Part C State Performance Plan (SPP) for 2005-2012

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

Measurement for FFY 2008-FFY 2009:

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 *including the reasons for delays.*.

Overview of Issue/Description of System or Process:

Due to Idaho's growth in population, which was almost 8% between 2000 and 2004, and requirements from the federal government to expand child find to children under the CAPTA legislation, Idaho's caseload of infants and toddlers needing services has been rapidly expanding. In the last two years, the number of children has grown from 2,481 children enrolled in the program in SFY 2002, to 3,195 children in SFY 2005, a 29% increase. In contrast, the number of program staff has not increased in over ten years. This has resulted in high caseloads with children not consistently receiving the services indicated on their IFSP in a timely manner. Based on current enrollment trends and the increase in the Idaho birth rate, we expect to serve at least 300 additional children in SFY 2006.

Compounding the growing caseload challenge is the inability of the Program to contract for enough speech language pathologists to provide services in the home. Speech therapy is the most accessed service of the Program, but limited availability of providers has resulted in children waiting for services.

As reported in the FFY 2003 APR, children were awaiting services in five regions. Through September 2005, the lead agency has been refining and tracking data from all regions regarding the start dates of required early intervention services. During SFY 2005, all regions that were identified to be out of compliance in this area have developed corrective action plans and are implementing strategies to achieve full compliance within one year. Regional data is submitted and analyzed quarterly and progress is monitored by Central Office through quarterly or monthly calls with each region.

During SFY 2005, a number of activities were undertaken to increase resources available to fully serve all eligible infants and toddlers in a timely manner. A request for additional personnel and funds was submitted to the Idaho legislature. Unfortunately, due to competing priorities, the request was denied. The Infant Toddler Program has been successful in utilizing Medicaid and private insurance resources more efficiently and has increased collection of receipts from 18.7% percent of the budget in SFY 2003 to 22% of the budget in SFY 2004.

Interagency agreements and contracts are in place and routinely updated with public and private early intervention providers who are delivering services to eligible children through an IFSP. The number of contracted services has been increased. However, this option continues to be limited due to existing budget constraints, lack of available contractors in rural areas, and the challenges of travel and service delivery in the natural environment.

During 2005, the lead agency reviewed and revised the definition of timely service. Prior to July 1, 2005, the definition was "any service available to be provided within 14 days of the start date projected on the IFSP". With stakeholder input, on July 1, 2005, the definition was changed to "any service available to be provided within 30 days of the start date projected on the IFSP."

In response to OSEP's guidance from Table A in the SPP response letter, Idaho revised its policy and procedures regarding the timely standard at the end of 2005. Based on the policy/procedure revision, timely services means any early intervention service on the initial IFSP and subsequent IFSPs are initiated by the projected IFSP initiation date that must be on the IFSP and is identified by the IFSP team, including the family. This revision ensures the highest standard and aligns with OSEP's guidance. In December 2005, the Idaho Infant Toddler Program (ITP) electronic data system (Data Tot) was enhanced to capture data regarding the "timely standard" revision.

Definitions of Timely Service Delivery	
Prior to July 2005	Any service provided within 14 days of the start date projected on the IFSP.
After July 2005	Any service provided within 30 days of the start date projected on the IFSP.
End of 2005	Any service initiated after the projected service start date on the IFSP.

Revised Baseline Data for FFY 2005 (2005-2006):

A "Snapshot" of Children With Timely Service Delivery as of June 1, 2006		
	#	%
Total children served timely	1063/1592	66.8%
Total children with services delayed	529/1592	33.2%
'Family/Other' reason for service delay	83/1592	5.21%
'System' reason for service delay	446/1592	28%
Total children served timely plus 'Family/Other' reason for delay	1146/1592	72%

Discussion of Revised Baseline Data:

Timely service baseline data included in the FFY 2004 SPP (87.7%) was calculated using 14 days from the start date of the IFSP. Beginning December 2005, a change in timely service definition was put into affect. The new definition warrants a new baseline calculation reflecting the actual service start date relative to the identified projected service start date on the IFSP. As a result of the change in definition, data collection method, and corresponding data collected, only six months data is available during this reporting period. Therefore, new baseline data for FFY 2005 reflects data collected from December 2005 through June 2006.

In addition to revising Idaho's timely standard, OSEP directed Idaho not to include children for whom the state had identified the cause for the delay as exceptional family circumstances documented in the child's record in the calculation for timely service (Table A). However, based on the final APR frequently asked questions document 10/13/2006, OSEP has now directed states to include in the calculation (both the

numerator and denominator) those children for whom delays are attributable to documented exceptional family or other circumstances outside the lead agency's control for indicators 1, 7, and 8C.

New baseline data using the actual service start date relative to the projected service start date from December 2005 through June 2006 indicates that 72% of children (including exceptional family or other circumstances outside the lead agency's control) received services in a timely manner.

Continued growth in program enrollment and natural environment requirements have made it difficult for staff to provide all services in a timely manner. In addition, finding qualified contract providers, especially in rural areas remains difficult as the program must compete with other agencies for providers. These variables continue to impact Idaho's ability to provide services in a timely manner.

All regions are required to list and track children pending services. Every child pending services has a designated service coordinator. Evaluations and the IFSP are completed for all eligible children. This enables the service coordinator and the family to continue to seek resources necessary to meet the child and family's needs and for continual tracking and documentation of the status of service needs.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2011 (2011-2012)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2012 (2012-2113)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

Improvement Activities/Timelines/Resources:

2005-2006

1. Resource Recruitment:

- Submit supplemental funding request for remainder of SFY 06 to purchase additional Speech, Occupational, and Physical Therapy and audiology and assistive technology services.
- Submit SFY 07 expansion funding request for social work and speech to provide early intervention services.
- Seek salary increases for early intervention social work, speech, and developmental therapist classifications to better match the market rate for these services.
- Strive to increase receipts from Medicaid and private insurance to provide funds for additional service contracts.

2. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.
- Update the Infant Toddler Program's data system (DataTot) to track and produce routine reports of all children waiting longer than 30 days from IFSP development to start of services.

3. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

4. Resource recruitment:

- Given increased general fund support, we will recruit and hire social workers, speech, occupational, and physical therapists, etc. according to personnel shortages in specific geographic areas.
- If general funds are not increased, a supplemental funding request will be submitted for the remainder of SFY 2007 and an enhancement request to be submitted for SFY 2008.
- Evaluate potential for increased reimbursement rates from Medicaid for early intervention services.
- According to available funding, increase service contracts to assure timely implementation of all IFSPs.

5. Training:

- Ensure regional training occurs for Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

6. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction within one year of identification of the non-compliance.
- Additional regional training and technical assistance will be provided regarding the new timely service data elements in Data Tot.
- Central office will identify and share effective practices regions are using to track and monitor timely service delivery ensuring consistent and efficient systems are being used.
- Central office will evaluate the mechanism for data entry, analysis, and reporting when tracking and reporting timely service delivery.
- Central office will provide technical assistance to regions to support regions timely service delivery.
- The ITP Implementation Manual will be revised and updated including the policies and procedures regarding timely service delivery. Initial trainings will be held for regional staff regarding the revised ITP Manual.

7. Maintenance of Interagency Agreements (IAAs) and Contracts:

- Periodically review IAAs with other early intervention providers who serve children through an IFSP and ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the state approved standard contract and that all contracts are monitored for compliance.

8. Policy review and revisions:

- Evaluate definition of “timely” (as modified July 1, 2005) for continued appropriateness. Identify if other policies need to be revised to align with new definition and/or if additional training is required to insure consistent data collection from all regions.

9. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare’s website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2007-2008

1. Resource recruitment:

- If the legislative funding request is supported, social workers, speech, occupational, and physical therapists, etc. will be recruited and hired according to personnel shortages in specific geographic areas.

- If the legislative funding request is not supported, a supplemental funding request for the remainder of SFY 2007 will be prepared and submitted and an enhancement request will be submitted for SFY 2008.

- Recruitment of additional service contracts will be pursued to the limits of funding to assure timely implementation of all IFSPs.

2. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.

- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.

- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction within one year of identification of the non-compliance.

3. Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

- Identify and bring in national experts to train staff/contractors on a primary interventionist service delivery model and cost and time saving service delivery models/strategies.

- Ongoing trainings will be held for regional staff regarding the revised ITP Manual that includes the policies and procedures regarding timely services.

- A standardized ITP training curriculum will be developed for the orientation and training of new staff, thus allowing consistent statewide training of timely services.

4. Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

5. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

6. 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), the 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).

2008-2009

1. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.

- When noncompliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from the date of identification.

- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or specified in their plan to assure correction within one year of identification of noncompliance.

- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

2. Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation manual.

3. Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to service children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

4. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP progress reports, and to the interagency coordinating council and regional committees.

5. Policy review and revisions:

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

6. Data System

- Develop and implement a new web base Infant Toddler Program data system for staff and contractors to use.
- Provide training to staff and contractors for new data system
- Develop a data system manual for staff and contractors to use.

7. Service Coordination:

- If new Service Coordination rules are approved during the 2009 Legislative session, develop a timeline and process for the Infant Toddler Program to become the sole provider of birth to three service coordination services using existing program staff and contractors by summer, 2009.

8. Contracts:

- If new Service Coordination rules are approved during the 2009 Legislative session, develop a timeline and process for the Infant Toddler Program to become the sole provider of birth to three service coordination services using existing program staff and contractors by summer, 2009.

9. Resource Recruitment/Development

- Develop new Infant Toddler Program Therapist state employee classification to enhance recruitment, hiring, and retention of therapeutic disciplines including SLPs.

2009-2010

1. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction of any non-compliance within one year from the date of identification.
- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

2. Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

3. Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

4. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Data System:

- Finalize and implement a new web base Infant Toddler Program data system for staff and contractors to use.

- Provide training to staff and contractors for new data system.

- Develop a data system user e-manual for staff and contractors to use.

6. Personnel Recruitment:

- Work with Human resources to advertise and recruit for the new early intervention "therapist" classification. This new classification will allow a recruitment of specialists (OT, PT, SLP) in one outreach activity rather than requiring several different advertisements.

  Distribute recruitment materials to all licensed OT, PT and SLP in Idaho.

  Outreach/recruitment presentations to preserve programs at Idaho State University for health related early intervention therapists and all relevant higher education in Idaho for developmental specialists.

- Seek administrative approval to hire new therapists at "policy level" rather than "entry level" on the pay scale.

2010-2011

1. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.

- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.

- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.

- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

2. Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

3. Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

4. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2011 - 2012

1. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.

- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.

- Monitor all regions with active CAPs through required data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.

- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

2. Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

3. Maintenance of Interagency Agreements and Contracts:

- Periodic review of Interagency Agreements with other public early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines, documentation in ITP Web, and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

4. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Data System

- Regional Admin users will track timely services for children receiving early intervention services using the worklist summary function in ITP Web.
- Service coordinators and providers using ITP Web will track timely services using the worklist function in ITP Web.
- Central office and regions will use consistent reporting templates to track timely services.

6. Personnel Recruitment:

- Continue to work with Human resources to advertise and recruit for the new early intervention "therapist" classification (OT, PT, SLP).

2012 - 2013

1. Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through required data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.
- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

2. Training:

- Ensure regional training on an annual basis is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

3. Maintenance of Interagency Agreements and Contracts:

- Periodic review of Interagency Agreements with other public early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines, documentation in ITP Web, and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

4. Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Data System

- Regional Admin users track timely services for children receiving early intervention services using the work list summary function in ITP Web.
- Service coordinators and providers using ITP Web track timely services using the work list function in ITP Web.
- Central office and regions use consistent reporting templates to track timely services.

6. Personnel Recruitment:

- Continue to work with Human resources to advertise and recruit for the new early intervention "therapist" classification (OT, PT, SLP).

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, 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 children.

Indicator for FFY 2008-FFY 2009: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home *or community-based settings*.

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.

Updated Measurement for FFY 2008-FFY 2009:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home *or community-based settings*) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Updated Overview of Issue/Description of System or Process (February 1, 2011):

The Idaho Infant Toddler Program has achieved continuous and positive gains in assuring that early intervention services are provided in the homes or programs for typically developing children. Policies have been clarified and enforced with staff and contractors. Data is reviewed by central office and regions on a regular basis to ensure early intervention services are provided in natural environments.

Providing services in natural environments is a requirement we are now able to enforce in all service provider contracts with the Infant Toddler Program. New evidence based early intervention practices adopted by the state enhances the supports and resources to assist family members and caregivers to enhance children's learning opportunities and development through everyday learning opportunities.

Overview of Issue/Description of System or Process: The Idaho Infant Toddler Program has achieved continuous and positive gains in assuring that early intervention services are primarily provided in the homes or programs for typically developing children. For multiple years in the past, strategies have been implemented to train staff on enhancing services for infants and toddlers through routine based interventions. Data has been monitored at semi-annual intervals and reviewed periodically with regional personnel including program managers. Regional action plans were written that addressed strategies for enhancing services in natural learning settings and progress was reported through regional quarterly reports.

Contracts and memoranda of agreement were modified to strengthen requirements for service provision in natural environments and families were advised of the reasons and benefits for directing services to home and settings for typically developing children. Idaho made terrific progress in advancing the practices and investment of lead agency personnel and of contractor providers in providing services in natural environments through routine based interventions.

Most recently, however, regions have reported that due to: the increased number of children identified as eligible for early intervention services, the continuing limitations on the number of qualified personnel, and the high costs of delivering services in remote and rural areas (including the increased price of gasoline) that it becomes increasingly challenging to locate and pay for providers available to provide services in natural environments. Given limited provider availability, it sometimes comes down to accessing timely services in a service provider's offices or service delivery being delayed to the child and family. This is recognized as an unacceptable practice and is identified as out of compliance, however, it is deemed as preferable to no services at all. Current data demonstrates that Idaho has maintained the level of services primarily provided in homes and programs for typically developing children.

