source is OSEP provided Table C-9: 2006

APR Template – Part C (4)

Idaho
State

Idaho exceeded the FFY 2006 target of 1.60% by enrolling and serving 1.70% of the total statewide population of infants and toddlers aged birth to 3 enrolled for services into the program

Comparison to All Other States –

Idaho is a state which does not serve “at risk” children. According to OSEP’s Tables 7-1 and C-9, Idaho’s identification of infants from birth to one for FFY 2006 compares to other states with similar eligibility definitions as follows :

On December 1, 2006, 392 infants aged birth to one were enrolled in Idaho. Idaho placed 5th in the nation when ranked among states that exclude those enrolled at risk and 9th in the nation when ranked among all states regardless of inclusion or exclusion of services to “at risk” populations.

According to Tables 7-1 and C-9, Idaho served 1.70% of its state’s infants aged birth to one. This figure is 0.64% above the OSEP National Baseline average of 1.06% for all 50 states and the District of Columbia.

Comparison to All States with Similar National Eligibility Criteria –

Idaho has been federally classified and grouped as a state using “Narrow” eligibility enrollment criteria. Idaho’s identification of infants from birth to one for FFY 2006 ranked 2nd among all states using similar “Narrow” eligibility criteria definitions and “excluding children at risk”. As no states in the “Narrow Eligibility” category were indicated as serving “at risk” children in OSEP Table 7-1, this single ranking is demonstrated below in descending order of percent of population served.

NARROW ELIGIBILITY CRITERIA STATES	0-1 POPULATION SERVED	OSEP STATE 0-1 POPULATION BASE	OSEP PERCENT POPULATION SERVED	NATIONAL BASELINE DIFFERENCE **
NORTH DAKOTA	159	8,261	1.96	0.9
IDAHO	392	23,031	1.70	0.64
OKLAHOMA	661	52,417	1.29	0.23
CONNECTICUT	442	36,077	1.13	0.07
MONTANA	112	11,644	0.96	-0.1
SOUTH CAROLINA	468	57,330	0.82	-0.24
NEBRASKA	184	26,097	0.71	-0.35
TENNESSEE	563	80,383	0.70	-0.36
UTAH	353	48,886	0.70	-0.36
NEVADA	255	37,901	0.68	-0.38
OREGON	306	45,608	0.67	-0.39
MAINE	87	13,880	0.62	-0.44
D.C.	45	7,671	0.61	-0.45
ARIZONA	588	98,407	0.60	-0.46
GEORGA	639	141,488	0.45	-0.61
GUAM	47	-	-	-
NATIONAL BASELINE	43,048	4,130,153	1.04 / 1.06 *	-

* Table 7-1 shows 1.06% vs Table C-9 showing 1.04% as the National Baseline value (variance of 0.02 %)

** All National Baseline Differences are calculated here from a National Baseline value of 1.06%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

On December 1, 2006, 392 infants aged birth to one were enrolled in Idaho. Updated OSEP provided census data (Table C-9) indicated a 1.70% enrollment figure.

By using updated figures provided by OSEP Table C-9, Idaho statewide enrollment of infants and toddlers birth to one exceeded its projected enrollment target of 1.6% by +0.1%.

Improvement Activities Completed**2006-2007**

Following is the status of improvement activities conducted during FFY 2006.

- Some regional programs provided outreach to and partnered with Substance Abuse Treatment programs to coordinate services for pregnant women and assure early referrals on any newborns who are exposed prenatally.
- Central Office participated in planning and grant development activities, sharing referral protocol.
- Child find activities included implementing contracts for developmental monitoring and community screening linked with LEAs.
- Pilot study to evaluate efficacy and performance of Child Find contracts with district health departments was extended into FFY 2007 for sufficient time to collect and evaluate data to determine recommendations in the management of developmental monitoring (if any).
- Provided ongoing training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.
- Exhibited Infant Toddler Program information at conferences and medical professional health fairs, i.e. adoptions conference, perinatal conference, foster parent conference, child care conferences, Developmental Disabilities conferences, Idaho Parents Unlimited (IPUL) Parent Leadership events, etc.
- Provided ongoing statewide training for Children and Family Service workers confirming referral requirement and introducing a revised protocol for CAPTA referrals.
- Monitored data on referral sources, tracked trends, and analyzed by regions the identification of eligible children.
- Reported on ITP regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.
- Continued regular participation in the Idaho Sound Beginnings Advisory Committee as well as continued support for a successful hearing screening program and coordination of referrals from

the Idaho Sound Beginnings program to the Idaho School for the Deaf and Blind (ISDB) Outreach Program.

- Infant Toddler Program Manager attended national meetings related to identification of children who are deaf or hard of hearing.

Additional Improvement Activities Initiated during FFY 2006 :

One new improvement activity was developed during the year to help sustain continued identification of all eligible children.

- The Idaho Infant Toddler Program and Early Childhood Coordinating Council developed and assembled outreach information packets detailing program services, newborn hearing screening, positional plagiocephaly, and the Children's Health Insurance Program for Pediatricians and Family Physicians statewide. Regional Early Childhood Coordinating Council committees will be identified as the facilitators for that distribution.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2007):

Revisions, with Justification, to Proposed Targets

During 2006, the Idaho Sound Beginnings Program (Early Hearing Detection Intervention) was transferred from the Idaho Council of the Deaf and Hard of Hearing to the Idaho Infant Toddler Program in order to streamline follow-up on child referrals and facilitate program alignment with Child Find.

New 2007 – 2008 Improvement Activities

The additional improvement activity developed during FFY 2006 to help sustain continued identification of all eligible children is projected to be fully implemented and completed as detailed :

- The Idaho Infant Toddler Program and Early Childhood Coordinating Council will distribute outreach information packets detailing program services, newborn hearing screening, positional plagiocephaly, and the Children's Health Insurance Program to all Pediatricians and Family Physicians statewide. Regional Early Childhood Coordinating Council committees will facilitate that distribution.

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Effective General Supervision Part C/ Child Find

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

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

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

Measurement:

- C. Percent = # of infants and toddlers birth to 3 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.
- D. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Actual Target Data for 2006 : 2.74%

FFY	Measurable and Rigorous Target
2006 (2006-2007)	2.74% of infants and toddlers birth to 3 receive early intervention services

Idaho's FFY 2006 target – 2.74% of the total statewide population of infants and toddlers aged birth to 3 enrolled for services into the program. This target is identified in the previous year's APR using demonstrated performance history and calculations made with state provided Vital Statistics figures.

Actual Target (Performance) Data for 2006 : 2.77%

Date	0 – 3 POPULATION SERVED SNAPSHOT	OSEP 0-3 Population	OSEP 0-3 % Served
December 1, 2006	1,919	69,199 **	2.77 % **

** Reference Source is OSEP provided Table C-9: 2006

Idaho exceeded the FFY 2006 target of 2.74% by enrolling and serving 2.77% of the total statewide population of infants and toddlers aged birth to 3 enrolled for services into the program.

Comparison to All Other States –

Idaho is a state which does not serve “at risk” children. According to OSEP’s Tables 7-1 and C-9, Idaho’s identification of infants from birth to 3 for FFY 2006 compares to other states with similar eligibility definitions as follows :

On December 1, 2006, 1,919 infants and toddlers aged birth to 3 were enrolled in Idaho. Idaho placed 11th in the nation when ranked among states that exclude those enrolled at risk and 13th in the nation when ranked among all states regardless of inclusion or exclusion of services to “at risk” populations.

According to Table 7-1 and C-9, Idaho served 2.77% of its state’s infants and toddlers aged birth to 3. This figure is 0.34% above the OSEP National Baseline average of 2.43% for all 50 states and the District of Columbia.

