

Alabama's Early Intervention System



Part C State Performance Plan SFY 2007-2013

PREPARED FOR THE
UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS

Submitted by
Alabama's Department of Rehabilitation Services
Alabama's Early Intervention System and the
Governor's Interagency Coordinating Council

February 1, 2011 Revision

Part C State Performance Plan (SPP) for 2005-2011 – Natural Environment Cluster**Overview of the State Performance Plan Development:**

Development of the SPP: Alabama's State Performance Plan was developed through a systematic process involving the AEIS Lead Agency, the ICC, and stakeholders representing service providers, families, and early childhood leaders throughout the state. A core group worked under the leadership of the Lead Agency, the ICC, and ICC Subcommittees to develop the SPP using the previously submitted APR as its foundation. This core group attended OSEP Institutes and Conference Calls for guidance and direction. Progress towards the development of the SPP document was presented at each ICC meeting for ongoing guidance, input and support.

Input from Stakeholders: A broad and diverse group of stakeholders were invited to review and further develop the draft SPP and to provide ongoing feedback throughout the process. For consistency and continuity with the past CIMP and APR process, members from the original stakeholder group were invited to participate in these activities and to review draft documents for revision.

Public input is gathered as follows.

- ☑ The AEIS **SPP** was originally published on the AEIS website, <http://www.rehab.state.al.us/ei>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.
- ☑ The AEIS **APR** is published on the AEIS website annually upon completion and submission to OSEP. As for the SPP, the posted APR is available to the public through the website which includes a mechanism for the provision of feedback and recommendations (www.rehab.state.al.us/ei).
- ☑ The **ICC** reviews the final draft of the APR document each year and provides feedback, suggestions for improvement activities, and approval for submission to OSEP.
- ☑ An **AEIS Family Forum** is held annually at the statewide Early Intervention and Preschool Conferences where an overview of the APR components is presented to families and providers from across the state. Through this forum, families who are currently receiving services for children birth to 5 provide input regarding services, activities, timelines and resources.

Input from all parties listed is used to develop the APR, and the work of these entities has determined the direction of AEIS.

Public Dissemination: A complete copy of the AEIS SPP can be found at www.rehab.state.al.us/ei. The completed APR is posted on the AEIS website for final public dissemination. In addition, data compiled for the APR is routinely shared with the ICC, ICC subcommittees and state fiscal agents on a quarterly basis for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs.

As per OSEP requirements, AEIS reported to the public on the performance of each EIS program in meeting the measurable and rigorous targets found in the Part C SPP. The Program Profiles are disseminated to state agency liaisons and program administrators and to the public via web posting (www.rehab.state.al.us/ei).

Program Determinations are made by AEIS for each EIS program utilizing a report card worksheet that includes an assessment of their performance in the following areas as directed by OSEP memorandum:

- A. Performance on the SPP indicators
- B. Valid, reliable and timely data
- C. Correction of noncompliance in other areas
- D. Audit findings
- E. Performance on performance indicators
- F. PAR monitoring results

The status of their “determination” is based on criteria assigned to each of the four levels of determination, i.e., Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. Notification of determinations is made to each EIS program with follow-up being provided as required.

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

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)

Data Source:

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services, i.e., the time period from parent consent to when IFSP services are actually initiated.

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, including the reasons for delays.

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

AEIS has a variety of mechanisms in place that support the delivery of services in a timely manner. The PAR process consistently monitors whether eligible infants and toddlers and their families receive early intervention services that are linked to “identified concerns” in a timely manner and whether there are timely, ongoing IFSP reviews. Corrective action is implemented where indicated. The PAR Handbook defines the expectation that the service coordinator and program develop and implement an IFSP to address the individual needs of the child and family and to meet the criteria set forth in the federal regulations. IFSPs are evaluated to assure that reviews are conducted in a timely manner (6-month and annual).

In addition to the PAR process that monitors compliance with state and federal requirements, the Comprehensive System of Personnel Development trains staff in the implementation of the regulations thus ensuring knowledgeable and skilled personnel. Outreach materials outlining system requirements and family rights are disseminated routinely throughout the child and family’s involvement within the system. The PAR Family Survey provides families with an opportunity to provide feedback on whether services have been provided as required. This interrelated system of monitoring, training, and feedback provides a system of checks and balances to ensure that eligible children and families are receiving services according to plan in a timely manner.

Baseline data for this indicator was derived from the PAR monitoring, Component VI – 13: EI services are initiated as soon as possible after the IFSP is developed. The standard of measurement is within 30 days. A description of the method used to select EIS programs for monitoring is as follows:

The AEIS PAR process incorporates all programs and all eligible families in an ongoing manner. *(For an in-depth explanation of the process, see Indicator # 9.)* Provider Appraisal Reviews are arranged on a date that is mutually convenient for DEI staff, the agency EI liaisons, the service coordination provider and the program. Subsequent dates are arranged based on the results of the preceding PAR. New programs must be associated with AEIS for a minimum of five years before becoming eligible for a three-year certificate. First-year programs must participate in a PAR for two consecutive years. Following the second consecutive PAR, a program is eligible to receive a two-year certificate. It is therefore expected that a newly established program with AEIS will participate in three PARs over a five-year period of time.

AEIS reserves the option to conduct a PAR at any time during a certificate cycle based on a series of family complaints for service delivery issues, unresolved programmatic (including staffing concerns) or other issues which could impact services to families or affect procedural safeguards. If any component is found to be out of compliance during a subsequent review (TA visit, Record Review, etc.), AEIS reserves the right to revoke an extended certification while a program Action Plan that addresses the deficit is in effect. The program does have an opportunity to resolve the issue within a specified timeframe set out in the Action Plan. For any program that is revoked for an extended certification (two- or three-year), the program will be expected to participate in a PAR the following year to insure compliance in all areas.

Baseline Data for State FY 2005 (10/1/2004-9/30/2005):

PAR monitoring data from SFY 2005 indicate that, out of a total of 349 records reviewed, 335 records were in compliance with Component VI-Indicator 13: EI services are initiated as soon as possible after the IFSP is developed. **AEIS defines “timely” in this indicator as within 30 days of IFSP development.** Baseline data for SPP Indicator 1 is as follows:

| Indicator 1 | SFY 2005 Baseline Data |
|---|---------------------------|
| Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. | 96% |
| Measurement: 335 records in compliance with EIS initiated in a timely manner divided by 349 records reviewed = 96% | |

Discussion of Baseline Data:

There were some instances where services did not begin within the 30 day window designated as “timely” service delivery, however the majority of the 14 PAR records found to be out of compliance regarding timely delivery of services were the result of a lack of documentation that would clearly indicate that services had begun.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2007 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|-----------|--|
| 1. Revise and strengthen the PAR indicator relating to the delivery of services in a timely manner to more clearly reflect Lead Agency expectations. | 2006 | <ul style="list-style-type: none"> • EIS state monitoring teams and PAR handbook. • Program Planning and Evaluation Subcommittee |
| 2. Develop a mechanism for the EI state monitoring team to gather indicator data regarding service delivery in a timely manner from all programs every fiscal year at either TA or monitoring visit. | 2006 | <ul style="list-style-type: none"> • EIS state monitoring teams • PAR handbook |

| Activities | Timelines | Resources |
|---|-----------|--|
| 3. Ensure that all EI service coordinators and administrators can clearly demonstrate skills necessary for utilizing the GIFTS data system and understand how GIFTS data is used at the state and national level.* | 2006 | <ul style="list-style-type: none"> • AEIS state and district staff • District Coordinating Councils • Council Network • Training workshops • Ongoing TA • PAR monitoring |
| 4. Target each program with less than 100% compliance and provide additional technical assistance to ensure 100% compliance. | 2007 | <ul style="list-style-type: none"> • AEIS monitoring team • GIFTS staff • EI providers |
| 5. Require training through CSPD regarding the challenges, solutions and procedures for providing services in a timely manner, communicating child progress among team members, and efficiently using the resources available in specific communities.* | 2007 | <ul style="list-style-type: none"> • CSPD plan • Personnel Subcommittee |
| 6. Refine vendor process to assure that district staff continue to solicit qualified AEIS service providers in all areas of the state and that all vendors continue to meet personnel standards.* | 2006 | <ul style="list-style-type: none"> • District EI Coordinators • District Coordinating Councils • State staff and vendor application process |
| 7. Develop protocols with fiscal liaisons regarding quarterly review of GIFTS-generated timeline data for all EI programs in addition to the regular PAR monitoring schedule. | 2008 | <ul style="list-style-type: none"> • Part C Coordinator • State data staff • Fiscal agent liaisons • Financial Planning Subcommittee |
| 8. Develop a mechanism in the GIFTS system for verification of actual service delivery dates. | 2011 | <ul style="list-style-type: none"> • GIFTS programmer • Computer support |
| 9. Strengthen the process of comparing data from family input (i.e., surveys, forums, concerns) with PAR results to provide a system of checks and balances. | 2009 | <ul style="list-style-type: none"> • AEIS staff • System for family surveys, forums, and concerns |
| 10. Develop a procedure and train staff on the newly developed GIFTS mechanism for verification of actual service delivery dates.* | 2011 | <ul style="list-style-type: none"> • CSPD • EI Liaisons • Computer services staff |
| 11. Establish a baseline based on GIFTS data verifying actual service delivery dates. | 2010 | <ul style="list-style-type: none"> • GIFTS data |
| 12. Validate baseline data on actual service delivery dates and revise mechanism as necessary. | 2011 | <ul style="list-style-type: none"> • GIFTS data • AEIS staff |
| 13. <u>New Improvement Activity for SFY 07:</u> Add the revised PAR manual to the AEIS website and disseminate it to all program administrators. | 2007 | <ul style="list-style-type: none"> • AEIS staff • Computer services staff |
| 14. <u>New Improvement Activity for SFY 07:</u> Revise the foundational training for all service coordinators to strengthen information on the 100% indicators. | 2007 | <ul style="list-style-type: none"> • AEIS staff • CSPD |
| 15. <u>New Improvement Activity for SFY 07:</u> Gather exceptional circumstance data on timely delivery of services through PAR monitors manually as they review records. | 2007 | <ul style="list-style-type: none"> • PAR monitors • EI Providers |

| Activities | Timelines | Resources |
|---|-----------|--|
| 16. New Improvement Activity for SFY 07: Complete the development of AEIS Program Report Cards for public dissemination. | 2007 | <ul style="list-style-type: none"> • AEIS Staff • Computer services division |
| 17. New Improvement Activity for SFY 08: Work with ADRS Computer Services Division to incorporate the manual data collection process regarding exceptional circumstances pertaining to timely delivery of services into the GIFTS data system. | 2008 | <ul style="list-style-type: none"> • AEIS staff • Computer services division |

| New Improvement Activities for SFY 2010 | Timelines | Resources | Justification |
|--|--------------------|---|--|
| 1. Increase the activities of the Personnel Subcommittee in the area of recruitment within rural counties to ensure timely delivery of all EI services. | 910/1/09 – 9/30/10 | <ul style="list-style-type: none"> • Personnel Subcommittee • District Coordinating Councils • ICC | Shortages and lack of availability of qualified staff within rural areas is often cited as a factor in the delivery of timely services. |
| 2. Increase linkages with Institutes of Higher Education and Higher Education Consortium for awareness and understanding of AEIS and recruitment of potential providers. | 910/1/09 – 9/30/10 | <ul style="list-style-type: none"> • Personnel Subcommittee • IHEs | Shortages and lack of availability of qualified staff within rural areas can potentially be impacted through recruitment and awareness activities occurring within pre-service venues. |
| 3. Review the NECTAC/RRC/DAC tool “ <i>Local Contributing Factors Tool for Compliance Indicators</i> ” for consideration in assessing systemic issues related to compliance (e.g., in APR data analysis, PAR revisions, program self-assessment, and/or training development). | 910/1/09 – 9/30/10 | <ul style="list-style-type: none"> • AEIS state staff | Additional analysis of factors contributing to noncompliance will assist in the development of strategies to address program, district or statewide issues. |

*Based on feedback from SPP Stakeholders, families at the Family Forum, and participants at the EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|------------------|--|---|
| 1. Explore with State Dept of Education collaborative opportunities in recruitment and retention as defined in SIG (State Improvement Grant) | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • SIG and SDE staff | New improvement activity added to ensure compliance with Indicator I. |
| 2. Make individual linkages with higher education contacts for including AEIS instruction in pre-service training. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • IHE faculty • Personnel Subcommittee | New improvement activity added to ensure compliance with Indicator I. |
| 3. Increase communication and host meeting with fiscal agents and local providers to determine barriers to timely service delivery in identified geographic areas and develop strategies for improvement. | 2011 | <ul style="list-style-type: none"> • AEIS staff • Fiscal agents • Local providers | New improvement activity added to ensure compliance with Indicator I. |
| 4. Follow up, TA, and training will be delivered to Direct Service Providers to ensure that the Vital Message methodology is understood and consistently being implemented. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • Training materials • Direct service providers | New improvement activity added to ensure compliance with Indicator I. |

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|-------------------------|--|--|
| <p>5. Provide training to Higher Education Consortium on early intervention practice through AEIS</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • IHE Consortium • AEIS staff • Conference capabilities | <p>New improvement activity added to ensure compliance with Indicator I.</p> |
| <p>4. Draft recommendations for developing a network of trainers/mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice.</p> | <p>2011</p> | <ul style="list-style-type: none"> • Personnel Subcommittee | <p>New improvement activity added to ensure compliance with OSEP indicators and best practice.</p> |
| <p>5. Developing and implement the network of trainers/ mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice.</p> | <p>2012, 2013</p> | <ul style="list-style-type: none"> • Personnel Subcommittee • District councils • AEIS staff • Higher education • ICC | <p>New improvement activity added to ensure compliance with OSEP indicators and best practice.</p> |

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

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 community-based settings.