Records were monitored during the single regional self-assessment during the 2004-20005 periods in accordance with schedule of on-site monitoring visits. This monitoring visit identified a failure in one region to document the justification when services were not in a natural environment. This failure is addressed on a corrective action plan and performance is being monitored to assure compliance within one year of documentation when the child cannot benefit from early interventions in his or her natural environment. Statewide service location data is tracked and monitored and does not identify any systemic concerns but rather demonstrates continuous increased percents of service in natural environments.

Baseline Data for FFY 2004 (2004-2005):

Statewide, the percent of services provided in home and typical settings ranged from 86.7% on 6/1/03, to 89% on 6/1/04, 90.4% on 12/1/04, and 91.5% as of 6/1/05. Statewide, the percent of services provided in early intervention classrooms was reduced significantly. The data comes from the Data-Tot system on 100% of infants and toddlers enrolled in the Idaho early intervention system.

Service Setting, Cumulative	Data Source: ITP Data-Tot System N = 100% of enrolled infants & toddlers									
	1999	2000	2001	Jun-02	2002	Jun-03	2003	Jun-04	2004	Jun-05
EI CTR	28.1%	19.8%	13.4%	10.25%	7.4%	6.0%	5.75%	4.4%	3.1%	2.7%
HOME	62.6%	67.9%	74.4%	76.8%	77.8%	79.25%	79.7%	83.5%	85.9%	87.9%
TOTAL N.E.	64.4%	72.5%	80.0%	83.2%	85.6%	87.4%	86.7%	89.0%	90.4%	91.5%
SVC PROV	6.1%	7.2%	5.8%	5.2%	6.3%	6.1%	7.0%	6.4%	5.65%	5.1%
TYPICAL	1.8%	4.6%	5.65%	6.4%	7.9%	8.1%	7.0%	5.5%	4.55%	3.6%
IN-HOSP	0.4%	0.1%	0.45%	0.6%	0.2%	0.16%	0.4%	0.07%	0.5%	0.4%
RESIDENT	0.0%	0.0%	0.08%	0.04%	0.04%	0.04%	0.0%	0.0%	0.03%	0.03%
OTHER	1.0%	0.3%	0.2%	0.7%	0.4%	0.3%	0.1%	0.1%	0.2%	0.3%
Total Enrolled	2101	2378	2424	2312	2514	2444	2744	2808	3076	3236
Year	1999	2000	2001	Jun-02	2002	Jun-03	2003	Jun-04	2004	Jun-05
EI CTR	590	472	325	237	186	147	158	124	96	86
HOME	1316	1614	1803	1776	1955	1937	2186	2344	2642	2844
TOTAL N.E.	1354	1724	1940	1923	2153	2136	2379	2498	2782	2961
SVC PROV	128	171	141	119	158	149	192	180	174	166
TYPICAL	38	110	137	147	198	199	193	154	140	117
IN-HOSP	8	2	11	13	5	4	11	2	16	13
RESIDENT	0	0	2	3	1	1	0	0	1	1
OTHER	21	8	5	17	11	7	4	4	7	9

Discussion of Baseline Data:

Baseline data as of December 1, 2004 demonstrates 90.4% of all children are served in a natural environment, and shows a continuous increase in the number of infants and toddlers and the percent of enrolled population whose services were delivered primarily in homes or programs for typically developing children. Only in isolated incidences are services provided outside of natural environments and records are monitored to assure that documentation indicates that these circumstances are due to the fact that the child cannot benefit from the service in a natural environment. Isolated cases have been identified where service may be provided for convenience in a service provider location or other setting, however, if these are identified during self assessment visits or record reviews, corrective action plans are required for correction within one year. The baseline data indicates that systemically, Idaho is successful at meeting this indicator.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Services in Home and Typical Settings – 92.0%
2006 (2006-2007)	Services in Home and Typical Settings – 92.3%
2007 (2007-2008)	Services in Home and Typical Settings – 92.5%
2008 (2008-2009)	Services in Home and Typical Settings – 92.7%
2009 (2009-2010)	Services in Home and Typical Settings – 92.9%
2010 (2010-2011)	Services in Home and Typical Settings – 93%
2011 (2011-2012)	Services in Home and Typical Settings – 94%
2012 (2012-2013)	Services in Home and Typical Settings – 94.5%

Improvement Activities/Timelines/Resources:

2005-2006

1. Routine monitoring of service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target.

2. Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.

3. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.

4. Coordinate training with Idaho State University, Idaho School for the Deaf and Blind, Idaho Council on Deaf and Hard of Hearing to provide training for 1) SLPs and Audiologists and 2) other professionals and service coordinators, about intervention services for young children who are deaf or hard of hearing, particularly those with cochlear implants, and their families.

2006-2007

1. Routine monitoring of service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.

3. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.

4. Include sessions to enhance practices of the provision of services in natural environments through routine based interventions in the bi-annual Early Years conference. Support and promote attendance of ITP early interventionists.

5. Additional regional training and technical assistance will be provided regarding the new data elements and functions added to Data Tot in December 1, 2005.

6. Routine monitoring by central office of natural environment justification data in Data Tot.

7. Natural environment justification data from Data Tot reveals that some parents in various parts of the state believe they have a choice in the location of early intervention service delivery. As a result, regional staff will 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 the natural environment.

8. Active recruitment of certified speech language pathologists and physical therapists to provide early intervention services.

9. The ITP Implementation Manual will be revised and updated including the policies, procedures, and benefits of providing services in natural environments. Initial trainings will be held for regional staff regarding the revised ITP Manual

2007-2008

1. Routine monitoring of service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.

3. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment

4. Provide information statewide through mailings or presentations to physicians and related service contractors regarding early childhood best practices and benefits of services in the natural environments.

5. Ongoing trainings will be held for regional staff regarding the revised ITP Manual that include the policies, procedures, and benefits of providing services in natural environments.

6. A standardized ITP training curriculum will be developed for the orientation and training of new staff, thus allowing consistent statewide training of providing services in natural environments.

2008-2009

1. Provide four pilot sites staff and contractors with intensive evidence based practice including coaching training to prepare four sites to pilot the model.

2. Ongoing technical assistance, review, and training will be provided by contracted coaching model trainers to the 4 pilot sites.

3. Develop and implement a new web based Infant Toddler Program data system for staff and contractors to use.

4. Provide training to staff and contractors for new data system.

5. Develop a data system manual for staff and contractors to use.

6. Revise contracts for all providers to strengthen emphasis on routine- based intervention in natural learning environments, coaching, and learning.

7. Develop Key Principles document to guide practice and serve as the foundation for the Program and identified training.

2009-2010

1. Routine monitoring of service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the Regional committees.

3. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment

4. Expand training and implementation of evidence-based coaching model to a minimum of three new teams in at least two additional regions.

5. Provide presentation on evidence-based practices in early intervention (coaching, teaming, natural learning practices) to physicians and medical staff at the Idaho Perinatal Conference.

2010-2011

1. Routine monitoring of service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the Interagency coordinating council and the Regional committees.

3. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment

4. Include sessions to enhance practices of the provision of services in natural environments through routine based interventions in the bi-annual Early Years conference. Support and promote attendance of ITP early interventionists.

2011-2012

1. Monitor service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.

3. Implement Evidence Based Early Intervention Practices includes identifying functional outcomes that are addressed in natural environments within the context of everyday learning activities.

4. New IFSP requiring comprehensive documentation of justification statements and specific timelines to review any service provided outside a natural environment.

5. Post Service Setting data, including regional performance results annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the Interagency coordinating council and the Regional committees.

2012-2013

1. Monitor service setting data by central office; required regional plan strategies to demonstrate improvement within one year if any region drops below state average performance or established target of previous year.

2. Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.

3. Implement Evidence Based Early Intervention Practices includes identifying functional outcomes that are addressed in natural environments within the context of everyday learning activities.

4. New IFSP requiring comprehensive documentation of justification statements and specific timelines to review any service provided outside a natural environment.

5. Post Service Setting data, including regional performance results annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published

Progress Reports that is widely distributed, and provided to the Interagency coordinating council and the Regional committees.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

ECO System Development

Prior to January 1, 2006, Idaho did not have a system in place to gather the child outcome data required by OSEP. Since that time, Idaho has developed and implemented a system to ensure rigorous and reliable measurement of child functioning upon program entry and exit. The following activities were conducted.

Jointly with Idaho State Department of Education Special Education Section, the Idaho Infant Toddler Program convened a project team and developed a project calendar, outlining major action steps to be taken. The lead agencies received recommendations and guidance from stakeholders on system development through multiple full-day sessions. Technical assistance and support was provided by the ECO Center through an on-site visit and phone and email consultation.

Through stakeholder input, the ECO 7-point scale was selected for use in both the Part C and Part B systems. The tool was refined and customized for Idaho however no change was made to the seven point scoring system. Per ECO definition, a score of 6 or 7 on the COSF scale equates to being "comparable to same aged peers." No additional outcomes beyond those required by OSEP were selected for measurement in the Idaho system. The Infant Toddler Program developed the capacity to link child outcome data with family outcome data through the Data-Tot system however, because of limited staff resources; this analysis has not been completed.

A Child Outcome data collection and reporting system was developed and implemented through enhancements to the Data Tot system. A full-day training curriculum and practice materials for front-line personnel on how to complete the COSF and enter data into Data Tot was developed. The training content was based on resources provided through the ECO Center, model documents shared by other states, and scenarios of Idaho children. The training materials addressed the system design, Program expectations for compliance, data-entry requirements, and practice scenarios for both the Part B and Part C system.

A training team comprised of Part B and Part C representatives provided training throughout the state. This training was designed to assure comprehensive and reliable developmental evaluations and consistent scoring on the Child Outcome Summary Form (COSF) throughout the state. Attendance was required for Part B and Part C regional personnel and was recommended for community partners such as private service coordinators, Head Start, and Health District staff.

In Idaho, Statewide implementation of the COSF and related documents began on July 1, 2006 for children entering services on or after that date.

As of July 1, 2006, children who enter services (before two years and six months of age) have their functioning rated in each of the defined areas using the Child Outcome Summary Form. Multiple sources of data are used to complete the COSF. Using an "anchor assessment" score, parental input, information from other therapists and caretakers, and professional judgment, a COSF is completed by the child's primary therapist or multi-disciplinary team for each child. Entry data is recorded and entered into Data Tot within 45 days of the IFSP being developed. As of July 1, 2007, children born before 36 weeks gestational age (premature) and who begin EI services before 6 months chronological age will have the COSF completed at or before the first 6- month review of the IFSP rather than at program entry.

Children exiting the Infant Toddler Program on or after January 1, 2007 who were served for six months or longer are evaluated using the same process (multiple sources of information including an anchor assessment) and comparable exit data is recorded on the COSF for each child. Exit data must be recorded in DataTot (and if appropriate, shared with Part B personnel) within 30 days following the child's exit from Part C or their third birthday.

The approved anchor assessment tools for both Part B and Part C programs include the following: BDI II (Battelle), HELP (Hawaii), Creative Curriculum, AEPS, Carolina, OUNCE, Work Sampling, High

Scope (COR), Brigance, and the Bayley III. For children receiving only a single service such as Speech or OT and who are not considered "potentially eligible" for Part B services, an ASQ screener may be used as an "anchor tool" to inform the COSF rating.

Quality Assurance Activities

To provide on-site, individualized quality assurance and technical assistance to each region, an agreement was developed with faculty at Boise State University. BSU faculty met with Early Intervention Specialists, Supervisors, and service delivery personnel in each region while they were learning the COSF rating process. They trained on policies and procedures for quality assurance and data integrity, problem resolution, inter-rater reliability and consistency of scoring across regions.

This QA and training agreement using resources available through the community continues in place. We have periodically engaged faculty, graduate students, and other qualified community partners to do analysis of our data regarding representation of the total population, consistent scoring across regions, and to provide ongoing training with Regional staff as needed.

Regional data will continue to be reviewed and analyzed semiannually by central office staff. This ensures complete and accurate data and enables timely correction and/or further analysis of any atypical or unexpected data trends. Regional Early Intervention Specialists are encouraged to pull regional data reports to review and monitor the integrity of their data being entered into Data Tot for this indicator.

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:

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process:

Baseline Data for FFY 2004 (2004-2005):

FFY	Measurable and Rigorous Target			
2005	NA			
2006	NA			
2007	NA			
2008 (2008-2009)	Baseline	A. Pos. Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs
	Summary Statement 1	71.6%	72.6%	74.8%
	Summary Statement 2	55.9%	53.0%	61.6%
2009 (2009-2010)	Targets	A. Pos. Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs

	Summary Statement 1	72.1%	73.1%	75.3%
	Summary Statement 2	56.4%	53.5%	62.1%
2010 (2010-2011)	Targets (Based on New FFY'09 Baseline)	A. Pos. Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs
	Summary Statement 1	64.8%	67.3%	70.4%
	Summary Statement 2	53.5%	50.6%	58.46%
2011 (20112012)	Targets	A. Pos. Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs
	Summary Statement 1	65.0%	67.5%	70.6%
	Summary Statement 2	53.7%	50.8%	58.6%
2012 (2012-2013)	Targets	A. Pos. Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs
	Summary Statement 1	65.2%	67.7%	70.8%
	Summary Statement 2	53.9%	51.0%	58.8%

The above targets were set with input from diverse stakeholders including the regional early intervention specialists and supervisors, Program Managers and representatives from the Early Childhood Coordinating Council (previously known as the ICC). In addition, guidance and information from national conference calls and the ECO center were taken into account.

Discussion of Baseline Data:

The stakeholders advised the Program to reset the baseline using FFY 2009 data rather than the FFY 2008 data. FFY 2008 was the first year we had a full cohort (three years worth) of children with both entry and exit data. Upon analysis of the regional data, we identified discrepancies in scoring and unusual data patterns in three regions. To remedy the situation, we have conducted additional training and completed other actions to assure more consistent and accurate scoring of the COSF across regions. These steps included routine use of the decision tree, refreshers about typical child development for comparison purposes, promoting use of Idaho's new Early Learning Guidelines, and implementation of a team process to determine the ranking for each child. As a result of these steps, we believe the quality of the FFY 2009 data is improved. It is more accurate, reliable, and reflective of the current level of performance in our State.