Comparison to All States with Similar National Eligibility Criteria –

Idaho has been federally classified and grouped as a state using “Narrow” eligibility enrollment criteria. Idaho’s identification of infants and toddlers from birth to 3 for FFY 2006 ranked 3rd among all states using similar “Narrow” eligibility criteria definitions and “excluding children at risk” As no states in the “Narrow Eligibility” category were indicated as serving “at risk” children in OSEP Table 7-1, this single ranking is demonstrated below in descending order of percent of population served.

NARROW ELIGIBILITY CRITERIA STATES	0-3 POPULATION SERVED	OSEP STATE 0-3 POPULATION BASE	OSEP PERCENT POPULATION SERVED	NATIONAL BASELINE DIFFERENCE
CONNECTICUT	4,018	117,754	3.41	0.98
NORTH DAKOTA	757	24,311	3.11	0.68
IDAHO	1,919	69,199	2.77	0.34
MAINE	1,023	42,255	2.42	-0.01
SOUTH CAROLINA	3,381	171,133	1.98	-0.45
OKLAHOMA	3,043	154,228	1.97	-0.46
MONTANA	679	35,033	1.94	-0.49
UTAH	2,767	150,581	1.84	-0.59
ARIZONA	5,299	292,208	1.81	-0.62
OREGON	2,482	138,021	1.80	-0.63
NEBRASKA	1,354	77,895	1.74	-0.69
TENNESSEE	4,014	240,933	1.67	-0.76
GUAM	155	-	1.47	-0.96
D.C.	308	22,012	1.40	-1.03
NEVADA	1,520	111,945	1.36	-1.07
GEORGA	5,357	423,810	1.26	-1.17
NATIONAL BASELINE	299,848	12,341,931	2.43	-

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

On December 1, 2006, 1,919 infants and toddlers aged birth to 3 were enrolled in Idaho. Updated OSEP provided census data (Table C-9) indicated a 2.77% enrollment figure.

This statewide enrollment of infants and toddlers birth to 3 exceeded its projected enrollment target of 2.74% by +0.03%.

Improvement Activities Completed**2006-2007**

All planned SPP improvement activities related to this indicator were completed during FFY 2006.

- Central Office participated in planning and grant development activities, sharing referral protocol.
- Child find activities included implementing contracts for developmental monitoring and community screening linked with LEAs.
- Pilot study to evaluate efficacy and performance of Child Find contracts with district health departments was extended into FFY 2007 for sufficient time to collect and evaluate data to determine recommendations in the management of developmental monitoring (if any).
- Provided ongoing training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.
- Exhibited Infant Toddler Program information at conferences and medical professional health fairs, i.e. adoptions conference, perinatal conference, foster parent conference, child care conferences, IPUL (PTI) Parent Leadership events, etc.
- Provided ongoing statewide training for Children and Family Service workers confirming referral requirement and introducing a revised protocol for CAPTA referrals.
- Monitored data on referral sources, tracked trends, and analyzed by regions the identification of eligible children.
- Reported on ITP regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.
- Infant Toddler Program Manager attended national meetings related to identification of children who are deaf or hard of hearing.
- ITP Early Intervention Specialists participated as regular members of the Idaho Sound Beginnings Advisory Committee.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2007):**New 2007 – 2008 Improvement Activities**

No new improvement activities have been identified for development to help sustain continued appropriate identification of all eligible children.

Part C Annual Performance Review (APR) for FFY 2006

Overview of the Annual Performance Report Development:

For general overview information, see page 1.

Monitoring Priority: Effective General Supervision Part C/ Child Find

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

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

Measurement:

Percent = # of 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.

Account for untimely evaluations.

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

Actual Target Data for (FFY 2006): 445/493 = **90.3%**

Idaho’s FFY 2006 target was **100%** of children in Idaho had an evaluation and assessment and an initial IFSP meeting conducted within the 45 day timeline. Actual target (performance) data from 3/1/07 - 6/1/07 revealed that **90.3%** children in Idaho had an evaluation and assessment and an initial IFSP meeting conducted within the 45-day timeline.

The reports are based on the calculation of the actual number of days between the date of referral and the date of the initial IFSP meeting for each child. When an untimely IFSP occurs, (46 days later than the referral date) regions must record the reason for the late meeting in the Idaho data system (Data Tot).

Data for this indicator was gathered from the Data Tot data system. See Indicator #14 for reference to the validity and reliability of the Data Tot data system.

Referral Range	Number/Percent within 45 days	Number/Percent delayed due to family-related reasons	Total Number/Percent in compliance with timeline
3/1/07 - 6/1/07 n=493	396 80.3%	49 10%	445 90.3%
** 6/1/07 – 9/1/07 n = 471	394 83.7%	41 8.7%	435 92.4%

** Additional data showing progress towards the end of FFY 06 and beginning of FFY 07.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

Of the 493 children above, 48 or 9.7% account for system delays (untimely evaluation and IFSPs) regarding the 45 day timeline. System delays are a result of the Idaho Infant Toddler Program not meeting the 45 day timeline. System delays are routinely monitored by the state and region to identify trends and identify strategies for improvement. Upon further examination, the following details the reasons why eligible children were unable to have timely evaluation and assessments and initial IFSP meetings:

- Increased population, leading to program growth, resulting in increase caseload demands.
- Staff/contractor shortages and unavailability of a variety of service providers including speech language pathologists and physical therapists.
- Staff/contractor turnover. The Idaho Infant Toddler Program has many other establishments it must compete with such as schools, hospitals, clinics, etc. for qualified service providers.
- According to December 1, 2006 data from Data Tot, approximately 10% of eligible children are co-served by Children and Family Services (CFS) Child Protections. Infant Toddler staff has a difficult time obtaining consents from CFS families, thus impacting the 45 day timeframe. In addition, they have found that CFS participants tend to have more complex issues, frequently relocate, and parents tend to have less interest in cooperating/participating in the program.

Due to exceptional family related reasons, 49 evaluations and IFSPs completed within the 45 day time frame were delayed. Examples of family reasons include child/family illness, family vacation, family relocation, and family scheduling conflicts. Specific data regarding the 45 days and family or system reason for untimely IFSPs is recorded in Data Tot. This data provides the state with the necessary documentation for OSEP reporting requirements.

In addition to FFY 2006 APR data being provided, Idaho is providing data for the past 90 days of data as of 9/1/07 which revealed continued improvement, with **92.4%** children in Idaho having an evaluation and assessment and an initial IFSP meeting conducted within the 45-day timeline, thus showing 2.1% progress toward meeting 100% compliance for this indicator.

Note: The Department of Health and Welfare, Idaho's lead agency, requires early intervention providers to obtain a *signed, completed* IFSP within 45-days of referral, whereas Part C regulations require an *initial meeting* be held within 45-days of referral. The Idaho measurement and reporting method holds us accountable to a higher standard.

Resolution of Previously Identified Non-Compliance in FFY 05

All seven regions identified to be out of compliance in FFY 04 were able to correct in FFY 05 (within 12 months of identification). Please refer to correction of non-compliance in FFY 05 APR indicator #9.

In February 2007, the Corrective Action Plan was re-formatted to address the areas of non-compliance, finding/supporting evidence for the non-compliance, strategies to correct non-compliance, required evidence of change to document what intervals of change were needed to correct non-compliance, and a data monitoring worksheet to track required data (via reports from Data Tot) at pre-determined intervals of time. Regional performance was evaluated over reduced periods of time (usually quarterly, but as short as a one month intervals).