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

Data Source:

Data collected on Table 2 of Information Collection 1820-0557 (*Report of Program Settings Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C*).

Measurement: 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.

Overview of Issue/Description of System or Process:

AEIS adopted a natural environment policy in 1998 that was disseminated statewide and utilized federal regulatory language to define natural environments. Natural environment issues have been a priority for AEIS since the adoption of this policy. During FY 03, the Technical Assistance process was refined to assist AEIS programs/providers in identifying and utilizing a variety of community-based settings and natural environment options in the development and implementation of IFSPs. In addition, the Provider Appraisal Review (PAR) monitoring document was expanded to include evidence of team decision-making regarding natural environment justification statements and a requirement that justification statements be included on the IFSP if a child is not served in a natural environment. A PAR Family Survey question was also added to monitor this issue.

Collaboration among local/state agencies supports the provision of early intervention services to eligible infants and toddlers and their families in natural environments. At the state level, the ICC and subsequent subcommittees (i.e., Financial Planning, Public Awareness, and Personnel) provide a mechanism for collaboration in support of AEIS service delivery. At the district level, there are seven District Coordinating Councils (DCC) throughout the state that support coordination and collaboration among agencies and organizations to provide services for eligible children and families. DCC plans are developed by councils to outline how they will fulfill this purpose. At the individual provider level, agencies collaborate as necessary in the provision of direct services to children and families. AEIS continues to provide TA and PAR visits in collaboration with liaisons from state agencies.

Training on functional routines-based assessment and ECO mapping has been occurring across the state since 1998. Content in these areas has been incorporated into the foundational training required of all service coordinators, the overview training for specialists and contract personnel, and the required cluster training for special instructors to ensure widespread understanding of the concepts, practices, and applications for use.

Baseline Data for SFY 2005 (2004-2005):

| Natural Environment Settings (Section 618 Data) | 12/02 <i>Out of a total of 2157 children</i> | 12/03 <i>Out of total of 2159 children</i> | 12/04 <i>Out of total of 2261 children</i> | Measurement for 12/04 data: |
|---|--|--|--|--|
| Programs designed for typically developing children (e.g., child care, Mother's Day Out, Community Play Groups) | 8% (169) | 8% (179) | 8% (181) | 2054 children receiving services in NE divided by 2261 children with IFSPs = |
| Home | 78% (1692) | 82% (1780) | 83% (1873) | |
| TOTAL | 86% (1864) | 90% (1959) | 91% (2054) | |

Discussion of Baseline Data:

Alabama is primarily a rural state, and because of the travel distances that are required for providers to deliver services in each child’s natural environment, AEIS has faced challenges over the years. Travel costs and natural disasters in our state this past year have also impacted and constrained provider budgets. Considering these constraints, AEIS has established what is considered aggressive, yet realistic targets for growth. The PAR process provides a cross check of accuracy of setting information for 618 data by comparing information in the GIFTS data system with actual record information. PAR supervisors also assure that any service not in a natural environment has an appropriate justification on the IFSP. AEIS recognizes the need to increase the percentage of children served in programs for typically developing children.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|------------------------|
| 2005 | 91.0% |
| 2006 | 91.5% |
| 2007 | 92.0% 88.5% |
| 2008 | 92.5% 89.0% |
| 2009 | 93.0% 89.5% |
| 2010 | 93.5% 90.0% |
| 2011 | 90.5% |
| 2012 | 91% |
| 2013 | 91.5% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|-----------------------------|---|
| 1. Notify EI program staff of irregular trends, when noted, in GIFTS data entry regarding service settings.* | 2006, Continuation for 2007 | <ul style="list-style-type: none"> PAR team EI staff data specialists |
| 2. Gather data on how service coordinators are connecting families with resources to expand natural environment options. Revision of SFY 07 Improvement Activity #2 to further clarify the intent of the original improvement activity: Lead agency computer services division will complete the revision of GIFTS so that the “other” setting category may be drilled down to gather more specific information on natural learning environments. | 2007 | <ul style="list-style-type: none"> PAR & GIFTS data PAR Family Survey |
| 3. Provide training on how to successfully access peer group resources and activities in communities as a resource for IFSP goals striving to encourage social-emotional development of eligible children.* | 2008 | <ul style="list-style-type: none"> CSPD PAR team District Coordinating Council workshops |
| 4. Provide opportunities to share successful use of natural environment resources in EI districts. | 2009 | <ul style="list-style-type: none"> EI liaisons District Coordinating Council Network EI/Preschool Conference |
| 5. Examine methods for gathering data on community locations/placements to determine how to strengthen the correlation between what is identified on the Voluntary Family Assessment and on what is in the IFSP.* | 2010 | <ul style="list-style-type: none"> GIFTS data PAR process and staff PAR Family Survey |

| Activities | Timelines | Resources |
|---|-----------|---|
| <p>© New Improvement Activity for SFY 07: Beginning in SFY 07, AEIS will address the slippage by enabling PAR monitors to utilize a new report developed to drill down settings by programs so that TA can target improvement in providing services in natural environments.</p> | 2007 | <ul style="list-style-type: none"> • PAR Monitors • Computer services division • GIFTS |
| <p>7. New Improvement Activity: Revalidate the data and methods for gathering information on settings to ensure reliability.</p> | 2011 | <ul style="list-style-type: none"> • AEIS staff • PAR Monitors • Computer services division • GIFTS |
| <p>8. The AEIS Program Planning & Evaluation Subcommittee and Financial Planning Subcommittee of the ICC will meet frequently to develop effective strategies addressing:</p> <p>a. The growing number of children in AEIS;</p> <p>b. The lack of funds to support the system.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> • Ensure that discussion items are included on the agendas for each subcommittee during their scheduled meetings. • Present suggestions/ recommendations to the ICC for consideration. <p>MEASUREMENT</p> <ul style="list-style-type: none"> • Meeting agendas documenting discussion items. • Reports of suggestions/ recommendations presented to ICC as documented in ICC minutes. | 2009 | <ul style="list-style-type: none"> • Subcommittee members • ICC • Agency liaisons • AEIS State office staff |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|------------------|--|---|
| <p>1. (Same as Indicator 1) Follow up, TA, and training will be delivered to Direct Service Providers to ensure that the Vital Message methodology is understood and consistently being implemented.</p> | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • Training materials • Direct service providers | New improvement activity added to ensure compliance with Indicator 2. |
| <p>2. Increase communication and host meeting with fiscal agents and local providers to determine barriers to service delivery in natural environments in identified geographic areas and develop strategies for improvement.</p> | 2011 | <ul style="list-style-type: none"> • AEIS staff • Fiscal agents • Local providers | New improvement activity added to ensure compliance with Indicator 2. |

Part C State Performance Plan for Indicator 3 as revised for SFY 2009 (10/1/08-9/30/09)

► **OVERVIEW OF THE STATE PERFORMANCE PLAN DEVELOPMENT:** See Page 1 for Overview of SPP development.

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)

Data Source:

State selected data source.

Measurement:

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 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 = $[\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d)}] \div [\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in progress category (b) plus } \# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in progress category (d)}] \times 100$.

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 = $[\# \text{ of infants and toddlers reported in progress category (d) plus } \# \text{ of infants and toddlers reported in progress category (e)}] \div [\# \text{ of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)}] \times 100$.

► **OVERVIEW OF ISSUE/DESCRIPTION OF OUTCOME MEASUREMENT SYSTEM OR PROCESS:**

System elements for data input, maintenance and outcome data analysis: The service coordinator is responsible for the completion of each Child Evaluation Summary form. Other team members are allowed to enter data on the form, but the service coordinator is responsible for the form being completed and assuring that it represents an accurate summary of the child's functioning. During SFY 08, the forms were completed manually via Word documents and emailed electronically to the state office where clerical staff entered the data into an Access database. As of SFY 09, data entry for outcomes data

occurred through the GIFTS database system by each service coordinator and provides better assurance that the outcome process is occurring as per AEIS policies and procedures.

One of the state’s improvement activities slated for completion in 2011 is to identify trends which impact child progress. AEIS has identified several factors/variables that could have an impact, such as length of time within AEIS, diagnosis, program, continuation in same EI program, and use of same tool at entry and exit. AEIS state office staff previously received summary reports from the manually submitted Access database for use in data analysis, but the reports did not provide sufficient information for a detailed analysis. AEIS is currently working with the computer services division to develop reports from data entered into the GIFTS database (beginning with SFY 09) that will assist in a more detailed analysis of trends and factors impacting child progress.

Training: Initial outcome training was conducted statewide throughout August 2006, and implementation of the system began in September 2006. Every program was required to participate in this initial training to ensure quality and validity of data. Ongoing training continues through CSPD workshops (i.e., Journey through Early Intervention in Alabama: Level One) and during the TA activities provided by the AEIS monitoring team. This TA includes support provided to administrators and service providers on outcome data collection, reporting and use.

Policies/procedures and quality assurance: Alabama’s policies and procedures are encapsulated in the written instructions and FAQ document developed by the state office. These documents, which are disseminated statewide to all AEIS programs, provide continuous guidance for assessing and determining child outcomes. A copy of these documents is contained in Chart 1 below.

During PAR/TA visits, the AEIS monitoring team ensures that each program is effectively adhering to the state’s procedures for determining child outcomes. Copies of Child Evaluation Summary Forms are examined within each child’s record selected for review during PAR/TA and action plans are developed if it is determined that improvement is needed.

| ALABAMA’S CHILD OUTCOME ASSESSMENT AND MEASUREMENT PRACTICES | |
|---|---|
| <u>Instructions for Completing the Child Evaluation Summary Form</u> | |
| 1. | Entry Data: Check the entry data space if this is a new child determined eligible for AEIS. Entry data should be based on eligibility evaluation results. Do not submit data on children who enter after 30 months of age. |
| 2. | Exit (progress) Data: Check the exit data space if this is a child for whom you are reporting progress data upon their exit from AEIS after having been in the system <u>for at least 6 months</u> . Progress data should be based on a re-assessment of the child <u>prior to exit</u> . <i>(An assessment completed in preparation for the last IFSP review would be acceptable for determining the child’s progress at exit unless the team feels the child has made tremendous progress or has regressed since the last evaluation/assessment. For children exiting unannounced, use the most current assessment data available)</i> . If different measurement tools are used at exit than were used at entry, OSEP requires that you be able to provide a description of how and to what extent the tools are comparable in what they measure. |
| 3. | Demographic Information: Provide all the demographic information as requested. |
| 4. | Evaluation Results: Check only one number for each assessment question. Definitions for the scale points are provided below along with helpful information for deciding on the rating. |
| 5. | Supporting Documentation: Provide the evidence that supports the rating. Indicate the assessment tool(s) used, other supporting documentation used, medical diagnosis where relevant, and how the information was acquired from the parents. |
| 6. | Further Details: A “Frequently Asked Questions” document has been attached to these instructions to provide further clarification on determining and reporting child progress. |
| 7. | Electronic Submission: Access the Outcomes pages by clicking on the latest plan of the child. |
| <p>From the Page menu, you will see a new option AEIS CHILD EVAL SUMMARY. Choose this option and it will take you to a browse page where you enter the evaluation domain and evaluation type.</p> | |

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Click NEW on the browse button menu and it will take you to the Child Evaluation Page. You may start entering data.