Child Outcome Data for FFY 2009 (2009-2010): This data is provided to establish the updated baseline using FFY 2009 data rather then FFY2008 data

ECO Data Analysis by Indicator- State Data

FFY 2009	a#	a%	b#	b%	c#	c%	d#	d%	e#	e%	N
A. Pos. Soc/Emot. skills	27	2.2%	290	23.9%	249	20.5%	329	27.1%	317	26.2%	1212
B. Acquire & use knowledge	26	2.1%	296	24.4%	279	23.0%	378	31.2%	233	19.2%	1212
C. Take actions to meet needs	27	2.2%	242	20.0%	238	19.6%	397	32.8%	308	25.4%	1212

Note: This chart reflects data for children exiting between June 1, 2009 through May 30, 2010 who had started services after July 1, 2006 and had a COSF entry score recorded;
Data for June 1, 2009 pulled from ITP Web.

Note: Rows noting percentages may not add to 100% due to rounding.

Discussion of Baseline/Progress Data:

New Baseline FFY 2009	A. Positive Soc/Emot. skills	B. Acquire & use knowledge	C. Take actions to meet needs
Summary Statement 1 Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	578/895= 64.6%	657/979= 67.1%	635/904= 70.2%

Summary Statement 2 The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.	646/1212= 53.3%	611/1212= 50.4%	705/1212= 58.2%

Idaho started collecting entry data as of July 1, 2006. Collection of exit data began January 1, 2007. Trajectory changes were documented on the COSF for children who were served for six months or longer and who exited between June 1, 2009 and May 31, 2010 are recorded in the above chart.

Progress data was available on 1212 children that exited during this 12 month period. This accounts for 100% of the children eligible to be included in this cohort and serves as baseline data for target setting purposes. Sampling was not used. The proportions of children in the progress categories are representative of children participating in the Program regarding ethnicity, regional distribution, and age at entry.

Improvement Activities/Timelines/Resources:

Planned Improvement Activities/Timelines/Resources:
2006-2007
1. The system for COSF data entry, report generation, and monitoring will be refined to ensure valid and reliable data are available for this indicator. The COSF will be streamlined, the Decision Tree will be updated, and policies will bee fine-tuned to assure clear understanding and consistent use across the State. 2. Quarterly dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. Continued training on use of the forms, inter-rater reliability, and timely data entry will be provided by CO staff and through an ongoing agreement with faculty at BSU. 3. Data integrity will continue to be monitored at both the regional and state level on a quarterly and semiannual basis respectively. 4. Data will be reviewed and analyzed by BSU faculty and graduate students regarding ethnicity, age at entry and duration of services compared to the larger population served. 5. If possible, BSU faculty or graduate students will assist with development of training materials and provision of training activities.
2007-2008

1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a quarterly and semiannual basis respectively. 2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. 3. The ECO system and related forms/documents will be refined as needed to ensure and effective system and quality data. 4. Continued training on the Decision tree, COSF, inter-rater reliability, and timely data entry will be provided by staff and through an ongoing agreement with faculty at BSU. 5. Data will be reviewed and analyzed by BSU faculty and graduate students regarding ethnicity, age at entry and duration of services compared to the larger population served. 6. BSU graduate students and faculty will assist with development of training materials and provision of training activities.
2008-2009
1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a semiannual basis. 2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. Following data analysis process, implementation of needed policy changes. 3. The ECO system and related forms/documents will be refined as needed to ensure an effective system and quality data. 4. Continued training on the Decision tree, COSF, inter-rater reliability, and timely data entry will be provided by staff and if possible, through an ongoing agreement with faculty at BSU. 5. If possible, University resources will be recruited to assist with data analysis, development of training materials, and provision of training activities.
2009-2010
1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a semiannual basis. 2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. 3. The ECO system and related forms/documents will be refined as needed to ensure an effective system and quality data. 4. Continued training on the Decision tree, requirement for team participation in completing the COSF, inter-rater reliability, and timely data entry will be provided by staff and if possible, through an ongoing agreement with faculty at BSU. 5. If possible, University or other professional resources will be recruited to assist with data analysis development of training materials, and provision of training activities. 6. Identify contractor to design electronic training module on ECOs and COSF for independent study to be required for all new staff and contractors.
2010-2011
1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a semiannual basis.

2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. 3. Continued training on the Decision tree, requirement for team participation in completing the COSF, inter-rater reliability, and timely data entry will be provided by staff to front-line personnel. 4. Infant Toddler Program staff will assist with data analysis, development of training materials, and provision of training activities.
2011-2012
1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a semiannual basis. 2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. 3. Training on the Decision tree, requirement for team participation in completing the COSF, inter-rater reliability, and timely data entry will be provided by staff to front-line personnel. 4. Infant Toddler Program staff will assist with data analysis, development of training materials, and provision of training activities.
2012-2013
1. Early Childhood Outcome data integrity will be monitored at both the regional and state level on a semiannual basis. 2. Dialogue will occur with regional Early Intervention Specialists and supervisors addressing system challenges they encounter, completion of anchor assessments and the COSF. 3. Continued training on the Decision tree, requirement for team participation in completing the COSF, inter-rater reliability, and timely data entry will be provided by staff to front-line personnel. 4. Infant Toddler Program staff will assist with data analysis, development of training materials, and provision of training activities.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, Page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Overview of Issue/Description of System or Process:

Through a stakeholder input process, Idaho decided to use the NCSEAM Family Survey to gather the family outcome data required by OSEP. A contract was developed with Piedra Data Services to administer and manage the survey process. William P. Fisher, Jr. PH.D was responsible for the analysis and summary of the data.

2,409 paper-based surveys were distributed to all parents enrolled in the Infant Toddler Program for at least 6 months as of March 30, 2006. To increase the number of possible respondents and to assure a wider age distribution, families who had exited the Program in the preceding 15 months were also mailed a survey. 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 obtain the survey in Spanish, 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. Eventually the state hopes to link the family outcome data to individual child service records for analysis.

In total, 355 surveys were returned for a 14.74 % return rate. 32 families completed the Spanish version of the tool. Both the Native American and Hispanic return rates (.3% and 5.2% respectively) were below Program demographics (1.4% and 8.7%). Follow-up phone calls targeting these groups were attempted to increase their representation in the survey. Unfortunately, the calls were not successful in increasing the return rates as the available data-base contained incorrect phone numbers and many families were not at home when the calls were made. Please see the

Improvements Activities/Timelines section for strategies that will be implemented to increase the representation of the Native American and Hispanic populations in the 2007 survey process.

Baseline Data for FFY 2005 (2005-2006):

PART C Early Intervention Family Survey Report for Idaho's Data Collected in 2006

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:	56% (SE of the mean = 2.7%)

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.

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:	52% (SE of the mean = 2.7%)

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 4ca standard:	68% (SE of the mean = 2.5%)

Number of Valid Responses: 349 Mean Measure: 592
Measurement reliability: 0.94 Measurement SD: 161

Discussion of Baseline Data:

Results Summary

An electronic data file containing the results of 355 surveys of families receiving Part C services was provided to Avatar International, Inc. by the State of Idaho for measurement scaling and statistical analysis using the Rasch Measurement analysis as recommended by NCSEAM. Of the 355 responding families, 349 provided responses to the survey's Impact of EI Services on Families rating scale items. These cases provide the raw material for this report. As reported by Avatar International, Inc, the data that was analyzed meet or exceed the NCSEAM pilot study's standards for internal consistency, completeness, and overall quality.

The percents reported to OSEP for SPP/APR indicators 4a, 4b, and 4c are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In these analyses, the standards applied were the standards recommended by a nationally representative stakeholder group convened by NCSEAM. This group identified items that most closely represented the content of each of the indicators and recommended the level of agreement that should be required on these items. For indicators 4a, 4b, and 4c, the recommended standards were operationalized as measures of 539, 556, and 516, respectively, since these are the calibrations of the items most closely related to the indicators. The percent reported to OSEP for each indicator is the percent of families with measures on the Impact of Early Intervention Services on Families scale that are at or above these levels.

The Impact on Families scale shows the distribution of measures for all families whose data were submitted for this analysis. The overall average of all the individual family measures is 592. Imagine that vertical lines have been drawn at 539, 556, and 516 on the x-axis. These lines would divide the measures above these standards from those below, and would illustrate that the percentages of responding Idaho Part C families with measures at or above these levels are 56%, 52%, and 68%, respectively, as shown in the previous page's summary statistics.

There is always a certain amount of error in estimating a value for the entire population of families in a state, based on data from a sample of families. Given the size of the population of families receiving early intervention services, and the number of families from whom completed surveys were received, there is a 95% likelihood that the true value of these percentages is as much as 3.6% less or more than the values given, depending on the standard error of the mean for each indicator (reported on the Statistical Summary page).

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Baseline data gathered in 2006. The NCSEAM Improvement Target Calculator and input from a stakeholders group was used to identify rigorous and measurable targets that are achievable and represent a statistically significant change in a positive direction.
2006 (2006-2007)	A. 57% of respondent families participating in Part C will report that early intervention services have helped the family know their rights. 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. 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.
2007 (2007-2008)	A. 58% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 54% of respondent families participating in Part C will report that early intervention

	services have helped the family effectively communicate their children's needs. C. 70% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.
2008 (2008-2009)	A. 59% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 55% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs. C. 71.5% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.
2009 (2009-2010)	A. 60.5% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 56.5% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs. C. 73 % of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.
2010 (2010-2011)	A. 62% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 58% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs. C. 73.5% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.
2011 (2011-2012)	A. 63% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 60% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs. C. 74% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.
2012 (2012-2013)	A. 64% of respondent families participating in Part C will report that early intervention services have helped the family know their rights B. 61% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs. C. 75% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.

Improvement Activities/Timelines/Resources:

2006 – 2007

1) Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

2) Increase Parent Survey return rate and representation using a selection of the following strategies:

- Mail survey to all Program enrollees, including those in service less than 6 months

- Notify service coordinators when survey is being distributed and have them encourage their families to complete and return the survey.
- Include an incentive to return the survey in the initial mail-out (such as entry in a drawing for a baby item or dinner for two upon survey return)
- Provide a second copy of survey form to be hand-delivered by SC to geographic areas with high Native American and Hispanic residence.
- Include copy of Spanish survey in all initial mail-out 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, disability, age and ethnic distribution. Obtain recommendations from University faculty regarding the survey distribution process and low-cost follow-up activities to increase the response rates and survey representation.

3) Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey.

- Refine/revise content and streamline production for Family Books ensuring all regions have an adequate supply to provide each incoming family a Family Book. Set and monitor distribution policy to ensure all families receive a Family Book at Program entry.
- Provide training and information to on-going intake staff and interim Service Coordinators regarding the following:
    - 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.

4) Support the IPUL annual conference through funding for parent scholarships and/or speakers.

5) Promote access to parent education opportunities and parenting curriculum through distribution of materials and classes by the regional offices.

2007-2008 – *Updated February 2008*

1) Increase responses of the Parent Survey by the Hispanic population using a selection of the following strategies:

- 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 to increase the response rates and survey representation.

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 Family's needs in addition to the developmental needs of the child.

- 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.

3) Support the IPUL annual conference through funding for parent scholarships and/or speakers.

4) Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress Reports, and to interagency coordinating council (EC3) and regional committees (RECCs).

2008-2009

1a. Increase responses of the Parent Survey by all parents with a special focus on the Hispanic population using a selection of the following strategies:

- 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.

1b. Collaborate with a University (BSU) to further analyze the representation of the 2007 survey respondents regarding gender, age and ethnic distribution as compared to the population served by the Program.

2. 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.

3. Support the IPUL annual conference through funding for parent scholarships and/or speakers.

4. Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress Reports, and to interagency coordinating council (EC3) and regional committees (RECCs).

5. Contract with Idaho Parent's Unlimited (IPUL) to provide training to families on Procedural Safeguards.

6. Engage Dathan Rush and M'Lisa Shelden to provide in-depth training to staff from 4 pilot sites about evidence-based practices including teaming, coaching and natural learning practices.

2009-2010

1. Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey.

2. Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees

3. Increase responses of the Parent Survey by all parents with a special focus on the Hispanic population using a selection of the following strategies:

- 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.
- Explore opportunities for targeted outreach to the Hispanic/Latino community through Migrant Head Start, Spanish-language support groups, and the Hispanic Community Center.

4. Engage Dathan Rush and M'Lisa Shelden to provide in-depth training to staff from 4 pilot sites about evidence-based practices including teaming, coaching and natural learning practices.

2010-2011

1. Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey results.

2. Report on EIS regional program performance related to performance targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees

3. Increase responses of the NVSEAM Family Survey by all parents with a special focus on the Hispanic and Native American populations using a selection of the following strategies:

- 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 and Native American families, when survey is being distributed and have them encourage their families to complete and return the survey.
- Explore opportunities for targeted outreach to the Tribes and the Hispanic/Latino community.

4. Continue with Statewide implementation of the evidence-based early intervention practices of teaming, coaching, and effective teaching in natural learning environments through additional training to six new teams representing 5 regions of the state and provide ongoing TA to assure each Team's adherence to practices.
5. Develop a statewide Technical Assistance mentoring network utilizing both experienced ITP staff and representatives from higher education to ensure ongoing training of and adherence to the evidence-based practices as taught by Dathan Rush and M'Lisa Shelden.

2011-2012

1. Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey results.

2. Report on EIS regional program performance related to performance targets on DHW, ITP website, ITP Progress reports and to interagency coordinating council and regional committees.

3. Increase responses of the Parent Survey by all parents with a special focus on the Hispanic <u>and Native American</u> populations using a selection of the following strategies:

- 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 and Native American families, when survey is being distributed and have them encourage their families to complete and return the survey.
- Explore opportunities for targeted outreach to the Tribes and the Hispanic/Latino community.

4. Continue with Statewide implementation of the evidence-based early intervention practices of teaming, coaching, and effective service delivery in natural learning environments through training and technical assistance to assure adherence to practices.

5. Continue development and full implementation of statewide TA network utilizing experienced ITP staff to ensure ongoing training of the evidence-based practices as taught by Dathan Rush and M'Lisa Shelden. Provide quarterly conference calls with Dathan and M'Lisa to assure quality and ensure TA providers maintain fidelity to practices.