State approved strategies in regional Corrective Action Plans between FFY 04 and FFY 06 include the following:

- Provide information and training to intake staff specific to required 45 day timelines and documentation/justification when timeline is not met.
- Establish a region wide practice to ensure information is documented to ensure 45 day timeline is done in a consistent manner.
- Track 45 day timelines for children during weekly staffing meeting.
- Work closely with child protection supervisors and ITP personnel with regard to child protection referrals by conducting joint staff meetings.
- Ensure regular supervision and monitoring of the process to achieve the 45 day timeline.
- Supervisors and staff meet to analyze 45 day timeline trends to streamline process while ensuring compliance with procedural safeguards and Part C requirements.
- Joint visits with intake staff and therapists for intake process.
- Use electronic scoring to expedite the process for evaluations.
- Continued review of procedures and policies with the intent of identifying and implementing points/areas in the intake process that can be modified or enhanced.
- Increased the number of multi-disciplinary staffing from 1 day per week to 4 days per week to expedite evaluation/eligibility process to better meet the 45 day timeline.
- Intake team members meet individually with their supervisor every two weeks to:
 - report on current case load,
 - review options to expedite processes,
 - notify supervisor immediately if case appears to be taking over 45 days, and
 - review 45 day variance log and all supporting documentation with supervisor.

2006-2007 SPP Improvement Activities Completed

Improvement activities are designed to assist the state in meeting their measurable and rigorous targets identified in the SPP. Idaho has sustained performance between FFY 2005 and 2006. The first quarter in FFY 2007 shows a 2% increase in meeting the 45 day requirement. The improvement activities below have supported the states ability sustain performance between FFY 05 and 06 and show improvement in the beginning of FFY 07 in meeting the 45 day timeline. New improvement activities have been added in FFY 07 and 08 to improve the states performance to meet the 45 day timeline.

- The state was able to increase the number of trained interim Service Coordinators available to coordinate timely evaluation, assessment, and IFSP development based on additional Service Coordinators hired thanks to FTEs appropriated by the Idaho 2006 Legislature.
- Regions provided orientation and annual training for interim Service Coordinators focusing on the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services for CAPTA referrals.
- The state reviewed and streamlined the process for appointment of surrogate parent when needed and the process was included in practice standards.
- The Part C central office research analyst and programmer developed data system reports to alert SCs (private and public) about upcoming timelines for individual children and to achieve efficiencies in tracking data. Training of regional data entry personnel was provided at regional training sessions conducted statewide for data entry personnel, Service Coordinators, and direct service personnel.
- Central office tracked regional performance using Data Tot and 618 data. For regions found to be out of compliance, a Corrective Action Plan was completed with the region identifying specific strategies to correct non-compliance. Central office completed monthly calls with regions to track data for compliance and monitor regional Corrective Action Plans.

- Central office staff conducted an annual review and budget distribution process based on a formula to ensure equity across the regions. The distribution formula has been implemented incrementally over a multi-year period. The distribution process was completed for SFY 08.
- Statewide meetings with new CFS/ITP managers were held on a bi-monthly basis to orient managers to the Infant Toddler Program and discuss issues and problem solve.
- ITP quarterly performance data was reported to central office administration, management team, regional program managers, early intervention specialists, and supervisors. In addition, quarterly performance data continues to be posted on the internal Department of Health and Welfare website. Semi-annual reports regarding performance data continues to be provided to the Early Childhood Coordinating Council (EC3).
- Central office program specialist screens developmental specialist applicants on the hiring lists in a diligent and expedited fashion, allowing regions to complete the interview and hiring procedures in a timely manner.
- Central office program manager met with each of the new CFS/ITP regional managers and provided orientations regarding the Infant Toddler Program, policies, procedures, staff, budgets, and provisions of IDEA.
- A memorandum of understanding was completed in May 2007 with the University of Idaho to support student field placements and enhance the potential for ITP staff recruitment. Five University of Idaho students were placed with ITP for practicums in the summer of 2007.
- The ITP Implementation Manual was updated in June of 2007 and is now the Idaho Infant Toddler Program Interim Implementation Manual. The implementation manual includes updated policies and procedures for the Idaho Infant Toddler Program including timely evaluations, assessments, and IFSP development. Videoconference training was held that included all seven regions. Regional staff, contractors, and service coordinators were invited to attend the training. Follow up delivery of the new manual and training was done by regional staff to contractors and service coordination agencies that were not able to attend the training.
- The Infant Toddler Program and Children and Family Services continue to work together to ensure existing policies and procedures are sufficiently meeting the programs needs when jointly serving children. In June of 2007, CFS/ITP regional program managers and ITP regional staff approved a new policy that provides ITP staff the *option* to screen a child referred by CFS using professional discretion.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2006):

New improvement activities have been developed to increase compliance levels and ensure 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. These activities have been added to the Improvement/Timeliness/Resources section of the 2006 SPP.

New 2007-2008 Improvement Activity:

- In October 2007 an Infant Toddler Planning Summit meeting with ITP central office staff, CFS/ITP managers, early intervention specialists, and supervisors was held to address current program needs and issues. As a result of this meeting, the following workgroups were formed:
 - Contractor
 - Practice
 - Efficiency and Quality Assurance
 - Training

In FFY 2007 (2007-2008), workgroups will meet to study, analyze data, and develop recommendations to address program needs and issues. The program with stakeholder input will identify a recommendation to implement in FFY 2008 (2008-2009).

New 2008-2009 Improvement Activity:

- In FFY 08 (2008-2009), the Infant Toddler Program will implement recommended change based on the ITP Planning Summit workgroups and seek the necessary resources to implement the change.

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

As part of statewide monitoring, a Regional Annual Performance Report (RAPR) was developed by Central Office, distributed and completed by each regional program. The data was submitted to central office on 11/26/07 and was collected from files current between July 2006 and June 2007. Three indicators on the RAPR were identical to the OSEP required transition information. A random sample of all children who were 33 months of age or older during the reporting period was pulled from each region's database. The selected names were provided to the regions. The regions then completed the file review to gather required data for components A, B and C of this indicator. Information from the Data Tot system and in some instances, on-site file review by Central Office staff was available to validate regional information.

Idaho will post the FFY 06 results to the public regarding 'measurable and rigorous targets' and performance on each EIS program in the SPP on the Idaho Department of Health and Welfare Infant Toddler home page as soon as possible but no later than May of 2008. In addition, information will be shared through other public forums such as the early intervention specialist/supervisor quarterly meeting, program managers, Early Childhood Coordinating Council, etc.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2006	100% for A, B, and C

APR Template – Part C (4)

Actual Target (Performance) Data for FFY 2006: A. 103/105=98%, B. 99/103=96%, C. 94/97=97%

- A. 98% = [(103 children exiting Part C who have an IFSP with transition steps and services) divided by the (105 children exiting Part C)] times 100. **Note:** This sample included two children who ultimately, were determined “not potentially eligible” for Part B services and are not included in the calculations for 8B or 8C.)
- B. 96.1% % = [(99 children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (103 children exiting Part C who were potentially eligible for Part B)] times 100.
- C. 97% = [(94 children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (97 children exiting Part C who were potentially eligible for Part B)] times 100.

Note: Six families of children considered potentially eligible in indicator 8B declined Part B services prior to a transition meeting with the LEA. Whenever possible, a transition meeting to other community resources was held for those children. Consequently, those six children were not considered “potentially eligible” for indicator 8C and were removed from both the numerator and denominator for this calculation.

One (1) family included in the file review sample for 8 C experienced delayed transition conferences due to exceptional family reasons which were clearly documented in the child’s file and identified during the file review process. That child was included in both the numerator and denominator of this equation. The family-reason cited was extended child illness.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2006):

Explanation of Slippage or Progress

The *Actual Target (Performance)Data* reported above show excellent progress toward full compliance for all transition indicators since the last reporting period (A shows increase from 79% to 98%; B increased from 87.5% to 96.1%; and C increased from 84% to 97%). Although the state did not achieve the target of 100% for each of these indicators, we believe this data shows significant statewide progress and demonstrates substantial compliance for all three transition indicators.