8. Additional business rules:

- You cannot enter an Exit for a domain area unless you have previously entered an Entry.
- On the Closure Page, if you have Child Evaluation Entries on a child with no Exits, you will not be able to close the case until the Exit information is entered.
- Evaluations are time sensitive, meaning that EI gives you so many days to enter the Evaluation into GIFTS. Whatever the date is that you enter the information into GIFTS is the date that it will show that the Evaluation has been completed. Please keep this in mind when entering your data.

Helpful Information in Deciding on the Rating

(Adapted from material developed by the ECO Center, FPG Child Development Center, UNC)

This summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations. Children are with different people (for example, mother, big brother, and/or babysitter) and in different settings (for example, home, grocery store, playground). The purpose of the summary is to get an overall picture of how the child behaves across the variety of people and settings in his or her life. For each of the three summary questions, you need to decide the extent to which the child displays behaviors and skills expected for his or her age related to each outcome area.

Use the following information to help you answer each question:

- Ratings are expected to take into account the child's functioning across a full range of situations and settings that make up his/her day, not his/her capacity to function under ideal circumstances. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, service coordinators, and physicians.
- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress or issues identified in the IFSP process.
- Assessment tools can be a useful source of information for reaching a summary decision, but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information, but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.
- A standardized testing situation is an unusual setting for a young child. If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning.
- If assistive technology or special accommodations are available in the child's everyday environments, then the rating should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Ratings are to reflect the child's actual functioning across a range of settings, not his/her capacity to function under ideal circumstances if he or she had the technology.

The summary scale is based on a developmental framework that assumes:

- Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
- These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
- Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills as "foundational skills." For example, children play beside one another before they interact in play.
- Some children's development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.

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- Some children’s development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

For many children, the summary questions will be answered more than once. The hope is that, with time, many children will show good progress and achieve a higher rating. The goal of high quality early childhood services is to help children develop and learn to the best of their abilities. For many children, good services will help them get a higher rating in the future.

Definitions for Ratings

| | | |
|---------------------|------------------------|---|
| Age Appropriate | Completely 7 | → Behaviors and skills are considered typical for his or her age. → No one has any concerns about the child’s functioning in this outcome area. |
| | 6 | → Child’s functioning generally is considered typical for his or her age but there are some concerns about the child’s functioning. |
| Not Age Appropriate | Somewhat 5 | → Behavior and skills are a mix of age appropriate and not appropriate. → Behavior and skills might be described as more like those of a slightly younger child . → Some behaviors or conditions might interfere with the child’s capability to achieve age-expected behavior and skill. |
| | 4 | → Between somewhat and emerging. |
| | Emerging 3 | → Behaviors and skills might be described as more like those of a younger child . → Some behaviors or conditions might be interfering with the child’s capability to achieve age-expected behaviors and skills. |
| | 2 | → Between emerging and not yet |
| | Not yet 1 | → Behaviors and skills might be described as more like those of a much younger child . → Some behaviors or conditions might be seriously interfering with the child’s capability to achieve age-expected behaviors and skills. |

Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.

ALABAMA’S FREQUENTLY ASKED QUESTIONS DOCUMENT

- 1. How long will it take to complete the Child Evaluation Summary?**
During the pilot phase, programs reported that the entry form was “relatively easy to complete (about 5 minutes per child)”, that “the process of completing the evaluation summaries at a child’s entry and exit from EI did not appear as if it would be very time consuming”, and that “the Service Coordinators completed the summaries easily and didn’t seem to think completing them was difficult or time consuming”. Service Coordinators from pilot sites reported using the IFSP present level of development pages in completing the form.
- 2. Who completes the AEIS Child Evaluation Summary?**
The service coordinator is responsible for the completion of the form. Someone else on the team may fill out the form, but the service coordinator is responsible for the form being completed and assuring that it represents an accurate summary of the child’s functioning.
- 3. When should the form be completed?**
The initial “entry” data should be completed no later than 10 days after the initial IFSP meeting (at the same time the IFSP is entered into the GIFTS system). The “exit” data should be completed no later than 10 days after the child is closed out of the system. Reports from pilot sites suggest that the “evaluation summaries could easily be incorporated at the Intake/Initial IFSP time and at Closure time.”
- 4. Is it appropriate for the forms to be completed by the service coordinator and the evaluation team after the IFSP has been written with the family?**
Entry data on the initial group (due by September 15) will have to be completed after the IFSP has been written. From that point forward, the forms should be completed whenever it seems appropriate up to 10 days after the IFSP meeting.
- 5. It seems that the summary information on each child, even if based on evaluation results, will be subjective. Is that a concern?**
The child evaluation summary is designed to incorporate what is known about the child’s functioning or behavior across a variety of settings and situations. The purpose of the summary is to get an overall picture of the child. Answers should reflect the child’s current functioning across typical settings and situations that make up his/her day, not his/her capacity to function under ideal circumstances. In order to gather and summarize this overall picture, a variety of information must be considered from a variety of sources with consensus from the team as to where the child falls on the 7-point scale.
- 6. Does the Child Evaluation Summary Form go in each child’s record?**
Yes, both the entry and exit form become part of the child’s record. As part of the PAR and TA process, programs will be monitored to be sure the forms are in the record.
- 7. Could you put NA (not applicable) for any of the assessment domains?**

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No, all areas should be assessed and rated.

8. **Do I have to use one of the tools listed on the summary form?**
No, you may use the tool or tools that are the most appropriate for the child. If a tool other than the ones listed on the form is used, you should specify the tool by name in the blank provided. For the initial "entry" form, you should use the evaluation information gathered to determine the child's eligibility for AEIS.
9. **Which IFSP date do I use in completing the form?**
For the initial "entry" form, use the child's initial IFSP date. For the "exit" form, use the most current IFSP date.
10. **At what exit point should the exit evaluation/assessment be completed? Would an assessment completed 3-4 months (or less) prior to exit be sufficient or should the last visit with the family be spent completing the exit summary?**
An assessment completed in preparation for the last IFSP review would be acceptable for determining the child's progress at exit unless the team feels the child has made tremendous progress or has regressed since the last evaluation/assessment.
11. **What if evaluation summary results show that there is a delay in a certain area, but there are no associated outcomes on the IFSP because it is not a concern of the family?**
A section for "additional comments" has been added to the evaluation summary form in the supporting documentation column for purposes such as this.
12. **In some instances there may be children who do not make any progress while they are in EI due to medical involvement or diagnosis. How should progress for these children be reported?**
The medical diagnosis can be indicated and comments can be added under the supporting documentation column of the evaluation summary form. AEIS recognizes that there are children who, as a result of their condition, will regress over time. This information will be included as part of the data submitted to OSEP.
13. **There is concern that information will be sent by mail that contains children's names, social security numbers and dates of birth.**
The mailing of child evaluation summary forms is a temporary method pending the development of an electronic system.
14. **If a child scores a delay in one area and not in the other area when both domains are combined (e.g., cognitive and communication or physical and adaptive), should the rating be based on the area with the delay?**
Yes, you would base the rating on the area with the delay.
15. **Must the Child Evaluation Summary form be completed in the presence of the family or be shared with the family prior to being placed in the child's record?**
Best practice would indicate that the family should be involved to the maximum extent possible in every aspect of early intervention. Remember that service coordinators have the responsibility to be able to explain any item in the child's record including the AEIS child evaluation summary form.
16. **What about children who have a diagnosis that will result in regression later, but they are currently functioning on the same level of same age peers? Where would they be rated on the scale?**
They would be rated as a 7 on the scale.
17. **Would exit reassessment need to be done by more than one person?**
There is no specific requirement for the number of individuals to do the reassessment. The exit or progress data is a summary of the child's functioning using the team's current assessment information.
18. **What happens when a child dies while in our program? Do we complete exit data based on most recent assessment (if child was in services for 6 months), or do we indicate on a form that the child died and not provide the data?**
AEIS values the time spent with all children, therefore the exit form should be completed using the most recent evaluation information.
19. **Should DEICs pay for an exit evaluation to be consistent with the entry evaluation?**
The expectation for DEICs is no different than it is for programs. Ongoing assessment is a routine aspect of service delivery for the eligible child. Team members should reach consensus based on this information in order to provide exit data. When using a curriculum-based tool, ongoing assessment data would be available. Although other assessment tools can be utilized, AEIS will make the AEPS and the Carolina Curriculum available to all programs that have completed the state sponsored training.
20. **Are children with certain diagnoses excluded in the reporting data to OSEP?**
No. All children eligible for AEIS will be included in the data reported to OSEP.
21. **How is the data to be used? The training provided implications at the policy level. Will there be implications for the individual service provider?**
The data is to be reported to OSEP on an annual basis beginning February 2007 and will be included in the profiles reported to the public as per OSEP requirements. Any other uses are yet to be determined.
22. **Who is this data shared with (other than OSEP)? Will the data be reported publicly?**
In addition to the use of the data by OSEP, the aggregate data by state and program will be accessible to the public and reported as per OSEP's requirements.
23. **When will the state begin to recognize exit E/A (since it is not formally required now, though OSEP is requesting that it be done)?**
The assessment information gathered for the last IFSP review would be the basis for completing the exit summary form (see

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revised answer to question #10). Remember that exit information is based on a variety of evidence from a variety of sources and includes formal assessments, supporting documentation (such as observation, service provider notes, and progress/issues on the IFSP), medical diagnoses, and information collected from the parents.

- 24. Where on the form do we provide the justification/description of how, and to what extent, the tools are comparable? If a criterion-referenced tool is used initially, and another but different criterion-referenced tool is used upon exit, must this be justified (also the same for norm-referenced)?**

For verification, you may be asked to provide a description of how and to what extent the tools are comparable in what they measure, but currently you are not required to provide that information unless you are asked. Should AEIS need clarification from you in order to report this justification to OSEP; you will be contacted by state staff.

- 25. Why is there an exit date and IFSP date and not the child's 3rd birthday date?**

Since some children may not exit on their third birthday, the date of birth is the most relevant date for these purposes.

- 26. If a child enters AEIS at 29 months and E/A is completed, but due to exceptional circumstances (family) the IFSP was not done until the child was 31 months, does the child evaluation summary still need to be completed? (Plan would only last 5 months)**

No, the total months that an eligible child receives services must be 6 months or greater.

- 27. If we use the same assessment tools as the LEA, can we use the LEA testing for exit information?**

All evaluators of children eligible for AEIS must meet the ICC approved Personnel Standards, and tools used for evaluation must be appropriate for the child.

- 28. When rating a child on the Child Evaluation Summary form (CES) and comparing to typical children of same age – do we use their chronological age or their adjusted age?**

Adjusted age should be used whenever allowable as appropriate. If the tool does not allow for adjusted age, then chronological age should be used. If possible, whichever age is used, the entry and exit data should be reported consistently (i.e., using either one or the other, but not both).

- 29. What if our program re-evaluates annually, as a policy, and the timing crosses with exit evaluation? An example would be if an annual evaluation is done at 30 months and then an exit evaluation is done at 34 months, how could this be done if the protocol says you can't use the same instrument within 6 months?**

See revised answer to question #10.

- 30. If the IFSP is completed by the DEIC and they used a particular tool at entry, and then the child transfers to a program, does the program have to use the same tool for the exit form?**

The use of the same tool is encouraged, but not required.

- 31. A child has moved, or changed programs three (3) times since beginning services. Which program needs to fill out the entry form for a child that has been in the EI system for over a year, but with the present program for less than 2 weeks?**

If the child was on a program's July verify list, then that program would complete the form. Whoever completes the child's initial IFSP is the individual(s) responsible for completing the entry form.

- 32. What is "entry" into the system? (In regard to 30 months of age?) Does this mean active open IFSP by 30 months of age or open Child Find referral or completed E/A for eligibility?**

Entry would mean active open IFSP (they must be eligible for AEIS). The entry date is the date of the IFSP, not the referral date.

- 33. For those children exiting now with no exit evaluation, do we buy another E/A?**

No. You would get with the team members who have been delivering services and determine a rating based on the most recent assessment information and provider notes.