2012-2013

1. Develop and implement strategies to address program strengths and need areas identified through analysis of the NCSEAM Family Outcome Survey results.

2. Report on EIS regional program performance related to performance targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees

3. Increase responses of the NCSEAM Family Survey by all parents with a special focus on the Hispanic and Native American populations using a selection of the following strategies:

- Print postcard for distribution to families prior to survey distribution in Spanish as well as English.
- Notify all service coordinators including those coordinating for Hispanic and Native American families, when survey is being distributed and have them encourage their families to complete and return the survey.
- Explore opportunities for targeted outreach to the Tribes and the Hispanic/Latino community.

4. Continue with Statewide implementation of the evidence-based early intervention practices of teaming, coaching, and effective service delivery in natural learning environments through training and technical assistance to assure adherence to practices.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:
See the Overview of the State Performance Plan, 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.

Indicator for FFY 2008-FFY 2012: *Percent of infants and toddlers birth to 1 with IFSPs compared to national data.*

(20 USC 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.

Measurement for FFY 2008-FFY 2012:

Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

Idaho has long history of an effective child find system that has matured with consistent referral sources that rely on the Idaho Infant Toddler Program to evaluate and serve infants and toddlers about whom they have concerns. The child find system is multi-faceted, made up of diverse components including:

- Interagency agreements and protocols for referral with hospitals, Early Head Start and other primary referral sources,
- Developmental monitoring of children identified at-risk conducted through electronic ASQs
- Community screening clinics that are advertised in local media
- Presentations to medical providers and other organizations to orient referral sources about eligibility criteria, how to make referrals, the importance of early intervention services
- Distribution of outreach materials at professional conferences, doctor's offices, health district clinics, etc.
- Regular contacts with nursing staff and discharge planners at hospitals and NICUs.

As of June, 2004, Idaho provided tracking and monitoring for almost 6,000 infants and toddlers who have some risk factor(s) or whose parents have requested participation in developmental monitoring. Of these, 2,141 are under one year of age which is 9.82 percent of Idaho children in this age group. This process of providing the Ages and Stages Questionnaires to parents and responding when concerns are identified provides an identification safety net for families whose children are at risk, increases knowledge of parents about typical development patterns and developmental milestones, and provides early identification if a child falls off the typical projectory of development.

Over the past couple of years, the age of identification had crept up and several regions had an average age that was notably above the statewide average. These regions have been asked to identify specific strategies to strengthen early referrals and identification in the regional improvement plans. These activities and those taken by all regions have had a measurable positive impact on average on the earlier identification of children at a younger age, in months. Idaho has a solid system for identification of young children and performs successfully in the identification of infants under one year of age.

Baseline Data for FFY 2004 (2004-2005):

Idaho has demonstrated a pattern of identifying more than 1% of infants from birth to twelve months. As of June 1, all regions in the state served in excess of one percent of the population. Trends also demonstrate improvement over previous years in earlier identification. The percent and numbers of children under one year was as follows:

Table A. Birth-1, Eligible Infants and Toddlers

Date	% Eligible	# Eligible	State Birth—One Pop.
1 DEC, '03	1.29	272	20,973
1 JUN, '04	1.525	320	20,973
1 DEC, '04	1.605	350	21,794
1 JUN, '05	1.596	348	21,794

Note: All figures based on state courts and calculations available on that date.

Table B. Average age at the time of IFSP creation

Date of IFSP Creation	Average Age
June 1, 2003	13.7 months
December 1, 2003	13.9 months
June 1, 2004	13.2 months
December 1, 2004	12.7 months
June 1, 2005	12.5 months

Comparison to Other States with Similar Eligibility

Idaho's identification for 2004 of infants from birth to one compares to other States with similar eligibility definitions as follows: Idaho ranks 7th in the nation when rankings for infants under 1 year of age exclude infants at risk and Idaho ranks 10th in the nation when comparing to states including those infants at risk.

Comparison to National Eligibility Data

According OSEP's Table 8-4 in FFY2004, Idaho served 1.66% of the infants under one year of age. The National average was .92%.

Discussion of Baseline Data:

Idaho's '04 data indicates performance in the early identification of infants under one year of age that is ranked high among states with comparable eligibility and significantly above the national baseline for all states.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.59% of infants under 1 year of age receive early intervention services
2006 (2006-2007)	1.6% of infants under 1 year of age receive early intervention services
2007 (2007-2008)	1.62% of infants under 1 year of age receive early intervention services
2008 (2008-2009)	1.64% of infants under 1 year of age receive early intervention services
2009 (2009-2010)	1.66% of infants under 1 year of age receive early intervention services
2010 (2010-2011)	1.68% of infants under 1 year of age receive early intervention services
2011 (2011-2012)	1.60% of infants under 1 year of age receive early intervention services
2012 (2012-2013)	1.62% of infants under 1 year of age receive early intervention services

Improvement Activities/Timelines/Resources:

2005-2006

1. Continue child find activities including contracts for developmental monitoring and community screening linked with LEAs.

2. Evaluate efficacy and performance of Child Find contracts with district health departments. Evaluation committee and public input process to recommend continuation or changes.

3. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.

4. Exhibit Infant Toddler Program information at conferences and medical professional health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) Parent Leadership events, etc.

5. Provide statewide training for Children and Family Service workers confirming referral requirement and protocol for CAPTA referrals.

6. Partner with Substance Abuse Treatment programs to coordinate services for pregnant women and assure early referrals on any newborns who are exposed prenatally.

7. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children.

8. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

1. Continue child find activities including developmental monitoring and community screening

2. Confirm referral protocol with major birthing hospitals. Stock ITP brochures, developmental checklists and child find brochures with discharge planners and nurses for use in birthing hospitals and centers, newborn nursery areas, and pediatric wings of hospitals.

3. Supply special needs packets for use in all newborn intensive care nurseries for distribution to parents of infants who are medically fragile or are born with disabilities. Maintain supplies of materials with Idaho Parents Unlimited.

4. Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.

5. Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.

6. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.

7. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.

8. Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.

9. Partner with Substance Abuse Treatment programs to coordinate services for pregnant women and assure early referrals on any newborns that are exposed prenatally.

10. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

11. 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.

2007-2008

1. Continue child find activities including developmental monitoring and community screening

2. Confirm referral protocol with major birthing hospitals. Stock ITP brochures, developmental checklists and child find brochures with discharge planners and nurses for use in birthing hospitals and centers, newborn nursery areas, and pediatric wings of hospitals.

3. Supply special needs packets for use in all newborn intensive care nurseries for distribution to parents of infants who are medically fragile or are born with disabilities. Maintain supplies of materials with Idaho Parents Unlimited.

4. Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.

5. Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.

6. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.

7. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.

8. Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.

9. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

10. 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.

2008-2009

1. Continue child find activities including developmental monitoring and community screening linked with LEAs.

2. Provide orientation for new employees and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.

3. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.

4. Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.

5. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

6. Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.

7. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2009-2010

1. Implement electronic system of ASQ distribution. Re-focus regional child find activities on public awareness, education, and outreach to high risk population through increased home visiting activities.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system revisions.

3. Exhibit Infant Toddler Program information at conferences and health fairs. Conduct regional outreach activities with birthing hospitals and local physicians to encourage early referral of children to intervention services.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2010-2011

1. Implement electronic system of ASQ distribution. Realign Child Find activities within the regional programs to continue activities on public awareness, education, outreach, screening, and coordination with Part B.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system revisions.

3. Exhibit Infant Toddler Program Information at conferences and health fairs. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Regional programs will coordinate with newly established child care health consultants for outreach to child care settings.

6. Infant Toddler Program website is to be updated to increase prominence and ready access for developmental monitoring and self referral.

7. Child Find brochures and developmental checklists to be redesigned and broadly distributed.

8. Coordinate with Early Head Start and physicians' offices to implement hubs for online developmental monitoring (Developmental Milestones).

2011-2012

1. Continue full implementation of electronic system of ASQ distribution.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system as needed.

3. Exhibit Infant Toddler Program Information at conferences and health fairs. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Child Find brochures and developmental checklists will be broadly distributed to hospitals, child care settings through Idaho Stars, and through Idaho Sound Beginnings (EHDI) mailings.

6. Outreach to target birth to one enrollment. At both the statewide and regional levels, programs will target outreach to hospitals, doctors, health departments, and child care providers to increase referrals.

7. Implement Outreach Plan developed during Results Visit.

   Develop a plan for technical and social media outreach.

   Utilize existing infrastructure within lead agency related to our programs.

   Evaluate strategies for branding and targeted messaging. Standardize information, look, and forms used in program. Develop an electronic referral form and process.

8. Reorganize the statewide early intervention system. Shift administrative oversight from 7 regions to 3 Hubs with Central supervision. This will assist in ensuring consistency in outreach, referral and direct intervention services.

2012-2013

1. Continue centralized online ASQs and Child Find activities within the regional regarding public awareness, education, outreach, screening, and coordination with Part B.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system as needed.

3. Exhibit Infant Toddler Program Information at conferences and health fairs. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Child Find brochures and developmental checklists will be broadly distributed.

6. Coordinate with Early Head Start, child care health consultants, and physicians' offices to implement hubs for online developmental monitoring (Developmental Milestones).

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:
See the Overview of the State Performance Plan, 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.

Indicator for FFY 2008-FFY 2012: *Percent of infants and toddlers birth to 3 with IFSPs compared to national data.*

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

Measurement:

A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

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

Measurement for FFY 2008-FFY 2012:

Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

Due to Idaho's growth in population, which was almost 8% between 2000 and 2004, and additional requirements from the federal government to expand services to more children, Idaho's caseload of infants and toddlers needing services is rapidly expanding. In the two years prior to June 1, 2005, the number of children birth to 3 enrolled in the program grew from 2,312 children in SFY 2002 to 3,195 children in SFY 2005, a 27.6% increase.

SFY Year	Children Served	% Increase over prev. year
June 2003	2,444	5.4%
June 2004	2,808	12.96%
June 2005	3,195	12.11%

Program growth can be attributed to several factors that include:

- An 8% increase in population growth from 2000 to 2004 due to an increase in the state's birth rate and migration of families to Idaho;
- An increase in the number of successful births that survive prematurity or other complex medical concerns, including multiple births;
- A Federal mandate last year requiring referrals to Infant Toddler Program of all birth to three year old children involved in substantiated cases of child abuse or neglect; resulting in evaluations on an additional 400 children. This includes the challenges of serving many

families of substance abusing parents and others involved in the child protection system that are resistant to receiving help for their child;

- Early identification of hearing loss and deafness due to effective newborn hearing screening;
- Increased incidence and earlier identification of autism spectrum disorders; and
- Sustained child find activities and maturity of Infant Toddler Program as known community resource.

Idaho Infant Toddler Program has experience steady growth for a number of years. No data sources provide evidence that children are not being identified nor do they indicate difficulty in locating the program when the need for a referral is identified.

Although Idaho's eligibility criteria was unchanged in the last year, it's eligibility criteria ranking was assigned to a new category: Idaho previously ranked 3rd of 16 states in a category of moderate eligibility and now, with the new rankings and re-assigned categories, Idaho ranks 5th of 15 states with narrow eligibility rankings. June 1 2005, Idaho's single day child count indicated service to 2.69% of the birth to three populations. As is true with most states, the annual cumulative number of children served is nearly double the number reported in the December 1, 618 "snapshot" count. For example, as of December 2004, 4.85% were served throughout the previous year, (cumulatively).

Baseline Data for FFY 2004 (2004-2005):

Date, Year	Snapshot Enrollment	STATE % SERVED	0-3 POP
1 JUN, '04	1,576	2.54%	61,964
1 DEC, '04	1,706	2.69%	63,453
1 JUN, '05	1,728	2.72%	63,453

Note: all figures based on state counts and calculations available on that date.

Comparison to Other States with Similar Eligibility

Eligibility Criteria Rankings: Narrow

	Moved Category	*Old Rank*	New Rank	% Served '03	%Served '04			
AZ		*3*	3	1.39	1.54		Based on '04 data	
CT	✓	*2*	3	2.96	3.10		Min	Max
DC		*3*	3	1.13	1.30	Narrow Range	1.30	3.10
GA	✓	*2*	3	1.19	1.33			
ID	✓	*2*	3	2.44	2.73	Narrow Avg	1.95	
Maine	✓✓	*1*	3	2.77	2.87			
MT		*3*	3	1.95	2.13	# States	15	
ND		*3*	3	2.13	2.80			
NE	✓	*2*	3	1.70	1.74			
NV		*3*	3	0.94	1.30			
OK		*3*	3	2.24	2.04			
OR	✓	*2*	3	1.38	1.55			
SC	✓	*2*	3	1.04	1.36			
TN	✓	*2*	3	1.81	1.71			
UT	✓	*2*	3	1.69	1.77			
Guam		*NA*	3					

Note: all figures provided by OSEP

Comparison with National Data:

In 2004, OSEP's Table 8-1 indicates that Idaho served 2.73% of the population and ranked 21st in the percentage of infants and toddlers ages birth through 2 receiving early interventions services under IDEA, Part C.

Discussion of Baseline Data:

Idaho's eligibility definition and application of eligibility demonstrates performance that exceeds the national average and that is comparable to other states with similar criteria as indicated by the ranking in the percent of population served. The level of eligibility established by the State appears to be sufficiently rigorous in comparison with all other states and territories and with those who have similar criteria.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.73% of infants and toddlers birth to three
2006 (2006-2007)	2.74% of infants and toddlers birth to three
2007 (2007-2008)	2.75% of infants and toddlers birth to three
2008 (2008-2009)	2.76% of infants and toddlers birth to three
2009 (2009-2010)	2.78% of infants and toddlers birth to three
2010 (2010-2011)	2.80% of infants and toddlers birth to three
2011 (2011-2012)	2.74% of infants and toddlers birth to three
2012 (2012-2013)	2.75% of infants and toddlers birth to three

Improvement Activities/Timelines/Resources:

2005-2006

1. Continue child find activities including contracts for developmental monitoring and community screening linked with LEAs.