This data reflects correction of long-term, systemic non-compliance with transition issues. A variety of sanctions and activities were conducted to achieve this improvement. These included routine monitoring of CAPs through quarterly or monthly phone calls, clarification of specific requirements to be documented, public review of the data at EC3 and management meetings, focused training by supervisors, and required use of a transition check list. In addition, technical assistance was provided by CO staff to develop problem solving strategies with regions who were not meeting CAP targets in a timely manner.

Central Office routinely monitors regional performance as described in Indicator 9 to assure ongoing compliance and continued progress toward the 100% target.

FFY 2006 CAP Summary							
Date of notification of non-compliance and date of correction (primarily during '06-'07)	Reg.1	Reg.2	Reg.3	Reg.4	Reg.5	Reg.6	Reg.7
A- Transition Goals	* 12/06 X 4/07	NA	*12/06 X 10/07	NA	*3/07 X 12/07	*3/07 X 5/07	NA
B- LEA Notified	NA	# X 5/07	NA	NA	*3/07 X 12/07	*3/07 X10/07	*4/07 X 6/07
C- Transition Meeting	NA	#	NA	NA	*3/07	*3/07	NA

		X 3/07			X 12/07	X 10/07	
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Note:
 # = non-compliance continued from previous fiscal year (2004)
 *+ Date = Date of notification of non-compliance
 X+Date = date of **achieving full correction**
 NA= Region was not out of compliance during this reporting period

Discussion

Indicator A (percent of children exiting Part C who have an IFSP with transition steps and services). The above chart shows 3 regions in full compliance and 4 called out of compliance during this reporting period. All regions that had been out of compliance implemented a Corrective Action Plan that was monitored through Central Office. All four regions came into full compliance within twelve months of identification.

Indicator B (percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred). The above chart shows 3 regions in full compliance and three with newly identified non-compliance during this reporting period. All regions that had been out of compliance implemented a Corrective Action Plan that was monitored through Central Office. All three with newly identified non-compliance came into full compliance within twelve months of identification.

One area (Region 2) had ongoing non-compliance from a previous year. Although Region 2 was unable to correct in a 12 month timeframe, they did achieve full correction in May 2007. The following sanctions were implemented in Region 2 to promote correction:

Mandated Regional Changes:

- Refine transition procedures
- Assign a “Transition Lead” who was responsible for tracking data and being the primary “go-to” person related to transition questions.
- Use a transition checklist in all child’s files
- Train staff and contractors on transition requirements, timelines and documentation

Central Office Activities

- Quarterly phone calls with region reviewing current data
- On-site visit
 - Provide TA and training regarding documentation, data system, and transition requirements
 - Brainstorm/problem solve solutions to identified challenges
 - Conduct file review for data verification

Indicator C (percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred). The above chart shows four regions in full compliance and two (2) that had newly identified non-compliance during this reporting period (FFY 2006). All regions that were out of compliance implemented a Corrective Action Plan that was monitored through Central Office. Both regions with newly identified non-compliance were able to correct within 12 months of identification.

One area (Region 2) had ongoing non-compliance from a previous year. Although Region 2 was unable to correct in a 12 month timeframe, they did achieve full correction in May 2007.

The following sanctions were implemented in Region 2 to promote correction:

Mandated Regional Changes:

- Refine transition procedures
- Assign a “Transition Lead” who was responsible for tracking data and being the primary “go-to” person related to transition questions.
- Use a transition checklist in all child’s files

<ul style="list-style-type: none"> • Train staff and contractors on transition requirements, timelines and documentation <p>Central Office Activities</p> <ul style="list-style-type: none"> • Quarterly phone calls with region reviewing current data • On-site visit <ul style="list-style-type: none"> ○ Provide TA and training regarding documentation, data system, and transition requirements ○ Brainstorm/problem solve solutions to identified challenges • Conduct file review for data verification <p>The following improvement activities were completed with all regional programs that were found to be out of compliance during the reporting period to support progress toward compliance within one year from identification:</p> <ul style="list-style-type: none"> • Regional Corrective Action Plans include all areas of non-compliance with timelines, measurable objectives and benchmarks for achieving full compliance and documentation. Evidence of Change statements clearly define the criteria required to document full correction for each region. • Quarterly or monthly monitoring by central office of regional progress and technical assistance regarding procedures and documentation requirements. • Revision of the Infant Toddler Program Implementation Manual and training on the updated components including transition requirements. • Review and update of local-regional transition protocols. <p>A current statewide Interagency Agreement with all participating agencies (Part B and C lead agencies, Head Start, and Migrant Head Start) is in place.</p>

Improvement Activities/Timelines/Resources:

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
Data Tot revisions/Enhancements	<ol style="list-style-type: none"> 1. Refine regional DataTot entry systems to assure complete data are routinely entered. 2. Refine Data Tot reporting capacity to enable timely and more complex analysis of specific data indicators including tracking opt-out dates and extenuating family circumstances. 	<ol style="list-style-type: none"> 1. Progress was made on this activity although, due to Data Tot system limitations, it was determined that a file review would remain the primary measurement strategy for this indicator. 2. Same as above
Revision of policy and procedural documents	<ol style="list-style-type: none"> 3. Convene a multi-agency Stakeholder group to revise the Part B & Part C IDEA Implementation Manuals to align transition policies and procedures in accordance with IDEA 2004. 4. Conduct statewide Webinar focusing on IFSP development process, writing measurable and family friendly outcomes (appropriate for use in IEP 	<ol style="list-style-type: none"> 3. Infant Toddler Program Implementation Manual was updated 4. Transition requirements were reviewed with regional staff during Webinar manual training. Information on IFSP development and writing family

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
	<p>creation when child transitions to Dev. Preschool) with an emphasis on transition requirements and timelines.</p> <p>5. Adopt a policy allowing families to “opt out” of LEA notification and include this policy in the next federal application submitted to OSEP.</p> <p>6. SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.</p>	<p>friendly outcomes was shared electronically with regions.</p> <p>5. A policy allowing families to “opt out” of LEA notification was adopted and is in use across the state. This policy will be included in the next federal application submitted to OSEP.</p> <p>6. Regional protocols between LEA and IT programs were reviewed. The Protocol format is under revision to accommodate Head Start requirements and to assure inclusion of required policies, procedures, and documentation requirements. Additional input to this process will be obtained through the Intensive TA activity during FFY 2007.</p>
Adjustments to Service Coordination system	<p>7. With stakeholder input, central office ITP staff will implement options to increase supervision and accountability of service coordinators serving 0-3 population</p> <p>8. Central Office lead agency personnel will evaluate cost/benefits of having service coordination delivered in-house (delivered by lead agency staff or contractors rather than through private-sector agencies).</p>	<p>7. Activities have been completed around the state to increase supervision and accountability of service coordinators serving 0-3 population. These have varied across the regions and include strategies such as contracting with preferred SC agencies, providing SC only by in-house Part C staff, and modifying prior authorization schedules to assure increased accountability for appropriate documentation.</p> <p>8. Same as above</p>
Training Activities	<p>9. Require each region to identify a transition coordinator who will take the lead in coordinating activities, training, and monitoring due dates with regional service coordinators (public and private sector).</p> <p>10. Central office ITP staff will contract with IPUL to offer regional Parent Seminars on early childhood transition policies</p>	<p>9. Many regions have chosen to implement this strategy however, it has not been required for all regions as it was not appropriate in all areas given the composition of the regional staff.</p> <p>10. Contract was developed and trainings were conducted.</p>

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
	and procedures.	
Monitoring and Public Reporting	<p>11. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.</p> <p>12. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.</p>	<p>11. Monitoring activities were completed as planned.</p> <p>12. Public reporting activities were completed as planned</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 and 2008:

The State evaluated the improvement activities completed in 2006-2007 and those included in the SPP for 2007-2008. The past activities have proven effective in correcting non-compliance with transition requirements. We are proposing the following changes (with justifications), to activities for 2007-2008

Improvement Activity Outlined in SPP for 2007-2008	Proposed Change	Justification
<p>1. If appropriate, work with ICC to petition legislature for additional FTE (personnel) and/or dollars to contract for required personnel to provide service coordination through the lead agency.</p> <p>2. Central office ITP staff will work with Medicaid to modify the rate structure for 0-3 service coordination. Establish a “level” system where families requiring more intensive support and coordination are paid at a higher rate than families requiring minimal assistance. Advocate for a rate that compensates time and effort for ensuring Part C procedural safeguards and documentation requirements.</p> <p>3. Central office ITP staff and regional staff will implement quality assurance systems for increased accountability (compliance with timelines/requirements tied to payment) for private sector service</p>	<p>1. Delete strategy</p> <p>2. Central office ITP staff will work with Medicaid to clarify SC provider responsibilities and reimbursable functions to comply with new CMS regulations and minimize receipts loss</p> <p>3. Keep indicator but QA requirements/system will be aligned with new Medicaid regulations.</p>	<p>1. Service coordination is being addressed through contract development and other strategies described above. DHW will be studying contracting procedures and reimbursement rates.</p> <p>2. CMS changed regulations governing Targeted Case Management that will require significant change.</p> <p>3. Same as 2</p>

APR Template – Part C (4)

Improvement Activity Outlined in SPP for 2007-2008	Proposed Change	Justification
<p>coordinators</p> <p>4. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.</p> <p>5. SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.</p> <p>6. Research feasibility of adopting a national certification curriculum for 0-3 service coordinators</p> <p>7. Joint regional training activities on transition policies, procedures, documentation and relationship development will be held biennially. Service coordinators (public and private), LEA personnel, and ITP personnel will be invited to attend.</p> <p>8. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.</p>	<p>4. No change</p> <p>5. No change</p> <p>6. Move strategy to 2008-2009</p> <p>7. No change</p> <p>8. . No change</p>	<p>4. NA</p> <p>5. NA</p> <p>6. Timeline adjustment necessary due to changes required in CMS regulations for Targeted Case Management.</p> <p>7. NA</p> <p>8. NA</p>
New Improvement Activity proposed for 2007-2008		Justification
<p>1. Work with WRRC, and NECTAC in an intensive TA effort targeting transition to assure needed system changes are accomplished to promote increased stability and continued compliance with transition data from all regions.</p>	<p>1. Add strategy</p>	<p>1. Intensive TA is available to Idaho and we plan to use those resources in conjunction with Part B to fine-tune and strengthen the transition system.</p>

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

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

FFY	Measurable and Rigorous Target
2006	100% of noncompliance corrected within 12 months of identification

Actual Target Data for FFY 2005: 22 of 22 findings of non-compliance (100%) was corrected within 12 months of identification.

- a. 22 findings of noncompliance.
- b. 22 corrections completed as soon as possible but in no case later than one year from identification.

100% = [(22) divided by (22)] times 100.

APR Template – Part C (4)

Idaho
State

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	6	6
	Dispute Resolution (Complaints, due process hearings)	0		
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	3	3
	Dispute Resolution (Complaints, due process hearings)	0		
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	NA		
	Dispute Resolution (Complaints, due process hearings)	0		
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	0	

APR Template – Part C (4)

Idaho
State

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
	Dispute Resolution (Complaints, hearings)	0		
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	0	
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution (Complaints, hearings)	7	0	
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	4	4
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. IFSPs with transition steps and services;	Dispute Resolution (Complaints, hearings)	0		
	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	4	4
	Dispute Resolution (Complaints, hearings)	0		
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	3	3

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
services by their third birthday including: D. Notification to LEA, if child potentially eligible for Part B	Dispute Resolution (Complaints, hearings)			
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	2	2
	Dispute Resolution (Complaints, hearings)			
Sum the numbers down Column a and Column b			22	22

Discussion of Data Table

In FFY 2005, twenty-two findings of non-compliance were made and all of them were corrected within 12 months of identification (100%). These data show significantly improved rates of correction from Indicator 9 in last years APR (75%).

1. Timely Services:

Six regions were found to be out of compliance during FFY 2005 and corrected within 12 months (during FFY 2006). Please see indicator #1 for details regarding GS activities to promote correction of non-compliance.

2. Natural Environments

All three regions with newly identified non-compliance during FFY 05 were able to correct within 12 months of identification. Please see indicator 2 for additional details.

7. 45 Days

All four regions with newly identified non-compliance during FFY 05 were able to correct within 12 months of identification. Please see indicator 7 for additional details.

8. Transition

A. Transition goals in the IFSP

All four regions with newly identified non-compliance during FFY 05 were able to correct within 12 months of identification. Please see indicator 8 for additional details.

B. LEA notified of potentially eligible child

All three regions with newly identified non-compliance during FFY 05 were able to correct within 12 months of identification. Please see indicator 8 for additional details.

C. Transition Meeting held

Both regions with newly identified non-compliance during FFY 05 were able to correct within 12 months of identification. Please see indicator 8 for additional details.

Discussion of GS Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

CO staff have continued to refine and strengthen the system of general supervision throughout 2006-2007. The following activities have occurred since 2005 that have greatly increased the effectiveness of the monitoring system and Corrective Action Plans (CAP) to identify and correct non-compliance.

Prior to these activities, regional data were dynamic and ever changing making it difficult to monitor information to determine regional compliance/non-compliance. Idaho changed the process to increase the validity and reliability of measurement methods. The state made changes to the data system, the Corrective Action Plan document, and implemented a Focused Monitoring component. These changes were designed to enhance the reporting, monitoring, and validation processes and to strengthen the system of General Supervision.

Data System and CAP Enhancements

- December 2005 - Data Tot was enhanced to record more comprehensive data for a number of APR indicators. Prior to these upgrades, regional CAPs identified improvement strategies which were designed to resolve the non-compliance. These strategies were monitored on a quarterly (sometimes monthly) basis. When the strategies were completed, the region was determined to have corrected the issue.
- October 2005 – With assistance from NECTAC and WRRRC, the state developed a Regional Annual Performance Report (R-APR) process to collect monitoring data from each region. Data was collected on each APR indicator and a variety of state selected indicators. R-APR data collected for FFY 06 was used in developing the APR/SPP and identifying regional non-compliance.
- Winter/Spring 2007 – The state sought and received technical assistance from NCSEAM regarding the existing system of General Supervision and the Corrective Action Plan process. It was determined that the existing CAP wasn't as specific as necessary in outlining what was required from each region to achieve correction once non-compliance had been identified.
- February 2007 – Central Office re-formatted the Corrective Action Plan to include the following sections:
 - List of findings of non-compliance and citation of supporting evidence for the non-compliance
 - Regionally developed strategies to correct non-compliance including timelines and person responsible for completion of the activities,
 - Outline Required Evidence of Change statements outlining exactly what data was needed to document correction and setting targets for improvement within specific time increments.
 - A data monitoring worksheet to track required data (via reports from Data Tot or regional file review) at pre-determined times which were outlined in the Evidence of Change section.
- March/April 2007 – Central office completed training, technical assistance, and implemented the new Corrective Action Plan requirements and process with each region.

Focused Monitoring

In early 2007, Idaho Central Office began working with staff from NCSEAM, WRRRC and NECTAC to develop and implement a focused monitoring system to further enhance our system of General Supervision. These TA agencies provided phone and on-site consultation throughout the year culminating in an on-site focused monitoring visit to one region in September 2007. The techniques and tools used in that visit will be modified for use with another region to address other areas of concern in FFY 2008.