- 34. What information do we put in the Evaluator Service Category on the Child Evaluation Summary Form?**

Indicate the discipline of the person completing the Evaluation Summary Form or their role on the team (e.g., speech-language pathologist, service coordinator, special instructor, family trainer). Remember, the service coordinator is responsible for assuring that the form is completed and that the information reflects an accurate estimate of the child's functioning.

- 35. If a child had an initial IFSP in July and he is over 30 months of age at the initial IFSP, does entry information need to be submitted?**

Even if the child is on the July verify list, if he or she will not be completing 6 months of service, neither the entry nor exit form should be completed.

- 36. *How do we determine exit scores for those children who don't get a full five-area assessment for their annual IFSP, such as a child with only a speech delay?**

For a child who doesn't need an assessment in all five areas at the time of exit (e.g., a speech only child), the professional team should use their judgment in interpreting whatever assessment data that they have at the time of exit. If no additional assessments were required or recommended for the other 4 areas (e.g., in the case of a child with only a speech delay), then we would assume that the child would score a 6 or 7 in those areas on the exit form.

- 37. *If a child did have a five-area assessment done in preparation for the annual IFSP, what would happen if that child's annual was more than 6 months prior to exiting?**

As to how long ago the assessment was conducted, you can use the last assessment results that you have, even if they are older than 6 months, unless the team feels the child has made tremendous progress or has regressed since the last evaluation.

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|---|--|
| <i>In that case (i.e., child has made tremendous progress or has regressed), then you would need to reevaluate.</i> | |
| 38. | *Who is responsible for completing the entry outcomes form when it is a transfer from the DEIC? <i>The DEIC is responsible. Since the form is to be completed at the time of the IFSP, the DEIC should send it to the program completed if the transfer occurs after the IFSP has been written.</i> |
| 39. | *How do we handle the paperwork for children who are expected to stay in the program for 6 months or longer but who leave AEIS unexpectedly? <i>A copy of the child’s closure form should be faxed to Linda Schmitt at the state office so that an exit form will not be expected for that particular child.</i> |

Measurement strategies used to collect data:

- **Who is included in the measurement?**
All children eligible for AEIS are included in outcome measurement/data collection. Data reported to OSEP includes children who exited during the fiscal year and were in the program for at least 6 months.
- **What assessment/measurement tool(s) and/or other data sources were used, when did the measurement occur, and who conducted the assessment?**

Alabama elected to use the ECO outcomes form as a template in developing its system. This process allowed programs to select measurement tools that were most appropriate for each child being evaluated. The following are some of the tools and procedures used by providers around the state:

| | | | |
|---------------------|----------|----------|----------------------|
| Bayley | E-LAP | REEL | Parent Observation |
| BDI | HELP | DOCS | Clinical Observation |
| Carolina Curriculum | IDA | PLS4 | Medical Diagnosis |
| DAYC | Rossetti | Vineland | |
| Peabody | AEPS | EIDP | |

Although other assessment tools can be utilized, AEIS made the AEPS and the Carolina Curriculum available to all programs that completed the state sponsored training.

For the initial “entry” form, the evaluation information gathered to determine the child’s eligibility for AEIS is used in determining each child’s entry level. The assessment information gathered for the last IFSP review is the basis for completing the exit summary form unless the team feels the child has made tremendous progress or has regressed since the last evaluation/assessment. Should this be the case, a re-assessment is performed.

The exit information is based on a variety of evidence from multiple sources and includes formal assessments, supporting documentation (such as observation, service provider notes, and progress/issues on the IFSP), medical diagnoses, and information collected from the parents. Ongoing assessment is a routine aspect of service delivery for each eligible child; team members reach consensus on exit data based on this information. The exit or progress data is a summary of the child’s functioning using the team’s current assessments and other information about the child across a variety of settings and situations.

- **What method was used to summarize the data for each child (e.g. eco summary form)?**
Alabama adapted the ECO Summary Form for use in summarizing child outcome data.
- **What data was reported to the state and how was the data transmitted (e.g. programs submit data on paper quarterly to state agency, data entered through online data system, etc)?**
During SFY 08, programs were required to submit entry information on the AEIS Child Evaluation Summary Form (standardized form based on the ECO template) to the AEIS state office where one key staff person entered the data into a database. This data was submitted upon each child’s entry into the system (i.e., the initial IFSP) and upon their exit (for those children who were in the program for at least 6 months). AEIS has now completed work with the computer services division to allow both entry and exit data to be submitted at the provider level via the GIFTS web based system.

Criteria used to determine whether a child’s functioning was comparable to same aged peers:

Using the AEIS Child Evaluation Summary Form (adapted from the ECO template), children scoring a 6 or 7 on the rating scale would be considered as functioning at a level commensurate with same aged peers.

► **PROGRESS DATA FOR INFANTS AND TODDLERS EXITING 2008-2009**

| A. Positive social-emotional skills (including social relationships): | Number of children | % of children |
|--|---------------------------|----------------------|
| a. Percent of infants and toddlers who did not improve functioning | 41 | 2.3 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 218 | 12.4 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach | 213 | 12.1 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 434 | 24.6 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 859 | 48.7 |
| Total | N=1765 | 100% |

| B. Acquisition and use of knowledge and skills (including early language/communication): | Number of children | % of children |
|--|---------------------------|----------------------|
| a. Percent of infants and toddlers who did not improve functioning | 49 | 2.7 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 261 | 14.6 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach | 460 | 25.7 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 753 | 42.1 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 264 | 14.8 |
| Total | N=1787 | 100% |

| C. Use of appropriate behaviors to meet their needs: | Number of children | % of children |
|--|---------------------------|----------------------|
| a. Percent of infants and toddlers who did not improve functioning | 34 | 1.9 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 169 | 9.5 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach | 238 | 13.4 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 594 | 33.5 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 738 | 41.6 |
| Total | N=1773 | 100% |

► **BASELINE DATA FOR INFANTS AND TODDLERS EXITING 2008-2009**

| Summary Statements | % of children |
|--|---------------|
| Outcome A: Positive social-emotional skills (including social relationships) | |
| 1. Of those children who entered the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (i.e., c + d) | 71.4% |
| 2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (i.e., d + e) | 73.3% |
| Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy) | |
| 1. Of those children who entered the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (i.e., c + d). | 79.6% |
| 2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (i.e., d + e). | 56.9% |
| Outcome C: Use of appropriate behaviors to meet their needs | |
| 1. Of those children who entered the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (i.e., c + d). | 80.4% |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (i.e., d + e). | 75.1% |

► **DISCUSSION OF BASELINE DATA**

- An **enhancement of the GIFTS data system** has been developed that requires reporting of entry and exit outcomes data if the child is in the system for 6 months. This enhancement of electronic submission has increased data quality by correcting the previous inconsistencies resulting from manual data submission.
- Progress data is **representative of all children in the system**. The data is collected at the program level and reported through the new GIFTS enhancement. As stated in the 2011 improvement activity, AEIS will continue working with the ADRS Computer Services Division to develop methods to further analyze data at the program and child-specific levels in order to continue improvement.
- During TA and PAR reviews, monitoring staff continue to discuss the outcome data as it relates to program quality, challenges in meeting the diverse needs of all children and data entry using the Child Evaluation Summary Form.

► **MEASURABLE AND RIGOROUS TARGETS FOR INFANTS AND TODDLERS EXITING IN SFY 2010 (2009-10) AND SFY 2011 (2010-2011) AND REPORTED IN FEB 2011 AND FEB 2012**

| Summary Statements | Targets for SFY 2010 | Targets for SFY 2011 | Targets for SFY 2012 | Targets for SFY 2013 |
|---|----------------------|----------------------|----------------------|----------------------|
| Outcome A: Positive social-emotional skills (including social relationships) | | | | |
| 1. Of those children who entered the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 70.0% | 71.5% | 72.2% | 72.9% |

| Summary Statements | Targets for SFY 2010 | Targets for SFY 2011 | Targets for SFY 2012 | Targets for SFY 2013 |
|---|----------------------|----------------------|----------------------|----------------------|
| 2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 70.8% | 73.4% | 74.1% | 74.8% |
| Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy) | | | | |
| 1. Of those children who entered the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 78.0% | 79.7% | 80.5% | 81.3% |
| 2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 55.8% | 60.0% | 60.6% | 61.2% |
| Outcome C: Use of appropriate behaviors to meet their needs | | | | |
| 1. Of those children who entered the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 78.8% | 80.5% | 81.3% | 82.1% |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 73.6% | 75.2% | 76.0% | 76.8% |

Explanation of Targets: AEIS has selected a suggested strategy from the ECO center and has set initial targets that represent 2% below baseline for SFY 2010 and higher than baseline for SFY 2011. AEIS has collected baseline data over the past 3 years; however SFY 2009 was the first year electronic data entry was available. Therefore, AEIS will spend the next year continuing to confirm data accuracy. A review of data collected from 10/1/09 through 1/6/10 indicates data consistent with the proposed targets.

Targets for SFY 2012 and 2013 were set based on a projected 1% increase per fiscal year.

★ As per the OSEP Determination Letter, Alabama has provided baseline data, targets and improvement activities for Indicator 3.

► **SFY 2009 IMPROVEMENT ACTIVITIES:**

1. Provide technical assistance and training supports to administrators and service providers as AEIS transitions from a manual method of collecting outcome data to a computer-based process.

An instructional memorandum was disseminated to all service coordinators regarding appropriate data entry into GIFTS. AEIS provided follow-up training through individual technical assistance.

The PAR indicator requiring manual collection of outcome data will be revised in the new 2010 PAR document. The revised indicator will assess whether required outcome data has been entered into the GIFTS database prior to closing a case.

2. Review monitoring policies and procedures to ensure ongoing accuracy in collection of outcome data.

The indicator is being reviewed as part of the 2010 PAR document revision. The expectation remains that a hard copy of the Outcome Data submission into GIFTS will be put into each child’s record.

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|---|-----------|--------------------------------|
| 1. Request technical assistance from NEC*TAC for ascertaining the most effective way for Alabama to measure functional outcomes.* | 2006 | • NEC*TAC technical assistance |

| Activities | Timelines | Resources |
|---|-------------------------|---|
| 2. Provide statewide training what has been determined as the most effective methodology for measuring functional outcomes in Alabama.* | 2007 | <ul style="list-style-type: none"> • NEC*TAC technical assistance and support in accessing national resources (e.g., Frank Porter Graham Child Development Center resources) |
| 3. New Improvement Activity for SFY 07: Revise the PAR manual to reflect the requirement for collecting child outcome data. | 2007 | <ul style="list-style-type: none"> • PAR Monitors • AEIS staff |
| 4. New Improvement Activity for SFY 07: Incorporate outcomes training into the AEIS foundational training for service coordinators. | 2007 | <ul style="list-style-type: none"> • AEIS staff • CSPD |
| 5. New Improvement Activity for SFY 07: Provide statewide training and protocols for the Carolina Curriculum and the AEPS to assist providers in gathering consistent child outcome data. | 2007 | <ul style="list-style-type: none"> • AEIS staff • State Improvement Grant |
| 6. New Improvement Activity for SFY 08: Revise GIFTS data system to accommodate child outcome data entry across the state. | 2008 | <ul style="list-style-type: none"> • Computer services division |
| 7. New Improvement Activity: Revise the PAR process to ensure that outcomes data is utilized routinely in program monitoring. | 2010 | <ul style="list-style-type: none"> • PAR Monitors • AEIS staff • GIFTS |
| 8. New Improvement Activity: Analyze data on a state level to ascertain trends that impact child progress. | 2011 | <ul style="list-style-type: none"> • ECO Center • AEIS staff • Computer Services • GIFTS |
| 9. New Improvement Activity for SFY 2008: Begin to review and analyze factors such as length of time within AEIS, diagnosis, program etc. that might impact a child's ability to demonstrate improvement in preparation for the 2011 improvement activity to analyze trends impacting child progress. | 2008 | <ul style="list-style-type: none"> • Outcomes database • AEIS staff |
| 10. New Improvement Activity for SFY 2011: Analyze data on children who do not show progress and determine whether curriculum strategies need to be improved. | 2011 | <ul style="list-style-type: none"> • Outcomes database • AEIS staff |
| <p>11. Provide technical assistance and training supports to administrators and service providers as AEIS transitions from a manual method of collecting outcome data to a computer-based process.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> • Develop strategies/ materials for providing TA to programs on use of computer-based outcome data process. • Provide TA to all programs/providers statewide. <p>MEASUREMENT</p> <ul style="list-style-type: none"> • Documentation of TA and training activities provided | 10-1-08 through 9-30-09 | <ul style="list-style-type: none"> • State monitoring staff • Training materials/ guidelines regarding use of computer-based outcome data process. |