2. Evaluate efficacy and performance of Child Find contracts with district health departments. Evaluation committee and public input process to recommend continuation or changes.

3. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.

4. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) Parent Leadership events, etc.

5. Provide statewide training for Children and Family Service workers confirming referral requirement and protocol for CAPTA referrals.

6. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children.

7. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

1. Continue child find activities including developmental monitoring and community screening linked with LEAs.

2. Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.

3. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.

4. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.

5. Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.

6. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

7. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2007-2008

1. Continue child find activities including developmental monitoring and community screening linked with LEAs. Increase outreach to target population if needed according to the analysis of distribution in the population of eligible children.

2. Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.

3. Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.

4. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.

5. Provide necessary training or outreach to physicians and medical community regarding referral requirements and protocol according to the needs assessment and determine whether need for training exists for this target audience.

6. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

7. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2008-2009

1. Continue child find activities including developmental monitoring and community screening linked with LEAs.

2. Provide continued training and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.

3. Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.

4. Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.

5. Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.

6. Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.

7. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2009-2010

1. Implement electronic system of ASQ distribution. Refocus regional child find activities on public awareness, education, and outreach to high risk population through increased home visiting activities.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system revisions.

3. Conduct regional outreach activities targeting the general public, hospitals, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2010-2011

1. Implement electronic system of ASQ distribution. Realign Child Find activities within the regional programs to continue activities on public awareness, education, outreach, screening, and coordination with Part B.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system revisions.

3. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Regional programs will coordinate with newly established child care health consultants for outreach to child care settings.

6. Infant Toddler Program website is to be updated to increase prominence and ready access for developmental monitoring and self referral.

7. Child Find brochures and developmental checklists to be redesigned and broadly distributed.

8. Coordinate with Early Head Start and physicians' offices to implement hubs for online developmental monitoring (Developmental Milestones).

2011-2012

1. Continue full implementation of electronic system of ASQ distribution. Realign Child Find activities within the regional programs. Continue activities to increase public awareness, education, outreach, screening, and coordination with Part B.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system as needed.

3. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Child Find brochures and developmental checklists will be broadly distributed.

6. Implement Outreach Plan developed during Results Visit.

   Develop a plan for technical and social media outreach.

   Utilize existing infrastructure within lead agency related to our programs.

   Evaluate strategies for branding and targeted messaging. Standardize information, look, and forms used in program. Develop an electronic referral form and process.

7. Reorganize the statewide early intervention system. Shift administrative oversight from 7 regions to 3 Hubs with Central supervision. This will assist in ensuring consistency in outreach, referral and direct intervention services.

2012-2013

1. Continue centralized online ASQs and Child Find activities within the regional regarding public awareness, education, outreach, screening, and coordination with Part B.

2. Provide orientation for new employees, and technical assistance/support for staff related to new ASQ system and related Child Find system as needed.

3. Conduct regional and statewide outreach activities targeting the general public, hospitals, child care, and other social service providers to encourage timely referral of eligible children.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Child Find brochures and developmental checklists will be broadly distributed.

6. Coordinate with Early Head Start, child care health consultants, and physicians' offices to implement hubs for online developmental monitoring (Developmental Milestones).

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, Page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

Account for untimely evaluations.

Measurement for FFY 2008-FFY 2009:

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 the # of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted times 100.

Account for untimely evaluations, assessments and initial IFSP meetings including the reasons for delays.

Overview of Issue/Description of System or Process:

Implementation of system changes to reduce the number of days from referral to IFSP development began in FY 2002. Regions were instructed to "frontload" their personnel to ensure that evaluations were conducted and IFSPs developed in a timely manner. Between December 2002- Dec. 2003 state wide data showed a reduction in 5 days in the average number of days to IFSP completion. All regions but one was able to demonstrate a decrease in the average number of days to complete an IFSP and an increase in the percent of IFSPs completed within 45 days.

In SFY 2003, self assessment and on-site monitoring identified non-compliance in two regions. Action plans were developed and implemented with frequent monitoring by central office. Data showed significant improvement in timely IFSP development for both regions. This brought all regions back into compliance with this indicator.

As of June 2004, a data system was put in place to collect the reason for delay for all IFSPs that took longer than 45 days to develop. Reasons were submitted to central office and sorted into system reasons (systemic barriers such as personnel shortages, etc) or family reasons (circumstances or needs of the family or child which the Program is unable to control, i.e. child hospitalized or ill, family vacation or traveling, etc). This data continues to be collected and monitored by central office.

As a result of the CAPTA revision and changes in reauthorization of IDEA, the ITP has seen an increase in children referred resulting from a substantiated case of child abuse or neglect. Many of these family's are involuntary referrals who do not yet understand the benefits of early intervention to their child. Some are transient, moving frequently, and are difficult to locate to obtain initial consent to evaluate. Others have many competing priorities and are not motivated to follow through with

appointments in a timely manner. These issues impact our systems ability to ensure timely IFSP development for all children.

Population growth and expanded outreach created personnel shortages that impact this indicator just as they do indicator 1 (Receipt of services on IFSP in a timely manner). Please see indicator 1 for details. In SFY 2004, three regions were identified as out of compliance with the 45 day timeline. In SFY 2004, system modifications implemented to impact this indicator included the following:

- Regional corrective action plans with specific strategies targeting this indicator were developed and monitored quarterly (and in some instances, monthly) by regions and central office.
- Strategies including review and revision of interagency agreements, increased referral to private service coordination agencies, and expanded use of contractors were implemented to overcome the shortage of state employees
- Potentially eligible children were screened using the ASQ or another developmental screening tool prior to full evaluation.

This indicator continues to challenge the State due to a fast growing population and static resources within the Program.

Baseline Data for FFY 2004 (2004-2005):

<= 45 days in preceding 90 days Summary for four quarters, Sept. 2004- August 2005		
	#	%
Total Enrolled <= 45 days	1150/1455	79.0%
Total >45 Days	305/1455	21.0%
Family Reason for Delay	142/1455	9.75%
System Reason For Delay	161/1455	11.1%
<=45 Day Count plus Family Reason for delay	1292/1456	88.8%

Discussion of Baseline Data:

This data was collected from Data Tot, the State's data base and represents actual numbers of children evaluated and IFSPs developed within 45 days. No sampling was used.

As illustrated by the chart, In SFY 2005, 79% of children in Idaho's early intervention program had evaluations completed and an IFSP developed within 45 days. For those over 45 days, 9.75 % were delayed due to family/child reasons and 11.1% due to system reasons. When combining those under 45 days and those with a family reason, 88.8% of the children are accounted for. The remaining 11.1% of children are the primary target population for our state's activities to address delayed development of an IFSP as we have no ability to impact those with delays due to a family reason.

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 the Part C regulations require an initial meeting be held within 45-days of referral. Often the IFSP document is completed at the initial IFSP meeting held with the family.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Improvement Activities/Timelines/Resources:

2005-2006

1. To address issues of delayed timelines when children are referred with substantiated child abuse or neglect Central office staff will review and refine policies and procedures for serving children jointly with Child and Family Services (CFS).

2. Revise procedures for garnering consent from non-voluntary participants (court order).

3. Establish routine communication system between CFS and ITP staff central office level through quarterly meetings.

4. Implement training on refined policies and procedures for serving children jointly with CFS and working with the courts.

5. Increase number of trained interim SCs available to coordinate timely evaluation, assessment, and IFSP development. Petition legislature for additional FTE (personnel) and/or dollars to contract for required personnel including additional social workers for interim and ongoing service coordination and family training and counseling.

6. Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services.

7. Central office staff will track regional performance on selected indicators using DataTot and 618 data.

8. Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.

9. Central office staff will conduct an annual review and budget distribution process based on a formula to ensure resource distribution equity across the regions.

10. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

2006-2007

1. Increase number of trained interim SCs available to coordinate timely evaluation, assessment, and IFSP development. If funded by the legislature, hire additional social workers for interim and ongoing service coordination and family training and counseling.

2. Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services

3. Review and streamline process for appointment of surrogate parent when needed. Develop additional resource information for appoint of surrogate

4. The Part C central office research analyst and programmer will develop 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 will be provided.

5. Central office staff will track regional performance on selected indicators using Data Tot and 618 data.

6. Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.

7. Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.

8. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

9. The Department of Health and Welfare will convene a workgroup to address staff retention issues. Strategies to help reduce the number of employees choosing to leave the Department to work for other agencies will be developed and implemented.

10. Central office will continue to screen 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.

11. As a result of the CFS/ITP regional manager merge, orientations to each new FACS manager will be provided regarding the Infant Toddler Program, policies, procedures, staff, budgets, and provisions of IDEA.

12. A memorandum of understanding will be completed with the University of Idaho to support student field placements and enhance the potential for ITP staff recruitment.

13. The ITP Implementation Manual will be revised and updated including the policies and procedures regarding timely evaluations, assessments and IFSP development. Initial trainings will be held for regional staff regarding the revised ITP Manual.

14. The Infant Toddler Program and Children and Family Services will continue to work together to ensure existing policies and procedures are sufficiently meeting the programs needs when jointly serving children.

2007-2008

1. Enhance relationships with Dept of Corrections to facilitate procedures for access to parents in prison for consent and involvement in service provision

2. Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services

3. Review and evaluate existing Idaho policy requiring completion of IFSP in 45 days versus holding the 1st IFSP meeting within 45 days. Solicit input and guidance from stakeholders.

4. The Infant Toddler Program and Children and Family Services will continue to work together to ensure existing policies and procedures are sufficiently meeting the programs needs when jointly serving children.

5. A standardized ITP training curriculum will be developed for the orientation and training of new staff thus allowing consistent statewide training of timely evaluations, assessment, and IFSP development.

6. Ongoing trainings will be held for regional staff regarding the revised ITP Manual that include the policies and procedures regarding timely evaluations, assessments and IFSP development.

7. Central office will continue to screen 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.

8. 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:

    a. Contractor
    b. Practice
    c. Efficiency and Quality Assurance
    d. Training

9. 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).

2008-2009

1. Develop and implement a new web based Infant Toddler Program data system for staff and contractors to use.

2. Provide training to staff and contractors for new data system.

3. Develop a data system manual for staff and contractors to use.

4. If new Service Coordination rules are approved during the 2009 Legislative session, develop a timeline and process for the Infant Toddler Program to become the sole provider of birth to three service coordination services using existing program staff and contractors by summer, 2009.

2009-2010

1. Regions will train new "ITP network service coordinators regarding the required timelines, policies, procedures, and family-centered practice requirements of IDEA Part C. When needed, provide additional training to encourage effective collaboration with Children and Family Services, family-centered practice, and collaboration with Children and Family Services

2. Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.

3. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

4. Finalize and implement a new web base Infant Toddler Program data system for staff and contractors to use.

5. Provide training to staff and contractors for new data system.

6. Develop a data system user e-manual for staff and contractors to use.

7. Work with Human resources to develop early intervention "therapist" classification which will allow advertisement and recruitment of specialists (OT, PT, SLP) in one outreach activity rather than requiring several different advertisements. Distribute recruitment materials to all licensed OT, PT and SLP in Idaho.

8. Seek administrative approval to hire new therapists at "policy level" rather than "entry level" on the pay scale.

9. Provide monthly monitoring of new ITP Network SC's documentation and performance until acceptable level of competence is assured. Then switch to quarterly monitoring.

2010-2011

1. Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services

2. Central office staff will track regional performance on selected indicators using ITP Web and 618 data.

3. Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.

4. Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.
5. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.
6. Develop a pre-referral protocol for children referred to the Infant Toddler Program by someone other than their parent or legal guardian (ex: physician, hospital, child care, etc.)
7. The Infant Toddler Program will develop a policy regarding use of screening instruments during the intake process to identify whether a child needs to be evaluated, as appropriate.
8. New web-based data system allows users to track the 45 day timeline using the worklist function in ITP Web.

2011-2012

1. Ensure regional orientation and annual training is provided for interim service coordinators regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
2. Continue tracking 45 day timeline to ensure all initial IFSPs are developed within 45 days from referral date.
3. When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
4. Monitor all regions with active CAPs through periodic data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.
5. Regional Admin data system users track the 45 day timeline using the worklist summary function in ITP Web.
6. Interim service coordinators using ITP Web track the 45 day timeline using the worklist function in ITP Web.
7. Central office and regions use consistent reporting templates to track the 45 day timeline.
8. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

2012-2013

1. Ensure regional orientation and annual training is provided for interim service coordinators regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
2. Continue tracking 45 day timeline to ensure all initial IFSPs are developed within 45 days from referral date.
3. When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.

4. Monitor all regions with active CAPs through periodic data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.

5. Regional Admin users track the 45 day timeline using the worklist summary function in ITP Web.

6. Interim service coordinators using ITP Web track the 45 day timeline using the worklist function in ITP Web.

7. Central office and regions use consistent reporting templates to track the 45 day timeline.

8. Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, Page 1.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

(20 USC 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 # 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.

Overview of Issue/Description of System or Process:

The lead agency in Idaho Part C services is the Department of Health and Welfare. The lead agency for Part B is the State Department of Education. Between July 2003 and June 2004, significant system reform was implemented regarding the early childhood transition for children in Idaho. With stakeholder input, transition policies and procedures were aligned across Part C and Part B and joint training was delivered on the new policies across the state. In addition, interagency agreements with all education partners were updated and local programs and districts were required to develop annual local protocol agreements to clarify systemic transition issues that had been challenging.

Monitoring activities in 2004 identified inadequate documentation of transition-related activities in some regions although antidotal evidence (interviews with school district personnel, and parent survey data) indicated effective transition was occurring. The lead agency did significant training statewide on new transition policies and procedures and focused on relationship development between Part B and Part C personnel. Regions were encouraged to improve procedures and documentation of transition requirements but the lead agency did not identify transition documentation as an area of non-compliance.

In 2005, OSEP specified the three components of transition documentation to be monitored and submitted in the APR. Idaho's data collection system had been monitoring other aspects of the transition process and didn't have data available regarding timely notice to school districts of potentially eligible children. At that time, regions were instructed to document the required components, including notice to the LEA, in each child's file and were found to be out of compliance if such documentation did not exist.