Data Verification System

Regional data has been verified using Data-Tot whenever possible. In addition, on-site visits have been completed to verify file review data and to provide technical assistance if progress is insufficient over multiple quarters. Refinements to Idaho’s system of data verification are planned for 2007 and 2008. Please see proposed changes to the SPP activities listed below.

These efforts have resulted in improved effectiveness of Central Office monitoring activities and regional correction of non-compliance within 12 months of identification.

Improvement Activities/Timelines/Resources:

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
<p>Self Assessment and CAP refinements</p>	<ol style="list-style-type: none"> 1. Enlist NECTAC and WRRC personnel to assist Idaho to develop and implement a standardized tool for regional self assessment and monitoring. Roll out tool for completion by regions no later than January, 2007. 2. Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action. 3. Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. 4. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required. 	<ol style="list-style-type: none"> 1. Completed 2. Completed 3. Completed 4. Completed
<p>Data Tot Refinements</p>	<ol style="list-style-type: none"> 5. Refine new Data Tot report generating system to simplify obtaining timely “canned” monitoring reports for central office and regional review allowing more frequent and efficient access to compliance and quality data reports. 	<p>5. Significant time and money was spent adding multiple data elements to the Data Tot system. However, efforts to enhance reporting capacity from Data-Tot were not successful; The system has reached maximum capacity and alternative data gathering systems are being explored/developed. See indicator 14 for more details.</p>

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
<p>Contract Modifications</p>	<p>6. Modify contract scope of work boilerplate to include the following hierarchy of monitoring and enforcement actions for contracted services:</p> <ul style="list-style-type: none"> • Monitoring of contracts at least every six months • Releasing payments only upon receipt of documentation of actual service provision. • Denying or recouping payment for services for which non-compliance is documented • Halting all new referrals until deficiency is substantially corrected by the contractor • Amending the provider contract to shorten the term by revising the ending date • Termination or non-renewal of the provider contract • After written notification of impending enforcement action, the Contractor has the opportunity to meet with the Lead Agency staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be required to demonstrate sufficient improvement to reverse the enforcement action, if appropriate. 	<p>6. The Statewide Contract boilerplate is no longer in use. Regions were requested to insert the language listed into their regional contracts when they came up for renewal and to monitor for these components.</p>
<p>Timely Completion of APR</p>	<p>7. Report in the February 1, 2007 APR the entry data for child and family outcomes.</p> <p>8. Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-</p>	<p>7. Completed</p> <p>8. Completed</p>

Improvement Activity	Improvement Activities planned in SPP for 2006-2007	Activity Status update 2006 – 2007
	assessment and monitoring visits conducted in previous year. 9. Review State Performance Plan and adjust activities and targets in APR, as needed.	9. Completed, See individual indicators for updated activities
Public Reporting	10. Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.	10. Completed
Resource Procurement	11. Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.	11. A decision unit was developed, however, due to competing priorities, it was not forwarded to the Governor/Legislature as part of the Department's funding request

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 and 2008:

The State evaluated the improvement activities completed in 2006-2007 and those included in the SPP for 2007-2008. The past activities have proven effective in correcting non-compliance. We are proposing the following changes (with justifications).to activities for 2007-2008

Improvement Activity Outlined in SPP for 2007-2008	Proposed Change	Justification
<ol style="list-style-type: none"> 1. Report in the February 1, 2008 APR the first round of exit data for child and family outcomes. 2. Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-assessment and monitoring visits conducted in previous year. 3. Review State Performance Plan and adjust activities and targets in APR, as needed. 4. Conduct quarterly monitoring (or more frequent, if required) of regional 	1-6. Delete improvement Activities 1-6.	1-6. Activities are redundant with the system of GS outlined in SPP indicator # 9. They are not specific to "improving" the system.

Improvement Activity Outlined in SPP for 2007-2008	Proposed Change	Justification
<p>corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.</p> <p>5. Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.</p> <p>6. Record and report findings of non-compliance and timelines required for corrective action.</p> <p>7. Maintain and update, as needed, Data-Tot electronic data collection and reporting system.</p> <p>8. Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.</p> <p>9. Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.</p>	<p>7. Explore/develop options to replace or supplement DataTot electronic data system to ensure continued access to required data to ensure an effective system of GS.</p> <p>8. No change</p> <p>9. No change</p>	<p>7. Data-Tot system is no longer fully functional and is inefficient in meeting the demands imposed on it. Idaho must explore other options to meet these data needs. Please see indicator 14 for details.</p>
	<p>10. Enhance system of regional data validation</p>	<p>An enhanced system to ensure regionally reported data is valid and reliable is needed</p>

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 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.

FFY	Measurable and Rigorous Target
<p>2006 (2006-2007)</p>	<p>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</p>

Actual Target Data for FFY 2006:

Idaho received no written complaints during the 2006-2007 reporting year. Thus, there is actual data of zero written complaints and subsequently no reports were issued.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

- Regional programs were monitored for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions. This data was incorporated as an element in Regional, Annual Performance Reports to ensure a stateside sampling of this procedural safeguard practice. Record reviews were conducted by central office for verification in one regional on-site visit.
- A contract was initiated with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate. While the information and support activities were in the SFY 2007 contract, the training component was not incorporated into the contract for implementation until SFY 2008.
- No training was provided for hearing officers during FFY 2006 to assure a core understanding of Part C and early intervention requirements and timelines. However, new legal staff in the Deputy Attorney General’s Office were oriented to Part C provisions and provided with copies of IDEA , Idaho Code, procedural manuals and the Idaho Infant Toddler Program Child and Family Safeguards. The Office of the Deputy Attorney General arranges for impartial hearing officers.

- Reports regarding regional program performance were posted on the Department of Health and Welfare's website, and provided to the interagency coordinating council and regional committees. No annual Progress Report was published in FFY 2006 so these results were not included in that document.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *FFY 2007*.

N/A

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2005:

There were no hearing requests on which to measure timely adjudication.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

- Procedures for Hearing requests were reviewed with regional Infant Toddler Program Staff and Management to assure that families’ inquiries or complaints are handled in order to assure full information and timely response.
- A log for complaint was maintained to track and measure timeliness of adjudication. The log remained unused until the last month of the year when one administrative complaint was received. The investigation and report were not completed during FFY 2006 year, so this will be reported in the FFY 2007 APR.
- There was no complaint data and hearing timelines to review with stakeholders so targets and activities/strategies in the APR will remain unchanged for another year.
- Idaho has no relevant data to report on the Department of Health and Welfare’s website, ITP Progress reports, and to the interagency coordinating council and regional committees due to the fact that there were no hearing requests.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

N/A

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Not applicable--Part B due process procedures are not adopted

Actual Target Data for FFY 2006:

Not applicable--Part B due process procedures are not adopted.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

Not applicable--Part B due process procedures are not adopted.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

N/A

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

See the Overview of the Annual Performance Report Development, Page 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.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Not applicable, no mediation requests received.

Actual Target Data for FFY 2006:

No mediation requests were received.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

- Infant Toddler Program contracted with Idaho Parents Unlimited to provide information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes. Training sessions for families related to procedural safeguards was suspended to be implemented in FFY 2007 through agreement with IPUL
- Training for mediators was not completed in FY 2006, however, will be developed and implemented in FFY2007. Because of no complaints, this became a lower priority and the state was not able to complete it during the planned year.
- There was no complaint data to review with stakeholders, therefore targets and activities/strategies will remain unchanged in the SPP.
- Due to no complaints or mediation requests, there was no complaint data to report on regional program performance on the Department of Health and Welfare’s website, ITP Progress reports, and to the interagency coordinating council and regional committees.
- Idaho Parents Unlimited, at the request of the Infant Toddler Program, included information in their newsletter regarding family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007.