| Activities | Timelines | Resources |
|--|-------------------------|---|
| <p>12. Review monitoring policies and procedures to ensure ongoing accuracy in collection of outcome data.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> Review and update PAR procedures and the PAR manual to strengthen monitoring on the outcome data process (including the team process for determining entry and exit scores and computer data entry). <p>MEASUREMENT</p> <ul style="list-style-type: none"> Revised PAR procedures and/or PAR manual. | 10-1-08 through 9-30-09 | <ul style="list-style-type: none"> AEIS State staff |
| <p>13. New Improvement activity for SFY 2010: Create a new link on the ADRS website that has information on Alabama’s outcome measurement system to include policies and procedures around outcome measurement and data collection forms.</p> | 2010 | <ul style="list-style-type: none"> ADRS Computer Services Division Justification: Website access will enable users and consumers to more easily obtain instructions and information regarding the AEIS Outcome Measurement System. |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|------------------|--|---|
| 1. Continue ongoing revision of PAR based on OSEP guidance and the report from the verification visit. | 2011-2013 | <ul style="list-style-type: none"> AEIS staff OSEP report and guidance documents | New activity added to ensure compliance with Indicator 3. |
| 2. Provide ongoing TA and training on making decisions related to determining child progress in order to ensure consistency statewide. | 2011-2013 | <ul style="list-style-type: none"> Personnel Sub of ICC AEIS monitoring staff GIFTS | New activity added to ensure compliance with Indicator 3. |
| 3. Analyze outcomes data on programs that are within a one year certificate cycle to target improvement strategies. | 2011-2013 | <ul style="list-style-type: none"> GIFTS data AEIS monitoring staff | New activity added to ensure compliance with Indicator 3. |
| 4. PP & E subcommittee will discuss and recommend effective strategies for conducting VFA and writing family-defined routines based functional outcomes. | 2013 | <ul style="list-style-type: none"> AEIS staff and consultants ECO Center resources PP&E Sub | New activity added to ensure compliance with Indicator 3. |
| 5. Discuss and review IFSP format for revisions that will enhance family-centered practices. | 2011, 2012, 2013 | <ul style="list-style-type: none"> PP&E Subcommittee AEIS monitoring staff ICC | New activity added to ensure compliance with Indicator 3. |

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

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

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

Data Source:

State selected data source. State must clarify the data source in the State Performance Plan.

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:

Rights: Families are routinely and consistently provided with an explanation and copy of their rights under AEIS, and AEIS providers are required to review the child and parent rights with families upon initial entry and throughout their involvement in the system. In addition to the formal explanation of their rights, a “family friendly” version is included in the booklet entitled “An Eligible Family’s Guide to Alabama’s Early Intervention System”, which was developed to ensure a full understanding of AEIS and a family’s rights under AEIS? This booklet is provided to all eligible families. Eligible families are also provided with an “AEIS Parent Concern” Fact Sheet that emphasizes the availability of state level early intervention specialists, the ICC chair, EI service coordinators and EI program staff to address concerns.

Needs: In order to ensure that IFSP outcomes are relevant, effective, and are achieved as planned, families are involved in the evaluation/assessment of their child and family, the development and implementation of their child’s IFSP, and the evaluation of IFSP outcomes. Through the AEIS Child and Parent Rights, families are afforded the opportunity for complete involvement in their child’s intervention and are given a leadership role in guiding the EI experience for their child and family. The AEIS PAR monitoring system provides for a review of IFSPs to ensure that family concerns are carried over into outcome statements to guide intervention. Families monitor and evaluate the progress made towards achieving these outcomes on at least a six-month review schedule to ensure that intervention is having a positive impact on their child and family.

Helping child develop and learn: Families are informed of programs, services, and supports through a number of venues across the state. District Coordinating Councils (DCC) provide ongoing support and guidance to families in seeking information and direction for their child and family. District councils utilize a portion of their council’s budget for family support initiatives each year and include such activities as training workshops, family to family networking, information dissemination, and Expo’s/Fairs pertaining to family supports. In addition, District Coordinating Councils are required to establish a Family Involvement Subcommittee to increase the number of families involved in AEIS. The AEIS Technical Assistance Program (TAP) is a specially funded project that provides a parent or family member in each of the seven districts of AEIS to serve as a resource for families, disability, advocacy and community information. Through this project, AEIS families across the state are provided with a multitude of supports and informational materials to assist in their growth and stability as families and to help them enhance their

child's development. In addition to program and support information that is already provided, families are made aware of community support groups and newly developed AEIS family support resources (e.g., disability support groups, early intervention program family support groups, faith-based support groups). The Alabama Early Intervention and Preschool Conference is the largest statewide venue for providing families with information on programs, services, and supports from across the state and nation. Sessions are planned each year based on needs assessment data collected through the PAR Family Surveys as well as from input from District Coordinating Councils and providers throughout the state. Conference planners insure that sessions are planned that focus on family issues during each of the concurrent session time slots throughout the entire 2.5 days of the conference. In addition to the conference's training sessions, a "Gathering of Families and Friends" is coordinated through the TAP staff, and sponsored by national and state level family support organizations and ICC member agencies. The Gathering provides an opportunity to celebrate families and provide more specific support and information for them. Family members serve as presenters and/or co-presenters for each session during the conference with stipends being provided for their expenses.

Baseline Data for SFY 2005 (2004-2005):

(Baseline data and targets not required until February 2007 APR)

Baseline data will be collected through the AEIS PAR Family Survey process that solicits feedback from families who are affiliated with programs selected for monitoring during the fiscal year. This PAR family survey is conducted by Southeast Research, Inc. who contacts families by telephone to gather data. Families who are unable to be contacted by telephone are mailed a survey to be completed and returned by a designated date. The PAR Family Survey utilizes 23 questions with 3 types of responses: two four-point rating scales; a Yes/No response scale; and open-ended responses. The four-point rating scales used are: "Excellent", "Good", "Fair", "Poor"; and "Very Convenient", "Somewhat Convenient", "Somewhat Inconvenient", "Very Inconvenient". The values for the scaled response questions range from 4 for "Excellent" and "Very Convenient", to 1 for "Poor" and "Very Inconvenient". All responses are summarized and a percentage score is computed.

The programs that are monitored each year represent a statewide sampling of providers and families. The programs are located in both rural and urban settings, serving children ranging in age from birth to three with a variety of disability issues. The programs are selected from all three state-level fiscal agents and are scattered throughout the state, not in any particular geographic region.

Within the PAR Family Survey, families are asked the following questions that relate to Indicator 4 of this cluster:

- How would you rate your service coordinator for explaining the rights of parents and children as found in the Early Intervention Child and Parent Rights Form?
- Do you feel you understand your rights as found in the Early Intervention Child and Parents Rights Form?
- How would you rate your service coordinator for following-up on any concerns that you might have had?
- How would you rate your service coordinator for locating support groups and/or resources for you and your child?
- Overall, how would you rate your service coordinator for assisting you in getting the services needed for your child and family?
- How would you rate the people at your Early Intervention Program who are helping your child and family when it comes to listening to you?
- How would you rate the people at your Early Intervention Program who are helping your child and family when it comes to having respect for you and your family?
- How would you rate your Early Intervention Program in terms of making you feel like you are part of the team that plans the services for your child and family?
- How would you rate your Early Intervention Program in terms of the convenience of scheduling the Early Intervention services for your child at a convenient time?

- How would you rate your Early Intervention Program in terms of your child and family receiving all the supports and services needed as a result of the evaluation and assessment conducted by Alabama’s Early Intervention System?
- How would you describe your overall Early Intervention experience in helping your child and family?

Discussion of Baseline Data:

Not applicable. Baseline data not required until 2/07 APR.

Measurable and Rigorous Targets:

For SFY 2012 and 2013 targets, AEIS continued the pattern of annual increases of .1%.

| SFY | Target for A: Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights | Target for B: Percent of families participating in Part C who report that early intervention services have helped the family: B. Effectively communicate their children's needs | Target for C: Percent of families participating in Part C who report that early intervention services have helped the family: C. Help their children develop and learn |
|------------|--|---|--|
| 2007 | 96.5% | 93.8% | 98% |
| 2008 | 96.6% | 93.9% | 98% |
| 2009 | 96.7% | 94% | 98% |
| 2010 | 96.8% | 94.1% | 98% |
| 2011 | 96.8% | 94.2% | 98% |
| 2012 | 96.9% | 94.3% | 98.1% |
| 2013 | 97.0% | 94.4% | 98.2% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|---|------------------------------------|---|
| 1. Ascertain whether families consider the AEIS experience helpful in increasing their capacity to enhance their child’s development (e.g., the receipt of information about council meetings/activities and family support groups/resources, the availability of information via email and other alternative venues, flexibility in times and locations for training events and other family support activities).* | 2006 | <ul style="list-style-type: none"> • AEIS PAR Family Survey (specifically questions 11-d and 19-23) • EI Program and AEIS District Staff • CSPD plan |
| 2. Continue to annually modify PAR family and transition surveys in order to meet OSEP requirements and to address current issues or concerns raised by families/providers while assuring that data continues to be valid.* | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> • Southeast Research Inc. • EI Programs • District staff • Program Planning and Evaluation Subcommittee |
| 3. Provide training through CSPD (either through Journey II or a new training) for direct service providers and related services personnel (i.e., OT, PT) on creatively delivering services that enhance the capacity of families.* | 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> • CSPD plan • EI/Preschool Conference • Personnel Subcommittee |

| Activities | Timelines | Resources |
|---|---------------------------------------|---|
| 4. New Improvement Activity for SFY 07 and ongoing: Continue to utilize parent survey results in the PAR process to fine-tune technical assistance activities and to improve services. | 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> • Parent survey • PAR monitoring team • Fiscal Agent Liaisons |
| 5. New Improvement Activity for SFY 2009: As discussed at the 2007 EI-Preschool Conference Family Forum, the Conference Planning Committee will invite Part C, ADAP and the PTI to plan a session for the November 2008 conference for families that will assist them in knowing their rights. Results from this activity will be reported in the SFY 2009 APR. | 2009 | <ul style="list-style-type: none"> • Alabama EI-Preschool Conference • ADAP • PTI |
| 6. Explore the length of time families have been in AEIS who respond as “not sure” on the Family Surveys. IMPLEMENTATION STEPS <ul style="list-style-type: none"> • Develop a strategy for collecting data on length of time in program for family survey respondents. • Analyze data for reporting in SFY 2009 APR. MEASUREMENT <ul style="list-style-type: none"> • Data report on length of time in program for survey respondents | 2009 | <ul style="list-style-type: none"> • Family Survey • AEIS programs • Southeastern Research |

| New Improvement Activities for SFY 2010 | Timelines | Resources | Justification |
|---|---------------------|---|---|
| Provide training at the district level related to the activities of the Alabama Respite Coalition that will heighten awareness and provide information on available resources. | 9/10/1/09 – 9/30/10 | <ul style="list-style-type: none"> • District Coordinating Councils • Alabama Respite Coalition | Training that provides information and resources about respite will enhance the ability of service coordinators to provide these needed services. |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|------------------------|--|---|
| 1. Continue to annually modify PAR family and transition surveys in order to meet OSEP requirements and to address current issues or concerns raised by families/providers while assuring that data continues to be valid.* | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • OSEP requirements • Family survey • Family forum | AEIS has continued the existing improvement activities to span the length of the SPP. |
| 2. Provide training through CSPD (either through Journey II or a new training) for direct service providers and related services personnel (i.e., OT, PT) on creatively delivering services that enhance the capacity of families.* | 2011, 2012, 2013 | <ul style="list-style-type: none"> • CSPD plan • EI/Preschool Conference • Personnel Subcommittee | AEIS has continued the existing improvement activities to span the length of the SPP. |
| 3. Continue to utilize parent survey results in the PAR process to fine-tune technical assistance activities and to improve services. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • Parent survey • PAR monitoring team • Fiscal Agent Liaisons | AEIS has continued the existing improvement activities to span the length of the SPP. |

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

| | | | |
|---|------------------------|--|--|
| 4. Continue to solicit input from families at all levels in development and implementation of AEIS policy (i.e., ICC, council meetings, surveys, family forums, etc.) | 2011, 2012, 2013 | <ul style="list-style-type: none">• ICC• District councils• EI-Preschool Family Forums | New indicator added to ensure continued active involvement by families in system and policy development. |
|---|------------------------|--|--|

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source:

Data collected on Table 1 of Information Collection 1820-0557 (*Report of Children Receiving Early Intervention Services in Accordance with Part C*).