For purposes of data collection and monitoring in SFY 2006 and beyond, Idaho has identified all children enrolled in early intervention services over the age of two as "potentially eligible" for transition to Part B.

Baseline Data for FFY 2004 (2004-2005):

Chart 1

Transition data from SA file reviews 2003-2005	STATE	
	#	%
A. IFSP w/transition goals at 2.6 year	38/54	70%
B. Timely notification to LEA of child	26/64	41%
D. Transition meeting held 180-90 days before age 3	17/42	40%

Data reported from regional file reviews in the 1st quarter of SFY 2006 shows the following:

Chart 2

Transition data - DD Quarterly Report SFY2006, 1st Quarter	STATE	
	#	%
A. IFSP w/transition goals at 2.6 year	26/32	81.25%
B. LEA notified of potentially eligible kids	18/31	58%
C. Transition meeting held 270-90 days before age 3	20/30	66.7%

Discussion of Baseline Data:

Baseline data in Chart 1 was collected from file reviews during the regional on-site monitoring process. Idaho's 3 year monitoring cycle ensured that all regions were reviewed within a three year period. These visits occurred between November 2003 and March 2005. Ten percent of children's files were selected for review by the monitoring team in each region. Transition-related requirements were monitored in files of selected children 2.6 years of age and over. Files were selected to represent children from rural, urban, and ethnically diverse communities within each region.

Baseline data in Chart 2 was collected from file reviews conducted by regional staff in the first quarter of SFY 2006. Each region was required to pull a 5% sample (or a minimum of 5 files). Although this baseline data source was outside the 2005-2005 range, it is the first statewide sample gathered of all three transition elements.

Baseline transition data for elements A, B, and C was not available for all eligible children for 2004-2005. However, DataTot, our state data system, is being modified. As of January 2006, it is planned for this data to be collected for all "potentially eligible" children.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% for A, B, and C
2006 (2006-2007)	100% for A, B, and C
2007 (2007-2008)	100% for A, B, and C
2008 (2008-2009)	100% for A, B, and C

2009 (2009-2010)	100% for A, B, and C
2010 (2010-2011)	100% for A, B, and C
2011 (2011-2012)	100% for A, B, and C
2012 (2012-2013)	100% for A, B, and C

Improvement Activities/Timelines/Resources:

2005-2006

1. Ensure state interagency agreements and regional protocols are current, relevant and enforced. Regions will review the regional interagency protocol annually and update them as necessary. State Department of Education (SDE) will share the regional protocols submitted by the LEAs with the Infant Toddler Program central office.

2. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

3. Develop an electronic reminder system to track due dates and notify SCs (private and public) about upcoming timelines for individual children. This statewide, but regionally administered system will include reports generated/distributed through DataTot or data system programs.

4. Conduct joint regional training activities on transition policies, procedures, documentation and relationship development biennially. Service coordinators (public and private), LEA personnel, and ITP personnel will be invited to attend.

5. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

2006-2007

Activities added as of February 1, 2007 include the following:

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.

3. Conduct statewide Webinar focusing on IFSP development process, writing measurable and family friendly outcomes (appropriate for use in IEP creation when child transitions to Dev. Preschool) with an emphasis on transition requirements and timelines.

4. 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.

5. Adopt a policy allowing families to "opt out" of LEA notification and include this policy in the next federal application submitted to OSEP.

2007-2008 – Revised February, 2008

1. 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.

2. 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 coordinators. QA requirements/system will be aligned with new Medicaid regulations.

3. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

4. 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.

5. 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.

6. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

7. 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.

2008-2009 – Revised January, 2010

1. 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.

2. Negotiate with Medicaid for ITP to be primary provider of Service Coordination for 0-3 population. This strategy would require changes to existing Medicaid rules.

3. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

4. Report regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

5. 2009-2010

6. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

7. Periodic Regional training activities will focus on orienting new ITP SC network members to policies, procedures and requirements of IDEA Part C and the Infant Toddler Program re: transition and other components.

8. SDE and ITP central office staff will review the state interagency agreement to assure inclusion of required policies, procedures, and documentation requirements.

9. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

2010-2011

1. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

2. Provide joint training to Infant Toddler Program and LEA personnel on the revised Policy Document, Statewide Interagency Agreement, local interagency protocol boilerplate, and other tools developed to enhance and streamline transition-related activities for both Part C and Part B personnel

3. 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.

4. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

5. Develop and disseminate electronic training modules on a variety of topics including the key principles of early intervention, service coordination responsibilities including transition, and quality IFSP development.

2011 – 2012

1. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

2. Update joint Policy Documents with State Department of Education, Statewide Interagency Agreement, local interagency protocol boilerplate, and other tools developed to fully comply with new Part C regulations.

3. State Department of Education and ITP central office staff will review regional protocols between LEA and Infant Toddler programs to assure inclusion of required policies, procedures, and documentation requirements.

4. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

5. Track use by staff/contractors of electronic training modules that are available through KLC or other learning programs. Training should include topics like the following; key principles of early intervention, service coordination responsibilities including transition procedures, and quality IFSP development.

2012 - 2013

1. Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.

2. Conduct periodic checks to assure compliance with newly revised joint Policy Document with SDE, Statewide Interagency Agreement, local interagency protocol boilerplate, and other tools

developed to enhance and streamline transition-related activities for both Part C and Part B personnel

3. 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.

4. Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

5. Track use by staff/contractors of electronic training modules that are available through KLC or other learning programs. Training should include topics like the following; key principles of early intervention, service coordination responsibilities including transition procedures, and quality IFSP development.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, 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.

Overview of Issue/Description of System or Process:

Idaho's Lead Agency staff worked extensively with various national Technical Assistance organizations including NECTAC, WRRC, and to a smaller degree NCSEAM to revise the system of general supervision. The following provides a summary of the revised system components. NCSEAM is scheduled to provide additional TA in 2007 to refine and implement the system for focused monitoring.

Idaho's General Supervision System
Effective January, 2012

MONITORING APPROACH/ METHOD	IDAHO DESCRIPTION
General Description	• Idaho Infant Toddler Program has specific quality indicators and compliance measures to determine regional performance of regulatory requirements and other standards identified by OSEP and the state. • Lead Agency reviews data reflecting these standards and indicators on a regular (quarterly) basis. • Many indicators are tracked monthly by regional staff. • Summary reports are routinely provided to EC3 and other interest groups. • Program data is used to inform discussions and policy decisions. • State data system (ITP Web) and NCSEAM family survey are closely aligned with compliance and performance indicators. • Idaho's general supervision system uses an annual assessment of program data by Central Office and the regional programs. Periodic focused monitoring activities are conducted.. • Technical assistance and use of written Corrective Action plans with improvement strategies are used to ensure correction of non-compliance and

MONITORING APPROACH/ METHOD	IDAHO DESCRIPTION
	improved performance.
Data System and Verification	The new web-based data system incorporates data elements from the previous data system as well as additional data elements and enhanced features. As a result, the program has capabilities to pull more in-depth reports electronically that eliminate previous manual hand-tabulation and calculation. In addition, the system allows users to pull reports at any time without having to complete regional server downloads. Since that the initial implementation, the data system, ITP Web has undergone a second redesign to incorporate the billing system as an integrated component of ITP Web. Development is near completion with plans to implement both system and user testing and to complete statewide training and roll-out by the end of the FFY11. • Idaho Infant Toddler Program's electronic data collection and management system (ITP Web) is a web based system that contains all collected child enrollment, demographic, caregiver, service coordination provision, eligibility categories, and service categories. • ITP Web recently underwent enhancements to allow for even greater data collection, reporting, and analyzing capabilities especially related to program self-assessment performance and compliance indicators. • ITP Web provides real time data to both regional and central office personnel • Data in ITP Web is used to: o report 618 data to OSEP; o respond to many compliance and performance indicators in each program's assessment; and o Determine the compliance and performance status for SPP/APR indicators. • Data from ITP Web populates relevant local program annual compliance and performance indicators included in the Regional Annual Performance Report (RAPR) Document. Reports are generated in Central Office and data is transferred to the RAPR document. • Lead Agency routinely verifies ITP Web data entry for accuracy, reliability, non-duplication, etc. during onsite focused monitoring visits and data review procedures. •
Family Survey	Idaho Infant Toddler Program utilizes results from the NCSEAM family survey (and using a RASCH data analysis as recommended by NCSEAM) as part of the identification of issues and areas for improvement.
Documentation review	• Lead Agency conducts routine verification and review activities using data compiled through the ITP Web system to accomplish the following: o Ensure data in ITP Web are accurate o Identify potential areas of noncompliance and areas for improvement o Conduct inquiry to obtain additional information as needed o Issue findings of non-compliance if necessary o Monitor implementation of corrective action plans o Provide technical assistance o Assure correction of noncompliance in accordance with federal requirement including requirements outlined in OSEP memo 09-02.

MONITORING APPROACH/ METHOD	IDAHO DESCRIPTION
Regional Annual Performance Report (R-APR)	• Data analysis and review is completed by local programs annually. Data reports are submitted to central office using a data collection tool titled the Regional Annual Performance Report. • R-APR indicators (focusing on both compliance and quality) are aligned with the SPP/APR and the also reflect state specific areas of interest. • Lead Agency populates relevant indicators with data from ITP Web, NCSEAM family survey results and child outcome data and sends to programs. Programs then complete other information drawing from targeted file reviews, regional complaint logs, and other sources of information. • Number of other data sources that programs are required to use in completing self-assessment and determining performance in meeting targets is limited (e.g., record review, family survey, previous monitoring reports). • Lead Agency will verify program data through focused monitoring activities and verification procedures such as comparison of data reports from multiple data sources (e.g. file review and ITP Web reports). • Lead Agency will provide TA to programs in developing a negotiated improvement plan, which identifies concrete steps/timelines to remediate system challenges, areas of concern, or desired growth. Areas of non-compliance are documented and tracked through use of regional corrective action plans (CAPs). • Regional programs will include baseline data and measurable, time specific objectives and performance targets as well as TA and training needs in CAPs and improvement plans as strategies to help achieve the targeted objectives • In implementing CAPs and improvement plans, the Regional Team, Regional EIS and Program Manager will be responsible for: o Ensuring the plan is implemented as developed. o Documenting that the activities listed are occurring within the given timelines identified o Reviewing progress quarterly (or more often as required in “evidence of Change Statements) and making adjustments in the plan and the activities as warranted. o Request specific technical assistance from central office to implement the plan and resolve system challenges and areas of non-compliance, if any were identified. o Advise central office of barriers to implementation (and possible solutions) that are not controlled at the Regional level • For regional programs where non-compliance is identified, Lead Agency will complete quarterly corrective action plan monitoring calls to assess status and progress. In instances where no progress toward expected targets is made over a specified period, monthly monitoring, increased technical assistance, further troubleshooting, or other sanctions may result.
Focused Monitoring	• Lead Agency ranks regional programs based upon performance on key indicators selected by central office. • Lead Agency conducts on-site visits with selected regional programs, not just lowest ranking programs. • CAPs and improvement plans developed through assessment process may be modified based upon findings from onsite visit. • Lead Agency and regional programs have shared responsibility to ensure that

MONITORING APPROACH/ METHOD	IDAHO DESCRIPTION
	CAPs and improvement plans are implemented and that non-compliance is corrected in a timely manner (as soon as possible and no longer than 12 months following identification). The region has the responsibility for implementing the necessary changes and tracking their own progress to correction and central office has the responsibility to monitor for correction and impose necessary enforcement sanctions as required.
Technical Assistance for Monitoring	• Lead Agency provides TA to regional programs regarding ITP Web and in the development and implementation of CAPs and improvement plans. • Lead Agency can require specific TA if non-compliance and required improvements are not being addressed in a timely manner. • Regional teams, EIS, and program managers access TA from in-state and national experts as needed to ensure correction of non-compliance, improve performance in meeting targets, and enhance quality practices to improve results for children and families.
Analysis of Complaints and/or Due Process Resolutions for Monitoring and TA Purposes	• All families are provided with information on complaint and dispute resolutions processes, including the availability of mediation. • Formal complaints are managed by the Lead Agency where a log of complaints and resolutions are maintained. Informal complaints are managed by the regional programs where a log of complaints and resolutions are maintained. The informal complaint log is submitted to CO for review quarterly These logs of informal complaints are used to track any reoccurring circumstances and watch for any systemic issues. • When complaint is aired by a family, whether verbally or in writing, they are informed about their procedural safeguards and advised about how to submit a complaint in writing should they choose. • Families are also informed about mediation and encouraged to consider it as one option to help resolve a dispute. • Should a family choose to request mediation or due process, Lead Agency contacts appropriate mediators/hearing officers, confirms arrangements, and facilitates connection between the family and the mediator/hearing. • Lead Agency investigates administrative complaints when filed. • Lead Agency aggregates data/results from formal/informal complaints and due process hearings to identify or emphasize area that need attention during focused monitoring visits or on improvement plans and for managing provider contracts. • When non-compliance or areas needing improvement are identified, CAPs and improvement plans are written. • Lead Agency ensures correction of non-compliance as required • Lead Agency maintains a complaint log and ensures timeliness of completing findings/resolutions. • Lead Agency analyzes data to modify policies, procedures and practices.
Data Collection for SPP/APR	• ITP Web is aligned with SPP/APR and selected state indicators. • Regional Annual Performance Report (R-APR) document is completed annually by all regions. • Monitoring findings are reported as required in the SPP/APR. • If available, information about Complaints and Due Process Hearings are

MONITORING APPROACH/ METHOD	IDAHO DESCRIPTION
	aggregated and analyzed • NCSEAM family survey results and child outcomes data are reported in the SPP/APR.
Enforcement, Including Sanctions	• Idaho Infant Toddler Program enforces compliance and performance through the following: o Reporting Data to the Public; o Using results of R-APR and focused monitoring to identify non-compliance, target technical assistance, and support programs in developing meaningful and effective improvement plans; o Review the following with the Early Childhood Coordinating Council (previously the SICC): Selected ITP Web data reports, Regional Annual Performance report data, focused monitoring summary reports, complaints, and due process activities. • In instances where correction of non-compliance does not occur within 12 months of identification, Lead agency will take one or more of the following enforcement actions: o Advise the region of available sources of technical assistance o Direct the use of regional program funds on areas in which the region needs assistance o Require the region to prepare a corrective action plan and/or an improvement plan. o In extreme instances, the Lead Agency may withhold Part C funds to the region. • Regional programs will impose the following hierarchy of monitoring and enforcement actions for contracted services: o Monitoring of contracts at least every six months or as specified within the contract o Releasing payments only upon receipt of documentation of actual service provision. o Denying or recouping payment for services for which non-compliance is documented o Halting all new referrals until deficiency is substantially remediated by the contractor o Amending the provider o Termination or non-renewal contract to shorten the term by revising the ending date of the provider contract o 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.