N/A

Part C State Annual Performance Report (APR) for 2006

Overview of the State Performance Plan Development:

See the Overview of the Annual Performance Report Development, Page 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)

Actual Target Data for (FFY 2006): **96.6%** timely and accurate submission of 618 Data and State Performance Plan

FFY	Measurable and Rigorous Target
2006 (2006-2007)	96.6% timely and accurate submission of 618 Data and State Performance Plan

Idaho has no role in setting the target for this particular Indicator.

Actual Target (Performance) Data for FFY 2006 : 100%

Idaho’s FFY 2006 target – **The 100% target was missed. 96.6%** of reports were submitted to OSEP as per federally required data submission guidelines defining “timely and accurate”. All state 618 Data Reports (Tables 1,2,3, and 4) were submitted as follows : Tables 1 and 2 prior to February 1, 2007 and Tables 3 and 4 prior to November 1, 2007. As defined on the Self-Scoring Rubric for Part C – Indicator 14 APR and 618 – State Reported Data, **100% of all initially** reported data are “Timely” **and** “Complete”.

One report, Table 2, was “flagged” by WESTAT as “B – Reflects a significant number (10) change from the prior year. Percent change cannot be calculated” after being discovered to show incalculable differences in two Service SETTINGS categories (COMMUNITY-BASED SETTING and OTHER SETTING) between those reported in 2005 and 2006. Although WESTAT sent an e-mail inquiry on 2/8/07 requesting explanation of these discrepancies, the mail was forgotten and no explanation was provided.

Only after submission of the FFY 2006 SPP / APR and examination of same by OSEP was this oversight discovered which led to the finding that Idaho was deficient in it's ability to have "Passed the Edit Check", and had not "Responded to Data Note Requests" as necessary.

The circumstance for the above oversight is simple; human error. The WESTAT e-mail requesting analysis and documentation of identified report deficiencies was received, however was forgotten until OSEP's identification of that oversight on April 7, 2008.

Upon examination of archived e-mail records, the WESTAT mail was uncovered and the Table 2 deficiencies have been identified and analyzed. Findings are as follows:

SETTING	- NUMBER -		- DIFFERENCE -		FLAG
	2005	2006	NUMBER	PERCENT	
TOTAL SETTING	1,881	1,919	38	2.02	
HOME	1,692	1,734	42	2.48	
COMMUNITY-BASED SETTING	48	43	5	10.4	B
OTHER SETTING	141	142	1	0.7	B

EXPLANATION OF FINDINGS :

1. The difference in numbers of COMMUNITY-BASED children (5) totaling a percentage of 10.4% (and therefore triggering a "flag" by WESTAT) is a mathematically understandable artifact from the fact that the numbers in this category are so relatively small. The smaller the numbers, the greater the comparative percentage difference. Being a point in time "SNAPSHOT" of this small subpopulation on the December 1 count date, a 10% difference in this count comparison is superficially "interesting", but not a surprising element of concern to the program in this long term studied subject area.

2. A difference of one (1) child in the OTHER SETTING category count renders this category ineligible it's inclusion to be "flagged" by WESTAT as "B – Reflects a significant number (10) change from the prior year. Percent change cannot be calculated"

FURTHER EXPLANATION OF FINDINGS :

2005 marked the last year for use of the "old" "TABLE 2: REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C". This report was formatted to allow for the reporting of seven separate program settings (PROGRAMS DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES, PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN, HOME, HOSPITAL, (INPATIENT), RESIDENTIAL FACILITY, SERVICE PROVIDER LOCATION, and OTHER SETTING) on two separate forms.

2006 marked the first year for use of the "new" TABLE 2: 2006 SETTINGS". This report is formatted to allow for the reporting of three separate program settings (HOME, COMMUNITY-BASED SETTING, and OTHER SETTING) on four separate forms.

Although report results are more categorically generalized (but now in line with current OSEP reporting requirements), the transition from the "old" report format to the "new" requires some hand tab manipulation of findings to condense "old" findings into "new" reports. For both "flagged" items in the 2006 report, SETTINGS locations were collapsed into the two broader categories required for the "new" report (COMMUNITY-BASED SETTINGS and OTHER SETTINGS).

WESTAT refrained from making this manual compilation in their 2005 “NUMBER” counts column for these two settings. Omission of these counts was responsible for erroneously triggering a “flagged” OTHER SETTINGS report row.

The FFY 2006 State Performance Plan was submitted on February 1, 2007. As defined on the Self-Scoring Rubric for Part C – Indicator 14 APR and 618 – State Reported Data, all reported SPP/APR data are “Valid and Reliable”, “Correctly Calculated”, and “Follow Instructions” as required.

All possible attention and verification was paid to assuring that reported data are reliable, accurate, and duplicable. Measures employed to insure both “timeliness” and “accuracy” in reporting are detailed below in “Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006”.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 :

A high degree of importance is attributed to the timely submission of 618 data by the Idaho Infant Toddler Program. All 618 program data reports were submitted before required due dates. To date, the program demonstrates complete compliance (100%) in its timeliness of data submission, either on or prior to required submission due dates. No improvement activities or system modifications appear to be necessary or are planned to address problems in the “timeliness” area.

With regard to data reporting “accuracy”, the Idaho Infant Toddler Program has a well documented history of credibility and accurateness in its reporting of program 618 data. This achievement and the state data collection system (DATATOT) has been challenged during the past year by the recently increased federal emphasis on the collection of data and the subsequent increasing demands on data system capacity. This challenge has in turn resulted in significantly increased amounts of time and effort over and above that expended in previous years, involved with the verification and validation of report findings in order to guarantee “accuracy” over the course of the past year.

It has just become apparent that extra vigilance should be paid to addressing WESTAT e-mail traffic in order to prevent future oversight in addressing data element “flags” on required OSEP reports.

Although currently requiring ongoing intensive scrutiny and attention, DATATOT remains the mainstay of information for analysis of Infant Toddler Program data. Idaho is fortunate in that enrollment numbers are still small enough that any report delivering “suspect” results can be checked, reporting errors discovered, and errant findings corrected.

SPP and APR report data not based on 618 data findings is also produced by DATATOT. Similarly rigorous scrutiny is devoted to assuring that data is “Valid and Reliable”, “Correctly Calculated”, and applied as per “Instructions Followed” as defined on the Self-Scoring Rubric for Part C – Indicator 14 APR and 618 – State Reported Data.

The Idaho Infant Toddler Program has a well established system of information gathering and data collection, troubleshooting, cleaning, validation, and reporting. This system has served the program well over the years and provides multiple sources of valid and reliable data for analysis of systemic issues, the capacity to respond with identified problem area remediation, 618 reporting, and SPP/APR reporting. Elements of this system include :

- Ongoing gathering and analysis of data including quarterly, semi-annual, and annual data downloads and quarterly compliance monitoring analysis and reports (including complaints that are documented and resolved without being elevated to higher level of formal complaint resolution).

- Continuous ongoing data system troubleshooting, data analysis, data validation, identification of erroneous findings, and system corrective action, repair, and revalidation of data findings.
- Routine identification and monitoring of data trends both regionally and statewide.
- Ongoing regional data entry personnel, Early Intervention Specialist, and Children's Programs Supervisor orientation, training, and TA.
- Periodic regional "hard copy" file review as validation of electronic system (DATATOT) currency/accuracy verification.
- Complaint investigation, fact finding, and event documentation.
- Informal feedback loop from multiple stakeholders (agency and private contractors).
- A regional annual performance report which includes descriptions of data verification processes, data system functionality analysis, extracted program data analysis, and reports (including complaints that are documented and resolved without being elevated to higher level of formal complaint resolution).
- A process for improvement planning and/or corrective action planning for accurate data.
- Ongoing scheduled monitoring of corrective action plans for accurate data.