Measurement: 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:

The public awareness process for Alabama’s Early Intervention System continually develops, evaluates, and implements a public awareness program that provides outreach specifically targeting physicians, hospitals and the medical community to impact referrals of children under the age of one. In addition, AEIS provides general outreach to families, especially to locations and organizations where infants are located. Some of the public awareness and outreach efforts include the following:

- Continued work with the Perinatal network across the state.
- Assignment of DEIC staff to work in hospital follow-through clinics to provide collaborative evaluations and to expedite referrals to AEIS.
- Dissemination of the AEIS developmental brochure with an introductory letter by the chair of the Alabama Academy of Pediatrics as an outreach initiative directed towards OB/GYNs, pediatric nurse practitioners, pediatricians, and so forth.
- Development of a plan for increasing the knowledge of the Alabama Department of Public Health staff regarding AEIS and the process for referral.
- Targeted outreach to third party funding sources such as All Kids and Medicaid.
- Continued partnership with the Newborn Hearing Screening (UNBHS) program through the Alabama Department of Public Health (i.e., physician outreach letter regarding AEIS, dissemination of AEIS child find information during all universal hearing screenings, outreach materials and websites, quarterly meetings with UNBHS staff.
- Dissemination of an outreach letter to primary physicians for all children who are registered under the Birth Defects Surveillance program (during FY 04).
- Partnership with 3rd party private insurance (BC/BS) to distribute AEIS materials through the BC/BS case management initiative.
- Collaborative planning for statewide coverage of care for EI eligible population under Covering Alabama Kids planning grant.

Referral data from SFY 2003 through 2005 indicate the following rates of referral:

| Trend data | SFY 2003 | SFY 2004 | SFY 2005 |
|---|-------------|-------------|-------------|
| Total referrals from the medical community (hospitals, physicians and clinics) and Neonatal Intensive Care Units/Follow-up Programs | 1218 | 1294 | 1414 |

National and state data (i.e., Kids Count data) validates the depressed economic climate in which AEIS is striving to serve children and families. A database of outreach activities and outcomes is maintained, evaluated, reviewed and utilized at the state level for monitoring and planning activities. AEIS accepts the responsibility for providing outcome-based data to partners and stakeholders in an ongoing manner.

SPP Template – Part C (3)

Baseline Data for SFY 2005 (2004-2005):

| Indicator 5 | FY 04 (2004-2005) | A. Compared to percentages in other States with similar eligibility definitions (i.e. Broad Eligibility Criteria) | B. Compared to national percentage of infants and toddlers aged birth to 1 with IFSPs |
|---|-------------------|--|--|
| Number of infants and toddlers birth to 1 with IFSPs as of the December 1 child count <i>(Section 618 Data)</i> | 291 | | |
| Alabama population of infants and toddlers aged birth to 1 <i>(U.S. Census Bureau's Population Estimates for July 1, 2003)</i> | 59,193 | | |
| Percent of infants birth to 1 in Alabama with IFSPs | .49 % | North Carolina 0.42% Washington 0.46% Virginia 0.58% Colorado 0.66% Louisiana 0.67% South Dakota 0.67% Arkansas 0.68% Minnesota 0.72% Maine 0.75% New Mexico 0.76% Ohio 0.83% Iowa 0.88% Wisconsin 0.91% Michigan 1.04% Maryland 1.04% New Hampshire 1.05% Florida 1.05% Kansas 1.08% Vermont 1.09% West Virginia 1.32% Pennsylvania 1.44% Indiana 1.57% Wyoming 1.57% Delaware 1.78% Mississippi 2.45% Massachusetts 2.82% Hawaii 3.03% | .91% |

The following historical and trend data was used to assist in determining measurable and rigorous targets:

| Referrals and Children Eligible Under 1 | FY 04 | FY 05 |
|---|---|---|
| Number of children referred to AEIS under the age of one | 1280 33% of referrals | 1450 33.8 % of referrals |
| Number of children served under the age of one as of the December 1 child count | 215 | 291 |
| Summary of referrals by age | Referrals 0 - 1 = 33.2% Referrals 1 - 2 = 34.3% Referrals 2 - 3 = 32.5% | Referrals 0-1 = 33.8% Referrals 1-2 = 33.6% Referrals 2-3 = 32.6% |

Additional data that was used to set targets included:

- Referrals by source
- PAR monitoring data pertaining to eligibility, public awareness and outreach
- Hispanic outreach data
- District public awareness and outreach activities
- Requests for AEIS public awareness and outreach materials

Discussion of Baseline Data:

Despite continuous specific outreach to the medical community, trend data indicates AEIS has made minimal improvement in serving the birth to one population. Since these efforts have not met expectation, AEIS recognizes that increased efforts must be made in this area.

Measurable and Rigorous Targets:

Based on an analysis of trend data since SFY 2005, Alabama is revising its targets for Indicator 5 to reflect more realistic growth for Alabama in the birth-to-one population. From reporting year SFY 2004 to 2005, AEIS increased overall by over 200 children, birth-to-three. This was the first significant increase in the number of children served over the previous years. An increase was not reflected in the birth-to-one population in SFY 2007 nor did the rate of growth continue for the overall population for SFY 2007. AEIS has therefore revised its targets as reflected in the revised SPP. AEIS still maintains an ultimate goal of achieving the national average for the birth-to-one population in the broad eligibility category.

Based on trend data for birth-to-one, over the past 4 years, AEIS proposes a change in the target for Indicator 5 from .72% to .56%. Subsequent targets through 2013 in the SPP are based on this change.

| BASELINE SFY 05 | ACTUAL SFY 06 | ACTUAL SFY 07 | ACTUAL SFY 08 | ACTUAL SFY 09 |
|-----------------|---------------|---------------|---------------|---------------|
| .49% | .50% | .46% | .58% | .54% |

| SFY | Proposed Revision |
|------|---|
| 2011 | <p>Current target for SFY 2011 = .72%</p> <p>Revised target for SFY 2011 = .56% based on trend data</p> |

| SFY | Targets |
|------|--|
| 2005 | .49% (291 children) – actual data for SFY 05 = 0.49% |
| 2006 | .62% (366 children) – actual data for SFY 06 = 0.50% |
| 2007 | .75% (444 children) – actual data for SFY 07 = 0.46% |
| 2008 | .88% (521 children) -- Revision = .60% |
| 2009 | 1.01% (598 children) -- Revision = .62% |
| 2010 | 1.14% (675 children) representing the current average percentage of states with broad eligibility definitions. -- Revision = .69% |
| 2011 | 1.14% (maintain average percentage of states with broad eligibility definitions) -- Revision = .72% REVISE to .56% based on trend data |
| 2012 | .57% |
| 2013 | .58% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|-----------|--|
| 1. Increase collaborative efforts to further identify children under the age of one.* | 2006 | <ul style="list-style-type: none"> • High risk clinics, screening programs, etc. • Physicians and medical community. • Appropriate EI outreach materials (e.g. child development flier for doctor's offices, church day care and so forth). |
| 2. Analyze the percentage of children served in other states with eligibility definitions consistent with Alabama to determine appropriateness of targets. | 2006-2007 | <ul style="list-style-type: none"> • OSEP data • State contacts |
| 3. Analyze referral data specific to the age of referral in order to analyze the results of targeted outreach efforts.* | 2007 | <ul style="list-style-type: none"> • GIFTS web-based data system • Public Awareness Subcommittee |
| 4. Develop a brochure on child find, communication options and services for children with hearing loss in collaboration with the Universal Newborn Hearing Screening Program, AIDB and ADPH. | 2007 | <ul style="list-style-type: none"> • Alabama Institute for the Deaf/Blind • Alabama Dept. of Public Health • AEIS staff |
| 5. Review state data on very low and extremely low birth weight babies to determine the impact it would have on the system by making them an eligible diagnosis. | 2007 | <ul style="list-style-type: none"> • PP&E Subcommittee of the ICC • Public health data • Kids Count data • High risk data |
| 6. Make recommendations regarding the eligibility of children with a diagnosis of very low and extremely low birth weight. | 2008 | <ul style="list-style-type: none"> • Program Planning and Evaluation Subcommittee • Public health data • Kids Count data • High risk data |
| 7. Further develop strategies to ensure that all families of children born drug exposed, extremely premature or impacted by child abuse/neglect are aware of EI and the E/A process.* | 2008 | <ul style="list-style-type: none"> • Specific public awareness materials • Public Awareness Subcommittee • Workshops for providers who work with children who are drug exposed, extremely premature, or impacted by child abuse/neglect |
| 8. Develop an interagency written request from the ICC to the legislature encouraging additional funding for serving children who are drug exposed, FASD, or who are extremely premature. | 2008 | <ul style="list-style-type: none"> • ICC • Alabama's EI programs |
| 9. Develop procedures and protocol with adult treatment centers throughout Alabama for immediate referral of children who are drug exposed and who have FASD. | 2009 | <ul style="list-style-type: none"> • Dept. of MH/MR • Treatment centers |
| 10. Collect child find strategies and methodology from other states with similar eligibility definitions and utilize as appropriate. | 2010 | <ul style="list-style-type: none"> • OSEP national data. • State contacts. |
| 11. New Improvement Activity for SFY 07: In an effort to address the rise in Alabama's infant mortality rate, AEIS will work with the Alabama Department of Public Health to identify factors impacting this issue. | 2007 | <ul style="list-style-type: none"> • AEIS staff • Alabama Department of Public Health |
| 12. New Improvement Activity for SFY 07: Continue to work with Institutes of Higher | 2007 | <ul style="list-style-type: none"> • AEIS staff • Institutes of Higher Education |

| Activities | Timelines | Resources |
|---|-----------|---|
| Education and the Alabama Department of Public Health towards the development of a birth defects surveillance system with a link to services. | | <ul style="list-style-type: none"> • Alabama Department of Public Health |
| <p>13. <u>New Improvement Activity for SFY 07:</u> Collaborate with The Arc and the Alabama Beverage Control Board in developing PA materials to assist in addressing alcohol consumption during pregnancy and also infant mortality rate in Alabama.</p> | 2007 | <ul style="list-style-type: none"> • AEIS staff • The Arc • ABC Board |
| <p>14. <u>New Improvement Activity for SFY 07:</u> Collaborate with the Alabama Department of Mental Health and Mental Retardation in developing linkages with adult treatment centers to increase referrals for children affected by alcohol and drugs.</p> | 2007 | <ul style="list-style-type: none"> • Alabama Dept. of Mental Health/MR • Adult treatment centers • AEIS staff • AEIS public awareness materials |
| <p>15. <u>New Improvement Activity:</u> Evaluate the effectiveness of the current child find strategies and methodology and revise as needed.</p> | 2011 | <ul style="list-style-type: none"> • AEIS staff |
| <p>16. <u>New Improvement Activity for SFY 2008:</u> Contribute an article to the Alabama Academy of Pediatrics Journal on the importance of early referral to Alabama’s Early Intervention System. This journal has the potential to reach approximately 850 pediatricians across Alabama.</p> | 2008 | <ul style="list-style-type: none"> • AEIS staff • Alabama Academy of Pediatrics |
| <p>17. <u>New Improvement Activity for SFY 2008:</u> Alabama will submit an application to participate in the Assuring Better Child Health and Development (ABCD) grant. The purpose of this grant is to develop policies for standardized developmental screenings, including specific testing regarding the social-emotional domain for use by pediatricians. AEIS anticipates increased referrals from the pediatric community.</p> | 2008 | <ul style="list-style-type: none"> • AEIS staff • ABCD Grant |
| <p>18. <u>New Improvement Activity for SFY 2008:</u> Work with the Alabama Newborn Screening Program, the Newborn Screening Advisory Board and the March of Dimes to increase the number of conditions that are screened at birth and work with the Department of Public Health to develop protocols for referrals.</p> | 2008 | <ul style="list-style-type: none"> • AEIS staff • Alabama Newborn Screening Program • March of Dimes |
| <p>19. <u>New Improvement Activity for SFY 2008:</u> AEIS will participate in a newly legislated Autism Task Force which is chaired by Alabama Representative Cam Ward. This task force will explore avenues to improve services and supports for people with autism across the lifespan.</p> | 2008 | <ul style="list-style-type: none"> • AEIS staff • Autism Task Force |