Baseline Data for FFY 2004 (2004-2005):

29% Percent of noncompliance identified in '03-04 and corrected within one year of identification:

a. 24 findings of noncompliance.

b. 7 corrections completed as soon as possible but in no case later than one year from identification.
29%= [(7) divided by (24)] times 100.

Discussion of Baseline Data:

Baseline data for FFY 2004 Noncompliance identified in 2003-'04 and corrected in 2004'05						
Indicator #9	Monitoring Method	# Regions Reviewed	# of Regions w/ Findings	# Regions Corrected w/in 12 months	% Regions Corrected w/in 12 months	% Regions overall compliance during reporting year
A. 1. Percent received services in a timely manner	On-site Visit	6	0	NA	NA	6/6=100%
2. Percent services in Natural Environment.	DataTot Review	7	4	2	50%	5/7=71%
5. Percent birth to 1 with IFSPs.	DataTot Review-	7	1	1	100%	7/7=100%
6. Percent birth to 3 with IFSPs.	DataTot Review-	7	1	1	100%	7/7=100%
7. 45-day from referral to IFSP.	On-site Visit- File review	6	5	1	20%	4/6=67%
8. Transition A. IFSP w/ transition steps, B. LEA notified, C. Conf. held	On-site Visit – File review	7	A. 4. B. 4. C. 5.	A .1 B. 0 C. 1	A.25% B . 0% C.20%	A. 4/7=57% B. 3/7=43% C. 3/7=43%
TOTALS			24	7	29%	39/54=72%
B. Other Areas Monitored o Documentation of Procedural Safeguards o Timely IFSP review at 6 month interval	On-site Visit – File review	7	0	0	NA	
C. Non-compliance identified through complaints, due process, hearings, mediations, etc.			0	0	NA	

Indicator 8 - Transition - Non-compliance identified during 2002-2003 and corrected in 2003-2004 was mistakenly included in the original SPP baseline. The SPP Baseline data reported above has been corrected. It now reflects non-compliance identified in 2003-2004 and corrected in 2004-2005. Using the appropriate data for transition, the baseline for correction of non-compliance has changed from 25.8% to 29% for FFY 2004.

B. For areas other than those specified in the APR during the 2003-2004 regional monitoring cycle,

the lead agency used a technical assistance and continuous quality improvement model. Although no "findings of non-compliance" were issued, five of the six regions were identified as "in need of improvement" regarding documentation of procedural safeguards and timely IFSP review at the 6 month interval.

Regions were required to develop an action plan including strategies to address their "areas in need of improvement". Technical assistance requests, best practices and other activities to enhance the program were also included. Although assurances of improvement were provided in regional quarterly reports to central office, specific data is not available to determine if full correction was achieved within one year from identification.

Due to our current inability to gather necessary data to measure correction outside of the on-site monitoring cycle, enhancements are underway to DataTot, the Program's electronic data collection system. The updated DataTot system is planned to be in place January 2006 and will enable more effective monitoring of documentation for all children.

C. As no formal complaints or requests for due process, hearings mediations, etc have been received by the Lead Agency to date, no incidence of non-compliance from this source was identified.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of corrections within one year of identification of non-compliance for A, B and C
2006 (2006-2007)	100% of corrections within one year of identification of non-compliance for A, B and C
2007 (2007-2008)	100% of corrections within one year of identification of non-compliance for A, B and C
2008 (2008-2009)	100% of corrections within one year of identification of non-compliance for A, B and C
2009 (2009-2010)	100% of corrections within one year of identification of non-compliance for A, B and C
2010 (2010-2011)	100% of corrections within one year of identification of non-compliance for A, B and C
2011 (2011-2012)	100% of corrections within one year of identification of non-compliance for A, B and C
2012 (2012-2013)	100% of corrections within one year of identification of non-compliance for A, B and C

Improvement Activities/Timelines/Resources:

2005-2006

1. Confirm expectations for each regional corrective action plan (CAP) to delineate compliance matters and program improvement/enhancement. For each finding of non-compliance, require each CAP to include baseline, targets, reporting frequency for performance, and corrective action steps including timelines for correction within one year.

2. Conduct quarterly monitoring (or more frequent, if required) of regional 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.

3. Facilitate process with WRRC, NECTAC, and statewide stakeholders to align data collection systems for coordinated, consistent, quantifiable data collections, streamlined reportable record review processes, and standardized self-assessment procedures. The data alignment process will result in standardized outcomes, indicators, measurement instructions and procedures to be used by all regions for all data collection components not achieved through the electronic Data-Tot system.

4. Implement standardized regional reports for all required elements; determine report frequency for comprehensive outcome and indicator data submission, monitoring and analysis.

5. Complete upgrades, roll-out, and training for full implementation of Data-Tot Enhancement Project including addition of the multiple data elements that will assist with routine analysis of performance related to documentation, periodic reviews, timely service delivery, and procedural safeguards. Data-Tot revisions will be implemented to include data collection and reporting of child outcomes measures.

6. Initiate Implementation of General Supervision Enhancement grant components, if funded. If not funded, implement scaled down method for child and family outcome measurement.

7. Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.

8. Request one position (FTE) starting SFY 2007 (July 2006-ongoing) to conduct monitoring and program evaluation activities.

9. Submit funding and personnel request for regional direct service personnel and general trustee and benefit funds to increase resources to purchase increased contracted SLP, OT, PT, audiology and other early intervention services.

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.

2006-2007

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. 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.

3. Modify contract scope of work boilerplate to include the following hierarchy of monitoring and enforcement actions for contracted services:
    a. Monitoring of contracts at least every six months
    b. Releasing payments only upon receipt of documentation of actual service provision.
    c. Denying or recouping payment for services for which non-compliance is documented
    d. Halting all new referrals until deficiency is substantially remediated by the contractor
    e. Amending the provider contract to shorten the term by revising the ending date
    f. Termination or non-renewal of the provider contract
    g. 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.

2007-2008

1. Explore/develop options to replace or supplement DataTot electronic data system to ensure continued access to required data to ensure an effective system of general supervision.

2. 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.

3. 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.

4. Enhance system of regional data validation.

2008-2009

1. Refine system of regional data verification.

2. 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.

3. Maintain current level of general funds for staffing and contracts (i.e. personnel).

2009-2010

1. Fully implement ITP web, the web based data system being developed to replace the existing Data Tot system.

2. 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.

3. Develop fee rules to establish a system for family cost participation to assist with funding of selected early intervention services.

4. Propose legislation that will eliminate negative impact to lifetime policy caps when early intervention services are billed to insurance.

2010-2011

1. Complete redesign and fully implement version two ITP web, the web based data system being developed.

2. 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.

3. Begin implementation of fee rules to establish a system for family cost participation to assist with funding of selected early intervention services.

2011-2012

1. Monitor statewide use of ITP web data system by ITP employees and contractors. Track the quality of data entry and utilization of reports for supervision/program management.

2. 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.

3. Implement fee rules which established a system for family cost participation.

4. Conduct focused monitoring visits to two regions addressing a selected topic area based on current program data and stakeholder input.

2012-2013

1. Monitor statewide use of ITP web data system by ITP employees and contractors. Track the quality of data entry and utilization of reports for supervision/program management.

2. 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.

3. Track implementation and use of fee rules which established a system for family cost participation. Track additional funding available to the ITP as a result of this revenue source.

4. Conduct focused monitoring visits to two regions addressing a selected topic area based on current program data and stakeholder input.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, 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.

Overview of Issue/Description of System or Process:

Idaho has standard procedures to provide notice of parent rights and procedural safeguards at all intervals of prior written notice. Evidence during monitoring visits and through parent surveys generally indicates that Idaho families whose children receive early intervention services are informed of their rights and receive copies of their rights at appropriate times. There have been instances of failure to document in the child's record that the prior written notice, including rights, was made. Training and record reviews have been instituted to assure increased consistency in documenting the process of providing notice to families. A simple brochure was used that explained all elements of a families rights, however, this document was identified as inadequate during an OSEP verification visit conducted in 2004. In accordance with the recommendations of OSEP, a new parents' rights notice of procedural safeguards was developed by Idaho central office personnel and reviewed and approved for use by OSEP. The Family Rights and Procedural Safeguards document instructs families on how to file a written complaint. The approved document was distributed and placed into use statewide according to the required timelines.

While there have been no formal complaints, there are logs maintained at the regional level of informal complaints and the resolution and timelines are tracked. This provides a method to evaluate whether any systemic issues are resulting in complaints. Regional informal complaint logs are reviewed periodically by Central Office.

Procedures are established for written complaints to be forwarded to central office for review and investigation/fact finding. Upon receipt of a formal complaint, administrative procedures unit is to be notified and the timelines are tracked by this unit. The Department of Health and Welfare arranges for hearings through the administrative procedures section. This unit has contracts with third party hearing officers who conduct hearings and generate a report of findings.

Idaho has not received formal complaints and therefore does not have experience with conducting hearings and generating reports so there is no occurrences on which to determine timely reports and resolution of complaints.

Baseline Data for FFY 2004 (2004-2005):

Idaho received no written complaints during the reporting year. Thus, there is a baseline of zero written complaints and subsequently no reports were issued.

Discussion of Baseline Data:

Idaho has no relevant data due to no written complaints and therefore no reports were issued.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	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.
2006 (2006-2007)	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.
2007 (2007-2008)	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.
2008 (2008-2009)	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.
2009 (2009-2010)	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.
2010 (2010-2011)	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.
2011 (2011-2012)	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.
2012 (2012-2013)	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.

Improvement Activities/Timelines/Resources:

2005-2006

1. Complete modifications and distribute OSEP approved Family Rights and Procedural Safeguards to all regional programs, service coordinators and contractors.

2. Distribute new Family Rights brochure that instructs how to submit a written complaint to all families as part of prior written notice.

3. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment.

4. Confirm Part C hearing and report timelines with Department of Health and Welfare's Administrative Procedure Sections and Attorney General's Office.

5. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment

2. Contract 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.

3. Provide training for hearing officers to assure a core understanding of Part C and early intervention requirements and timelines

4. 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.

2007-2008

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment.

2. Contract 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.

3. 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.

2008-2009

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment

2. Contract 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.

3. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Idaho's contested case rules were approved and adopted by the Idaho Legislature that includes the comprehensive procedural safeguards consistent with IDEA. These rules updated Idaho Administrative Procedures to be consistent with current statute and regulations.

2009-2010

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment

2. Contract 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.

3. Provide training for hearing officers to assure a core understanding of Part C requirements and timelines

4. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

5. 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.

2010-2011

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. 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.

4. Develop unit for service coordination training in on-line learning modules that incorporates information about informing families of their rights and procedural safeguards

2011-2012

1. Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions scheduled for data verification.

2. File written complaints, as appropriate.

3. Provide training for hearing officers to assure a core understanding of Part C requirements and timelines

4. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

5. 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.

6. Develop unit for service coordination training in on-line learning modules that incorporates information about informing families of their rights and procedural safeguards.

7. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

8. Evaluate contract amendments to require contracted DHW hearing officers to independently access specific IDEA, Part C, and FERPA training prior to serving as a hearing officer for complaints related to early intervention.

2012-2013

1. Require completion (by all existing Infant Toddler Program service coordinators) of standard service coordination training that includes a component on family rights and procedural safeguards.

2. Monitor regional programs for consistent use of prior written notice at required intervals by conducting a verification record review in those regions scheduled for self assessment/monitoring.

3. Review status of complaint data with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See the Overview of the State Performance Plan, 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.

Overview of Issue/Description of System or Process:

The Department of Health and Welfare has promulgated rules for the operations of administrative procedures related to Hearing and complaint resolutions. Infant Toddle Program procedures are established and defined in the Family Rights and Procedural Safeguards brochure for written complaints to be forwarded to central office for review and investigation/fact finding. Upon receipt of a formal complaint, administrative procedures unit is notified and the timelines are tracked by this unit. The Department of Health and Welfare arranges for hearings through the administrative procedures section. This unit has contracts with third party hearing officers who conduct hearings and generate a report of findings.

Idaho Infant Toddler Program has not received formal hearing requests and therefore does not have experience with adjudication of hearing requests within applicable timelines so there is no occurrences on which to determine timely adjudication of hearing requests.

Baseline Data for FFY 2004 (2004-2005):

No baseline data exists due to no hearing requests on which to measure timely adjudication.

Discussion of Baseline Data:

Not applicable, see above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2008	100% of fully adjudicated due process hearing requests are fully adjudicated within the

(2008-2009)	applicable timeline.
2009 (2009-2010)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2011 (2011-2012)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2012 (2012-2013)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

Improvement Activities/Timelines/Resources:

2005-2006

1. Convene meeting with Deputy Attorney General and Administrative Procedures Section to review and confirm process and timelines for handling Part C requests for due process hearings and all Part C procedural safeguards.

2. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

3. Maintain log for complaint tracking and to measure timeliness of adjudication.

4. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

5. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

1. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2007-2008

1. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2008-2009

1. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

5. Require all regional programs to submit complaint logs on quarterly basis so they can be reviewed by central office for potential areas of non-compliance and to support analysis of potential systemic issues or patterns in concerns identified.