Additionally, program data is further assured to be as current and reliable by numerous informal system practices and safeguards. These practices are considered just as important as those listed above, and are also integral components of the Idaho data collection system. They include:

- Commitment by the program data manager to maintain a personal relationship with each regional data entry person, Early Intervention Specialist, and Children's Programs supervisor. In Idaho, maintenance of data accuracy is more than an employment responsibility. It is a personal commitment.
- Regional data entry personnel are in routine, almost daily contact with the program data manager either by e-mail or telephone. All are trained to contact the program data manager any time there is uncertainty regarding any aspect of program data entry or data system (DATATOT) functionality.
- Personal on-site visits to each region are made at least annually by the program data manager. During these visits, data system recurrency training is provided to data entry personnel and Early Intervention Specialists. This training includes : one on one review of data system functionality, review and discussion of the mechanisms by which data are collected and routed to the data entry station, extracting and review of regional data reports for completeness and accuracy, importance and methodology of data validation, and review and discussion of any changes in program policy which influence data reporting.
- During site visits, meetings are scheduled with program service coordinators, providers, managers, and ancillary staff. The purpose of these meetings is to share most current regional and state data and to evaluate program status. Additionally, these meetings serve as a forum to remind, discuss, and insure attendees understand data related policies and procedures and to reinforce their role and importance in the provision of timely and accurate data to their regional data entry personnel.
- Each region maintains their Infant Toddler Program data on a regional computer server. Each server is in turn directly accessible by the program data manager to allow for retrieval of data and system program software maintenance, repair, and version updating.
- Quarterly monitoring of each region's data is done by the program data manager. Should any data element return yield results significantly deviant from previous quarterly findings, the appropriate regional data entry person, Early Intervention Specialist, and (if appropriate) Children's Program supervisor is contacted and those findings are reviewed. Unusual or unexpected data and causes for deviations are identified, corrected, and/or explained, then validated to the satisfaction of the program data manager.

APR Template – Part C (4)

- Prior to actual data report submission (state, 618, or SPP/APR), data reliability and accuracy is analyzed, crosschecked, and validated with respect to all count non-duplication, completeness, computational and arithmetic accuracy, and explanatory comment inclusion as needed.
- Finally, Idaho is a relatively “small” state in terms of its enrollment numbers. An important benefit of this reality is that even if all else fails, necessary regional personnel and the program data manager can personally inspect individual client records necessary to track down and corroborate suspect data detail or correct erroneous data entries associated with those records.

Findings from the use of the 618 Data – Indicator 14 Self-Scoring Rubric worksheet yielded a 618 Score Calculation Grand Total of “47” and though not “perfect”, thus indicates data system adequacy for the job at hand. Other than increased vigilance in monitoring WESTAT generated e-mails, No improvement activities appear to be necessary or are planned to address problems in the 618 data “accuracy” area.

AMENDED - 618 State-Reported Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1– Child Count Due Date: 2/1/07	1	1	1	1	4
<u>Table 2- Program Settings</u> Due Date: 2/1/07	1	1	1	0	3
<u>Table 3– Exiting</u> Due Date: 11/1/07	1	1	1	N/A	3
Table 4– Dispute Resolution Due Date: 11/1/07	1	1	1	N/A	3
Subtotal					13
618 Score Calculation			Grand Total (Subtotal x 3) =		39

APR Template – Part C (4)

Findings from the use of the SPP/APR Data – Scoring Indicator **12** was deemed inappropriate for consideration in the rubric and thus “scored” as “NA”. The Indicator 14 Self-Scoring Rubric worksheet yielded an APR Score Calculation Grand Total of “47” and thus indicate data system adequacy for the job at hand. No improvement activities appear to be necessary or are planned to address problems in the SPP/APR data “accuracy” area.

APR Data				
APR Indicator	Valid and Reliable Data	Correct Calculation	Followed Instructions	Total
1	1	1	1	3
2	1	1	1	3
3	1	1	1	3
4	1	1	1	3
5	1	1	1	3
6	1	1	1	3
7	1	1	1	3
8A	1	1	1	3
8B	1	1	1	3
8C	1	1	1	3
9	1	1	1	3
10	1	1	1	3
11	1	1	1	3
12	NA	NA	NA	NA
13	1	1	1	3
Subtotal				42
APR Score Calculation		Timely Submission Points - If the FFY 2006 APR was submitted on-time, place the number 5 in the cell on the right.		5
		Grand Total (Sum of subtotal and Timely Submission Points) =		47

A total Indicator 14 “score” was determined to be **96.6%**.

AMENDED - Indicator #14 Calculation	
A. APR Grand Total =	47
B. 618 Grand Total =	39
C. APR Grand Total (A) + 618 Grand Total (B) =	86
Total NA or N/A in APR	3
Total NA or N/A in 618	6
Base	89
D. Subtotal (C divided by Base)* =	0.966
E. Indicator Score (Subtotal (D) x 100) =	96.6

Improvement Activities Completed

2006 – 2007

Over the past year, the Infant Toddler Program implemented and completed other data system related strategies to better maintain and enhance its capacity and quality of data collecting and reporting. Among those most notable, the following Improvement activities were accomplished :

- Recurrent DATATOT system training and routine program electronic file maintenance for each region was conducted by the program data manager during the months of March and April, 2007.
- To assist in the maintenance of their expanded roles in data collection/data management responsibilities, the program data manager provided technical support to all Regional data collection and data entry personnel. Some of this support was exhibited in the form of :
 - assistance in understanding the reasons and logic behind the need for expanded data collection (i.e. why the need to extract, analyze, and validate accuracy of specific reports)
 - assistance in understanding the appropriate methodology of data reporting (i.e. where to locate and how to utilize newly required data elements within the DATATOT system and how to make calculations necessary to derive needed report information)
 - assistance in understanding proper “new” data element entry into DATATOT (i.e. where to locate the information on submitted data entry forms and where to appropriately enter that information into DATATOT)
 - assistance with ongoing data troubleshooting/cleanup/validation (i.e. formatting, extracting, analyzing, and recognizing errant data returns)
 - creating greater self-reliance on regional level data analysis and reporting

- Promoted completion and use of the interagency data collection system (TARTIR) for program evaluation, management, and outcome measurement and reporting. Although not the primary focus of this system, TARTIR is envisioned as yet another potentially important tool for use in DATATOT information cross checking and validation
- Continued in-depth semi-annual (June 1 and December 1) reporting and analysis of data at the Central Office for statewide program monitoring, maintenance of baseline data, and progress reporting for each region
- Continued rigorous routine data verifications for accuracy, reliability, non-duplication, etc.
- The FFY 2005 SPP was placed on the DHW website for access by the legislature and general public.
- The Division Administrator of the Department of Health and Welfare's Family and Community Services (FACS) provided Infant Toddler Program information to the Joint Finance and Appropriations Committee (JFAC) of the 2007 Idaho legislature

Additional Improvement Activities Initiated during FFY 2006 :

One new improvement activity was developed during the year to help sustain the ability to provide continued timely and accurate reporting :

- By the last month of FFY 2006, Idaho had set into motion an effort to replace the current DATATOT program with one more equal to the job now at hand.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

This section was revised to provide updated information concerning replacement of the DATATOT electronic data system as follows :

During the first half of FFY 2006, the Idaho Infant Toddler Program continued work to revise and transform its electronic data system (DATATOT) into one which would better accommodate the additional new or enhanced strategies formulated for the collection, monitoring, and reporting of required program data.

During the last half of FFY 2006, the decision was made to begin planning for the replacement of the DATATOT system.