| Activities | Timelines | Resources |
|---|-----------|---|
| 20. New Improvement Activity for SFY 2008: Provide statewide district technical assistance by AEIS staff that includes recommendations for increased outreach in all counties. | 2008 | <ul style="list-style-type: none"> AEIS staff |
| 21. Continuation of Improvement Activity for SFY 2008: Develop a brochure on child find, communication options and services for children with hearing loss in collaboration with the Universal Newborn Hearing Screening Program, Alabama Institute for the Deaf/Blind and the Alabama Department of Public Health. | 2008 | <ul style="list-style-type: none"> AEIS staff Universal Newborn Hearing Screening Program AIDB ADPH |
| 22. AEIS staff will participate in legislatively created work groups regarding autism. These work groups will make recommendations to the Alabama State Legislature during this fiscal year. IMPLEMENTATION STEPS <ul style="list-style-type: none"> Attend work group meetings/ conference calls. Assist in developing recommendations related to children with autism who may be eligible for AEIS. MEASUREMENT <ul style="list-style-type: none"> Documentation of meeting attendance. Recommendations made to the Alabama State Legislature. | 2009 | <ul style="list-style-type: none"> Legislative work groups AEIS staff |

| New Improvement Activities for SFY 2010 | Timelines | Resources | Justification |
|---|-----------|---|---|
| 1. Partner with the Alabama Academy of Pediatrics and other stakeholders to discuss the current child find referral form to determine whether revisions are needed to improve the referral process for the medical community. | 2010 | <ul style="list-style-type: none"> AEIS state staff AL Academy of Pediatrics Stakeholder group | Appropriate improvements in the referral process for the medical community will assist in timely and effective referrals. |
| 2. Participate in the Lead Agency initiative to redesign the agency website to enable quicker and easier access by programs and families seeking information on AEIS and services. | 2010 | <ul style="list-style-type: none"> AEIS state staff ADRS web design task force | Simplifying accessibility to information about AEIS will facilitate child find and referrals. |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|-------------------------|--|--|
| <p>1. Improve partnerships with physicians using the ASQ-3 as a screening tool for more appropriate referrals to child find and other resources.</p> | <p>2011, 2012</p> | <ul style="list-style-type: none"> • ASQ-3 resources • AEIS staff • Pediatric community | <p>New activity added to ensure compliance with Indicator 5.</p> |
| <p>2. Increase communication and collaboration with high risk clinics across the state through a dedicated staff position.</p> | <p>2011, 2012</p> | <ul style="list-style-type: none"> • AEIS staff position • High risk clinic staff | <p>New activity added to ensure compliance with Indicator 5.</p> |
| <p>3. Propose pediatrician appointment to the Governor’s ICC for AEIS.</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • ICC | <p>New activity added to ensure compliance with Indicator 5.</p> |
| <p>4. Develop practices/protocols with high risk clinics and pediatricians statewide to ensure consistent, appropriate and timely referrals.</p> | <p>2013</p> | <ul style="list-style-type: none"> • AEIS staff • High risk clinic staff | <p>New activity added to ensure compliance with Indicator 5.</p> |

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.
(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source:

Data collected on Table 1 of Information Collection 1820-0557 (*Report of Children Receiving Early Intervention Services in Accordance with Part C*).

Measurement: 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:

Public Awareness: Alabama's Early Intervention System continually develops, evaluates, and implements a three tiered statewide, interagency public awareness program that includes: (1) outreach to the general population, (2) outreach that explains the nature and scope of AEIS to primary referral sources, and (3) specific awareness procedures and materials that are geared to the eligible families and their service providers. A strength of the system is that families are involved in all levels of the public awareness process: as consultants at the state level, in the development and review of materials via the ICC and DCC outreach, and via family support groups. District councils and EI programs are provided with ICC approved materials from the state office in an ongoing manner upon request and also have flexibility in developing materials and processes for outreach within their communities based upon current needs. Examples of newly developed or revised materials are distributed to family organizations, district staff, council representatives, and agencies. The AEIS newsletter, Tot Notes, is also sent directly to each eligible family, and is available on the website. Other materials are distributed from the state office on a request basis, and usage is monitored to evaluate the involvement of a variety of primary referral sources.

Outreach Activities: A database of outreach activities and outcomes is maintained, evaluated, reviewed and utilized at the state level for monitoring and planning activities. AEIS accepts the responsibility for providing outcome-based data to partners and stakeholders in an ongoing manner. Each outreach activity by EI staff is reviewed and approved by the supervisor prior to inclusion in the database. Individual contacts are counted as reported by staff. General audience outreach such as newspaper articles and community exhibits are estimated based upon the population involved. EI programs are encouraged to report outreach activities as they occur. Completed reports are tabulated on a quarterly basis, reviewed by the ICC Public Awareness Subcommittee chair, utilized in PAR reviews and reported to the ICC.

The goals of the statewide AEIS public awareness and outreach effort are to:

- Prepare and disseminate information to families, the general public and primary referral sources on the availability of early intervention supports and services;
- Educate families and other primary referral sources about the need for early identification;
- Increase awareness about Child Find and its purpose;
- Coordinate ongoing outreach initiatives to the general public through state and district early intervention efforts;
- Coordinate public awareness activities with CSPD/C and other AEIS components, as necessary.

Ongoing activities of the statewide AEIS public awareness and outreach effort include:

- Planning, development and revision of AEIS public awareness materials for free, ongoing distribution to ICC member agencies, District Coordinating Council members, family/advocate organizations and the general public;
- Exhibiting and presenting at district, state, and national seminars and workshops by DEI and ICC member agency personnel, AEIS program staff and District Coordinating Council members;
- Planning and revising AEIS materials for specific populations (e.g. families, ALLKids, Patient First providers and state legislators);
- Concentrating outreach initiatives to parents and family members who are considered hard to reach and are not in the usual and accepted paths of service delivery systems, but who may be eligible for early intervention supports and services in Alabama. These initiatives are coordinated in an ongoing manner by the District Early Intervention (Council) Coordinator and include, but are not limited to,

community outreach to: SSI offices, Housing Authority offices, churches/religious organizations, Red Cross offices, camps/recreational facilities, public/private libraries, county extension agents, family service centers, hospitals/medical facilities, Community Action organizations, military establishments, shopping malls, Salvation Army offices, beauty shops/Laundromats, toy stores, United Way offices, and PTA/PTO or other parenting organizations;

- Compiling and distributing the AEIS/ICC annual report;
- Continuing the availability of the 1-800 line for Hispanic families and dedicated time by professional bilingual staff for interaction with families referred on an ongoing basis;
- Translating contact letters from District Staff to Spanish-speaking SSA families;
- Training and ongoing technical assistance for all Department of Human Resource staff for implementation of CAPTA.

Participants in the ongoing statewide, coordinated public awareness efforts for AEIS include:

- State and district early intervention personnel;
- ICC and ICC Public Awareness Subcommittee members;
- ICC member agency personnel;
- District Coordinating Council members, including families of children who are currently eligible for EI services, or who have received services in the past;
- Early intervention service providers, including private vendors;
- Organizations that are involved in the funding or administration of programs for families that may be eligible for AEIS;
- Others, as indicated.

| Indicator 6 | FY 04 (2004-2005) | A .Compared to percentages in other States with similar eligibility definitions (i.e. Broad Eligibility Criteria) | B. Compared to national percentage of infants and toddlers aged birth to 3 with IFSPs |
|---|----------------------|--|---|
| Number of infants and toddlers birth to 3 with IFSPs as of the December 1 child count (Section 618 Data) | 2261 | | |
| Alabama population of infants and toddlers aged birth to 3 (U.S. Census Bureau's Population Estimates for July 1, 2003) | 179,557 | | |
| Percent of infants birth to 3 in Alabama with IFSPs | 1.26% | North Carolina 1.41% Mississippi 1.53% Washington 1.56% Colorado 1.56% Virginia 1.75% Louisiana 1.75% Minnesota 1.78% Ohio 1.81% New Mexico 1.93% Iowa 1.95% Michigan 2.13% Florida 2.28% Kansas 2.40% Arkansas 2.46% West Virginia 2.49% New Hampshire 2.60% Maryland 2.60% South Dakota 2.66% Wisconsin 2.66% Maine 2.77% Delaware 2.90% Pennsylvania 2.94% Indiana 3.35% Vermont 3.42% Wyoming 3.57% Hawaii 4.43% Massachusetts 5.75% | 2.23% |

Discussion of Baseline Data:

Alabama’s greatest growth, which occurred within the past year (by 100 children), was accomplished with no additional state resources. Due to the challenges faced by the state, however, such as financial barriers, the increase in gasoline prices and hurricane disaster relief, AEIS recognizes the challenge to maintain this growth. AEIS, in collaboration with the steering committee and stakeholders, is committed to further growth over the next six years.

The following historical and trend data was also used to assist in determining measurable and rigorous targets:

| Referrals by Source (Trend Data) | FY 01 | FY 02 | FY 03 | FY 04 |
|--|--------------|--------------|--------------|--------------|
| Fiscal Agent: Alabama’s Early Intervention System (AEIS) | 157 | 187 | 192 | 203 |
| Fiscal Agent: Alabama Institute for the Deaf/Blind (AIDB) | 127 | 113 | 132 | 90 |
| Fiscal Agent: AL Dept. of Mental Health/Mental Retardation (DMR) | 511 | 482 | 346 | 304 |
| Fiscal Agent: Children’s Rehabilitation Services | 153 | 187 | 163 | 142 |
| Alabama Department of Human Resources | 77 | 76 | 82 | 102 |
| Alabama Department of Public Health | 31 | 26 | 31 | 52 |
| Medical Community (Follow through clinics, University of South Alabama, physicians/pediatricians, health care facilities, hospitals, Sparks Clinics) | 987 | 1041 | 1218 | 1294 |
| Military Bases | 11 | 2 | 4 | 12 |
| Childcare/Head Start | 27 | 34 | 34 | 51 |
| Parents | 835 | 835 | 988 | 1211 |
| Local Education Agencies | 3 | 3 | 3 | 1 |
| Social Security Administration | 234 | 285 | 242 | 263 |
| Private Service Provider | 7 | 27 | 1 | 28 |
| Other | 18 | 27 | 14 | 97 |
| TOTAL | 3178 | 3325 | 3450 | 3850 |

**Census 2000, B-3 Population Estimates, 2% of B-3 Population, 12/02, 12/03, and 12/04
(One-day snap shot of AEIS population)**

| | B-3 Census | 2% | Dec '02 | Dec '03 | Dec '04 |
|-------|-------------------|-----------|----------------|----------------|----------------|
| TOTAL | 177567 | 3551 | 2157 | 2159 | 2261 |

Fiscal Year to Fiscal Year Comparison-Referrals/Eligibles/Served

| | Referrals FY02 | Referrals FY03 | Referrals FY04 | Eligible FY02 | Eligible FY03 | Eligible FY04 | Served FY02 | Served FY03 | Served FY04 |
|-------|-----------------------|-----------------------|-----------------------|----------------------|----------------------|----------------------|--------------------|--------------------|--------------------|
| TOTAL | 3325 | 3450 | 3849 | 2055 | 2036 | 2065 | 4015 | 4162 | 4351 |

| Hispanic Outreach | 12/01/01 | 12/01/02 | 12/01/03 | 12/01/04 |
|---|-----------------|-----------------|-----------------|-----------------|
| Number of Hispanic children served as reported on the December 1 child count. | 31 | 44 | 54 | 79 |

Measurable and Rigorous Targets:

Based on growth in Alabama’s birth-to-three population exceeding SPP targets, AEIS is revising its targets for SFY 2008 through 2011. These revised targets are based on preliminary 618 data for SFY 08 as compared to new census data for 2006 accessed from www.census.gov (i.e., 180,636 infants and toddlers, birth-to-three).