2009-2010

1. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2010-2011

1. Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2011-2012

1. Review procedure for hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2012-2013

1. Review procedure for hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

2. Maintain log for complaint tracking and to measure timeliness of adjudication.

3. Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).(20 U.S.C. 1416(a)(3)(B) and 1442)

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

Overview of Issue/Description of System or Process:

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not applicable--Part B due process procedures are not adopted
2006 (2006-2007)	Not applicable--Part B due process procedures are not adopted
2007 (2007-2008)	Not applicable--Part B due process procedures are not adopted
2008 (2008-2009)	Not applicable--Part B due process procedures are not adopted
2009 (2009-2010)	Not applicable--Part B due process procedures are not adopted
2010 (2010-2011)	Not applicable--Part B due process procedures are not adopted
2011	Not applicable--Part B due process procedures are not adopted

(2011-2012)	
2012 (2012-2013)	Not applicable--Part B due process procedures are not adopted

Improvement Activities/Timelines/Resources:

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

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Refer to Indicators #1, 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.

Overview of Issue/Description of System or Process:

Idaho's Family Rights and Procedural Safeguard brochure describes the processes for complaint and dispute resolutions, including the availability of mediation without delaying the timelines for a hearing request. When a complaint is raised by a family, whether verbally or in writing, they are informed about the procedural safeguards and advised about how to submit a complaint in writing should they choose. They are also informed about mediation and encouraged to consider it as one option to help resolve a dispute. Families are also informed that the use of mediation must not delay the timelines of a hearing request or due process hearing. Should a family choose to request mediation, central office program staff will contact appropriate mediators (using the educational mediators identified by the State Department of Education to arrange services in the geographic area and confirms arrangements and facilitates connection between the family and the mediator. It is then determined whether there is a mediation agreement that resolves the dispute to the satisfaction of all parties or if other formal proceedings are required. Documentation of the process is maintained in a central office complaint log. Concurrent processes are underway to facilitate mediation and timelines are tracked to assure the maintenance of hearing and report timelines, if necessary.

Baseline Data for FFY 2004 (2004-2005):

No mediation requests were received and thus Idaho Infant Toddler Program has no measurement of the percent of mediations that resulted in mediation agreements.

Discussion of Baseline Data:

Not applicable, no mediation requests received.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not applicable, no mediation requests received.
2006 (2006-2007)	Not applicable no mediation requests received.
2007 (2007-2008)	Not applicable, no mediation requests received.

2008 (2008-2009)	Not applicable, no mediation requests received.
2009 (2009-2010)	Not applicable, no mediation requests received.
2010 (2010-2011)	Not applicable, no mediation requests received.
2011 (2011-2012)	Not applicable, no mediation requests received.
2012 (2012-2013)	Not applicable, no mediation requests received.

Improvement Activities/Timelines/Resources:

2005-2006

1. Contract 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 and how to request mediation as an option to resolve disputes

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2006-2007

1. Contract 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 and how to request mediation as an option to resolve disputes

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Provide training to mediators to assure they have understanding of Part C requirements and processes.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2007-2008

1. Contract with Idaho Parents Unlimited or other parent organization(s) 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 and how to request mediation as an option to resolve disputes

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2008-2009

1. Contract 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 and how to request mediation as an option to resolve disputes.

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Provide training to mediators to assure they have understanding of Part C requirements and processes.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2009-2010

1. Contract with Idaho Parents Unlimited or other parent organization(s) 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 and how to request mediation as an option to resolve disputes

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Provide training to mediators to assure they have understanding of Part C requirements and processes.

4. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2010-2011

1. Contract with Idaho Parents Unlimited or other parent organization(s) 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 and how to request mediation as an option to resolve disputes

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2011-2012

4. Provide update training to all Infant Toddler Program service coordinators on how to provide information to families about family rights and procedural safeguards including instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes.

5. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

6. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

2012-2013

1. Provide training to all new Infant Toddler Program service coordinators on how to provide information to families about family rights and procedural safeguards including instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes.

2. Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.

3. Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

See description of process in Priority Indicator #1, 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).

Updated Overview of Issue/Description of System or Process (Feb 1, 2011):

ITPWeb, the Idaho Infant Toddler Program's new electronic data collection and management system was successfully implemented during FFY09. Subsequently, a former data system called DataTot is no longer in use. ITPWeb is web-based and password protected, which provides users real time access to the data stored in the secured site based on their assigned security role. The system collects more timely, accurate, and in-depth data and provides more complex reporting and analyzing capabilities with a significantly decreased manual effort.

We are currently in the process of revising and enhancing ITPWeb to integrate a billing system to streamline the business process and to minimize duplicative data entry work. This integration will also help with collection of receipts, integrated reports, and in-depth data analyses.

Due to severe budget shortfalls and holdbacks, contracts with the District Health Departments (external to the Department of Health and Welfare) were first reduced and then terminated. FindaTot, the previous developmental monitoring data system, was replaced in August 2010 by an electronic web-based system built by Brookes publisher. Notice of changes to the Child Find Developmental Monitoring system was made to regional staff and partner agencies. The distribution of developmental questionnaires has been centralized. Currently all questionnaires are collected and managed by contracted staff at Central Office. Regional programs follow up on referrals and continue community screening and outreach activities.

Updated Overview of Issue/Description of System or Process (Feb 1, 2007):

Idaho Infant Toddler Program's electronic data collection and management system is called DataTot. It is in it's seventh year of service to the program. This MS ACCESS based system contains all collected child enrollment, demographic, caregiver, service coordination provision, eligibility evaluation and documentation, and service delivery detail. Password protected the program operation files are loaded onto appropriately selected user PCs while actual data files are stored on secured regional servers in each of the state's seven regions. User PCs are then mapped for access to their regional data files. This arrangement allows several benefits to the state Infant Toddler Program: the most stringent data security, daily scheduled automated data backup, access by appropriate Regional and Central Office personnel to live "real time" data as needed, "any time" data verification, and reliable and timely reporting capabilities to name a few.

In order to track numerous required program components newly required by OSEP, we are currently in the process of enhancing the DataTot program to allow for even greater data collection, reporting, and analyzing capabilities. A little over a year into this system enhancement process, a number of problem areas remain unresolved related to programming changes and additional coding necessitated by this enhancement.

FindaTot, a sister system to DataTot, was co-developed by the Infant Toddler Program for collection and reporting of Child Find Developmental Monitoring data. FindaTot is quite similar in structure and performance to DataTot but is housed in the District Health Departments (external to the Department of Health and Welfare). Through a combination of routine personal on-site visits, telephone, mail, and e-mail contact, the Infant Toddler Program data manager provides technical support and training to district personnel, as necessary. As per contract with the Department of Health and Welfare Infant Toddler Program, it is ultimately those four District's responsibility to provide the necessary level of data entry personnel to maintain the ongoing security and performance of the FindaTot program. In those four Districts, FindaTot is not housed on Department of Health and Welfare servers and therefore access to live "real time" data is not possible by the Infant Toddler program data manager. Routine data downloads from the four Districts still housing FindaTot are made by each district and e-mailed to the Infant Toddler Program central office monthly.

A trial system is currently being tested maintaining FindaTot data for three regions in which Health Districts have relinquished contracts for that component of Child Find. Data from the three districts was collected and placed on one regional Infant Toddler Program computer. This data is currently housed on Department of Health and Welfare servers. Infant Toddler personnel are handling the data collection and record maintenance for all three of those regions. A benefit of this new pilot arrangement is that the FindaTot data is now accessible centrally by the program data manager.

Both systems (DataTot and FindaTot) are extremely user friendly and have proven track records in providing solid and reliable data. A Senior Research Analyst position (aka program data manager) is maintained by the Infant Toddler Program to instruct and oversee data collection and data entry methodology, to provide routine technical support to all data entry points in the regions and districts, to monitor and maintain the quality of data being entered into the systems, to assure integrity in data reporting and analysis, and to ensure timely and accurate submission of all required state and federal reports. Additionally, the consultation and system design services of a department programmer are made available to the Infant Toddler Program and used to respond to any system concerns in the ongoing collections, management, and reporting of electronic data and for additional development and programming required for periodic system enhancements.

FindaTot data analysis and reports are generated for internal management review and for presentation to the interagency coordinating council, regional committees, and other external groups on a routine basis.

The Idaho Infant Toddler Program has a well established system of data collection and information gathering that provides multiple sources of information for analysis of systemic issues and the capacity to respond with remediation. Elements of the system include:

- ongoing gathering and analysis of data including monthly, quarterly, and semi-annual data downloads; tabulation and analysis of quarterly parent survey returns and results; quarterly compliance monitoring analysis and reports; and quarterly EIS reports (including complaints that are documented and resolved without being elevated to higher level)
- setting rigorous but achievable program targets
- identifying and monitoring data trends
- ongoing personnel orientation, training, and TA
- periodic file documentation reviews as necessary
- complaint investigation, fact finding, and event documentation
- informal feedback loop from multiple stakeholders

- a regional annual performance report which includes description of data verification processes, data system functionality analysis, extracted data analysis, and reports
- state team's verification/monitoring visit findings
- a process for improvement planning or corrective action planning for accurate data
- ongoing monitoring of corrective action plans for accurate data

Baseline Data for FFY 2004 (2004-2005):

A high degree of importance is attributed to the timely submission of 618 data by the Idaho Infant Toddler Program, both state and federally. To date, the program demonstrates complete (100%) compliance in it's timeliness of data submission, either being on or prior to requested submission due dates.

Discussion of Baseline Data:

Prior to actual data submission, data reliability and accuracy is crosschecked, analyzed, and verified with respect to all count non-duplication, completeness, arithmetic and computational accuracy, and explanatory comment inclusion where needed. For the past several years, no 618 data "SIGNIFICANT YEAR-TO-DATE CHANGE REPORTS" have been returned to the Idaho Infant Toddler Program with "flagged" report cells requiring explanation of differences from prior annual reports or mathematical errors.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% timely and accurate submission of 618 Data and State Performance Plan
2006 (2006-2007)	100% timely and accurate submission of 618 Data and Annual Performance Report
2007 (2007-2008)	100% timely and accurate submission of 618 Data and Annual Performance Report
2008 (2008-2009)	100% timely and accurate submission of 618 Data and Annual Performance Report
2009 (2009-2010)	100% timely and accurate submission of 618 Data and Annual Performance Report
2010 (2010-2011)	100% timely and accurate submission of 618 Data and Annual Performance Report
2011 (2011-2012)	100% timely and accurate submission of 618 Data and Annual Performance Report
2012 (2012-2013)	100% timely and accurate submission of 618 Data and Annual Performance Report

Improvement Activities/Timelines/Resources:

In order to maintain the current record of 100% compliance in APR and 618 data submission as well as adjusting to changing program reporting requirements, the Idaho Infant Toddler Program is committed to a continued pursuit of excellence in this aspect of program implementation.

The Infant Toddler Program is implementing a number of strategies to enhance the capacity and quality of data collecting and reporting. Among the most notable of these strategies for sustaining the current level of excellence in the program's data component to be implemented are:

2005-2006

1. Complete programming and testing; roll out and fully utilize DataTot system enhancements statewide.
2. Increase Regional data collection/management responsibilities (additional data element entry, ongoing data troubleshooting/cleanup, greater self-reliance on regional level data analysis and reporting)
3. Improve Standard information gathering across the state (i.e. revise referral, enrollment and addendum/change forms to support DataTot enhancements; developing, adopting, and distributing a standardized regional report form for annual "in house" self assessment and record review findings)
4. Implement annual data collection/date entry training for all regional data entry personnel and early intervention specialists
5. Use the interagency data collection system (TARTIR) more extensively for program evaluation, management , and outcome measurement and reporting
6. Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region.
7. Continue routine data verifications for accuracy, reliability, non-duplication, etc.

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:

8. 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.

2007-2008

1. Implement annual data collection/date entry training for all regional data entry personnel and early intervention specialists.
2. Use the interagency data collection system (TARTIR) for program evaluation, management , and outcome measurement and reporting
3. Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region
4. Continue routine data verifications for accuracy, reliability, non-duplication, etc.
5. Maintain timely reporting of all 618 data and annual performance reporting
6. Evaluate data needs and ability of Idaho Infant Toddler Program data system to meet those needs.
7. Modify data system if required to generate data to assure outcome measure and other needed compliance data is collected, and reliable.

2008-2009

1. Replace the current DATATOT Program with a web-based data collection system.
2. Implement annual data collection/data entry training for targeted regional personnel.
3. Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region.
4. Maintain timely reporting of all 618 data and annual performance reporting.
5. Evaluate data needs and ability of Idaho Infant Toddler Program data system to meet those needs.
6. Continue routine data verifications for accuracy, reliability, non-duplication, etc.
7. Use the interagency data collection system (TARTIR) for program evaluation, management, and outcome measurement and reporting
8. Calendar TABLE 4 Dispute Resolution report deadline date for submission on the program activities calendar.

2009-2010

1. Develop and implement a new web base Infant Toddler Program data system for staff and contractors to use.
2. Provide training to staff and contractors for new data system.
3. Develop a data system e-manual for staff and contractors to use.
4. Explore strategies and mechanisms for routine data sharing between ITP and SDE.
5. Explore ability to design and develop interface between DAR billing system and ITP Web.(the ITP web-based data system currently under development)

2010-2011

1. If feasible, design and develop an interface between DAR billing system and ITP Web.
2. Provide training to staff and contractors for new billing system.
3. Develop report templates for OSEP reports.
4. Develop report templates for regional and state management and program monitoring.

2011-2012

1. Provide training to staff and contractors for new billing system.
2. As needed, develop additional report templates for regional and state management and program monitoring.
3. Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region and Hub.
4. Maintain timely reporting of all 618 data and annual performance reporting.
5. Evaluate data needs and ability of Idaho Infant Toddler Program data system to meet those needs.
6. Continue routine data verifications for accuracy, reliability, non-duplication, etc.

2012-2013

1. Maintain current report templates for regional and state management and program monitoring.
2. Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region.
3. Maintain timely reporting of all 618 data and annual performance reporting.
4. Evaluate data needs and ability of Idaho Infant Toddler Program data system to meet those needs.
5. Continue routine data verifications for accuracy, reliability, non-duplication, etc.