| SFY | Targets |
|------|--|
| 2005 | 1.27% (2261 children) |
| 2006 | 1.32% (2361 children) |
| 2007 | 1.39% (calculation error) Corrected figure = 1.37% (2461 children) |
| 2008 | 1.44% 2561 children based on new census = 1.42% -- Revision = 1.50% (2716 children) |
| 2009 | 1.50% 2661 children based on new census = 1.47% -- Revision = 1.53% (2764 children) |
| 2010 | 1.56% 2761 children based on new census = 1.53% -- Revision = 1.58% (2854 children) |
| 2011 | 1.64% 2861 children based on new census = 1.58% -- Revision = 1.62% (2926 children) |
| 2012 | 1.67 (3% increase based on improvement) |
| 2013 | 1.72 |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|------------------------------------|---|
| 1. Utilize finite resources most efficiently by continuing to target low referring counties, districts, and referral sources in outreach activities.* | 2006 | <ul style="list-style-type: none"> District and state office staff DCC members Primary referral sources Collaborative partners at state/regional levels Well baby visits |
| 2. Monitor the implementation of the ICC approved child find/public awareness outreach plan. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> AEIS outreach materials in a variety of formats AEIS materials available in Spanish. AEIS website. EI and program staff Primary referral sources |
| 3. Increase efficiency in accessing funding for serving additional children through Medicaid Targeted Case Management funds. | 2006 | <ul style="list-style-type: none"> Medicaid Staff training |
| 4. Re-contact all families who were referred to AEIS and closed because: a. They were withdrawn by the parent; b. (b) Attempts to contact them were unsuccessful. | 2007 | <ul style="list-style-type: none"> GIFTS web-based system. |
| 5. Provide training to strengthen evaluator skill in providing quality evaluations and assessments.* | 2006-2007 | <ul style="list-style-type: none"> Alabama SDE State Improvement Grant |
| 6. Explore a variety of options to accomplish evaluations and assessments within AEIS. | 2007 | <ul style="list-style-type: none"> Other potential options for conducting evaluations and assessments such as clinics, SIG, etc. Data on the number of children determined eligible to be reviewed for patterns in the use of particular tools or other factors impacting eligibility |

| Activities | Timelines | Resources |
|--|-----------|--|
| 7. Develop strategies to ensure all families of infants and toddlers are aware of the EI referral process specifically the medical and faith communities.* | 2008 | <ul style="list-style-type: none"> • AEIS outreach materials • State and district family support groups • AEIS and EI program staff • District Coordinating Council Plans • Hospital discharge plans, OB/GYN outreach, Children’s Hospital employee orientation packets, NICU staff, genetics clinics, child care outreach, high school PTOs. |
| 8. Increase training of Dept. of Human Resources and child care staff on typical development and the EI referral process.* | 2008 | <ul style="list-style-type: none"> • DHR staff • Child development curriculum • Childcare management agencies |
| 9. Link with other states in similar category areas to generate additional effective public awareness materials and strategies. | 2009 | <ul style="list-style-type: none"> • Part C state contacts and PA staff |
| 10. Strengthen the partnership with Children’s Hospital to increase early identification of potentially eligible children.* | 2010 | <ul style="list-style-type: none"> • Children’s Hospital staff • AEIS staff |
| 11. <u>New Improvement Activity for SFY 07:</u> Collaborate with Alabama Kids and Families to make recommendations to eliminate waiting periods for Alabama All Kids (Children’s Health Insurance Program). | 2007 | <ul style="list-style-type: none"> • AEIS staff • Alabama Kids and Families |
| 12. <u>New Improvement Activity:</u> Increase collaborative outreach initiatives with other state organizations and agencies that provide supports and services to the birth-five population in order to inform all families with young children about AEIS. | 2011-2013 | <ul style="list-style-type: none"> • AEIS staff • State agencies/organizations providing support/services to birth-five population |
| 13. <u>New Improvement Activity:</u> Implement any effective strategies generated through collaboration with the MCH Title V “2010 Initiative” as outlined in the 2010 final report. | 2011 | <ul style="list-style-type: none"> • AEIS staff • MCH Title V “2010 Initiative” |
| 14. <u>New Improvement Activity for SFY 2008:</u> Contribute an article to the Alabama Academy of Pediatrics Journal on the importance of early referral to Alabama’s Early Intervention System. This journal has the potential to reach approximately 850 pediatricians across Alabama. | 2008 | <ul style="list-style-type: none"> • AEIS staff • Alabama Academy of Pediatrics |
| 15. <u>New Improvement Activity for SFY 2008:</u> Alabama will submit an application to participate in the Assuring Better Child Health and Development (ABCD) grant. The purpose of this grant is to develop policies for standardized developmental screenings, including specific testing regarding the social-emotional domain for use by pediatricians. AEIS anticipates increased referrals from the pediatric community. | 2008 | <ul style="list-style-type: none"> • AEIS staff • ABCD Grant |
| 16. <u>New Improvement Activity for SFY 2008:</u> Work with the Alabama Newborn Screening Program, the Newborn Screening Advisory Board and the March of Dimes to increase the number of conditions that are screened at | 2008 | <ul style="list-style-type: none"> • AEIS staff • Alabama Newborn Screening Program • March of Dimes |

| Activities | Timelines | Resources |
|---|-----------|---|
| birth and work with the Department of Public Health to develop protocols for referrals. | | |
| 17. <u>New Improvement Activity for SFY 2008:</u> AEIS will participate in a newly legislated Autism Task Force which is chaired by Alabama Representative Cam Ward. This task force will explore avenues to improve services and supports for people with autism across the lifespan. | 2008 | <ul style="list-style-type: none"> • AEIS staff • Autism Task Force |
| 18. <u>New Improvement Activity for SFY 2008:</u> Provide statewide district technical assistance by AEIS staff that includes recommendations for increased outreach in all counties. | 2008 | <ul style="list-style-type: none"> • AEIS staff |
| 19. <u>Continuation of Improvement Activity for SFY 2008:</u> Develop a brochure on child find, communication options and services for children with hearing loss in collaboration with the Universal Newborn Hearing Screening Program, Alabama Institute for the Deaf/Blind and the Alabama Department of Public Health. | 2008 | <ul style="list-style-type: none"> • AEIS staff • Universal Newborn Hearing Screening Program • AIDB • ADPH |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|------------------|--|---|
| 1. (SAME AS INDICATOR 5) Improve partnerships with physicians using the ASQ-3 as a screening tool for more appropriate referrals to child find and other resources. | 2011, 2012 | <ul style="list-style-type: none"> • ASQ-3 resources • AEIS staff • Pediatric community | New activity added to ensure compliance with Indicator 6. |
| 2. (SAME AS INDICATOR 5) Increase communication and collaboration with high risk clinics across the state through a dedicated staff position. | 2011, 2012 | <ul style="list-style-type: none"> • AEIS staff position • High risk clinic staff | New activity added to ensure compliance with Indicator 6. |
| 3. (SAME AS INDICATOR 5) Propose pediatrician appointment to the Governor’s ICC for AEIS. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • ICC | New activity added to ensure compliance with Indicator 6. |
| 4. (SAME AS INDICATOR 5) Develop practices/protocols with high risk clinics and pediatricians statewide to ensure consistent, appropriate and timely referrals. | 2013 | <ul style="list-style-type: none"> • AEIS staff • High risk clinic staff | New activity added to ensure compliance with Indicator 6. |
| 5. Increase collaborative outreach initiatives with other state organizations and agencies that provide supports and services to the birth-five population in order to inform all families with young children about AEIS. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff • State agencies/organizations providing support/services to birth-five population | New activity added to ensure compliance with Indicator 6. |

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source:

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement:

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

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

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

Infants/toddlers and their families referred to AEIS receive evaluations in all areas of development. The state Provider Appraisal Review (PAR) consistently monitors the provision of evaluations in all areas of development as well as the process of evaluation, eligibility, IFSP development and required timelines. Additional technical assistance is provided to those programs that do not meet the 45-day timeline.

The PAR Handbook addresses compliance with evaluation/assessment, IFSP development and 45-day timeline as follows:

COMPONENT V: EVALUATION AND ASSESSMENT; NON DISCRIMINATORY PROCEDURES

EXPECTATION: Program follows the E/A procedures as established by the lead agency for a child with documented diagnosis or with suspected delays.

Documentation Review

- Service Coordination progress notes
- Ongoing assessment reports
- Physician documentation
- Family Survey
- Part C Evaluation
- Voluntary Family Assessment

Indicators (Compliance rating)

1. Results documented in the Part C E/A report (to determine eligibility) include:
 - Medical statement or overall health status of child
 - Physician’s (initials) signature on documented diagnostic report
 - % of delay expressed as > 25% and second procedure confirmation; development in five domains including vision and hearing, is indicated statement of eligibility
 - Dates of evaluation
 - Use of native language or other appropriate mode of communication (if indicated)
 - Names and credentials of all evaluators
2. Family Survey results indicate that families understand that their participation in the family assessment is voluntary.
3. The Family Assessment contains the following information:
 - Family identified concerns
 - Family identified priorities for addressing these concerns
 - Family identified strengths and resources
 - Natural routines of the family
 - Face to face interview with eligible family
4. Barriers and changes in procedures are identified when evaluations have not been provided in a timely manner.
5. Documentation indicates the program provides ongoing assessment(s) that reflect the child’s progress, current level of development and/or continued eligibility.

COMPONENT VI: INDIVIDUALIZED FAMILY SERVICE PLAN

EXPECTATION: Service Coordinator and/team develop and implement an IFSP or interim IFSP to address the individual needs of the child and family, which meets criteria set forth in the federal regulations.

Documentation Review

- Interim IFSP
- Individualized Family Service Plan
- Family Survey
- Program Self-Assessment
- GIFTS Database
- Service Coordination progress notes
- Therapy/Consultant progress notes

Indicators (Compliance rating)

- ___ 1. Interim IFSP contains:
 - Documentation of eligibility
 - Documentation of immediate need for early intervention services
 - Parental consent
 - Name of service coordinator
 - Plans to complete evaluation and assessment
- ___ 2. Required participants' attendance is documented by initials (and dates) of team members on the Planning Team page.
- ___ 3. All appropriate team members including evaluators are documented on the Planning Team page.
- ___ 4. Program staff arranges for the Evaluation and Assessment personnel to participate in the IFSP meetings by planning and scheduling conveniently or by arranging an evaluator's representation through written reports.
- ___ 5. The service coordinator provides family with a copy of the completed IFSP.
- ___ 6. IFSPs are reviewed in a timely manner (6-month, annual) or there is documentation of exceptional circumstances.
- ___ 7. Collaborative service providers from other agencies are provided a copy of the IFSP.
- ___ 8. Family Survey results and Self-Assessment indicate that families are encouraged communicate their concerns, are treated with respect, and feel they are full partners on the team.
- ___ 9. Family strengths and resources are written as identified and described by the family and are initially based on the results of the voluntary family assessment.
- ___ 10. Family concerns and priorities are written as identified and described by the family and are initially based on the voluntary family assessment.
- ___ 11. Family defined outcomes and services are linked to identified family concerns.
- ___ 12. Services and supports are appropriate to meet the needs of the child and family.
- ___ 13. Early intervention services are initiated as soon as possible after the IFSP is developed (i.e., 30 days).
- ___ 14. Individuals responsible for services and supports are qualified to meet the individual needs of the child and family.
- ___ 15. The IFSP reflects individualization of services to meet the unique needs of the child with no generalized patterns of service delivery evident.
- ___ 16. Family evaluates the impact of services and supports on the child and family for each period review of the IFSP.
- ___ 17. Service Coordinator assists families in developing revised outcomes or procedures when progress has been determined unsatisfactory.
- ___ 18. Service providers/consultants submit timely progress notes that reflect activities related to the outcomes on the IFSP.
- ___ 19. Early intervention services are provided in natural environments based on the routines of the family.
- ___ 20. Services are appropriately justified when they are not provided in the identified natural environment of the family with a justification statement.
- ___ 21. The parent has signed the IFSP.
- ___ 22. Service coordinator and team activities reflect culturally competent practices that respect the diversity of children and their families.
- ___ 23. Service coordination notes are sufficient to reflect adequate contacts with families.
- ___ 24. The IFSP reflects community-based supports and activities that may be accessed by families for the support of the child and family.
- ___ 25. Documentation is evident that the program is informing physicians regarding services by sending the "Dear Physician" letter after the IFSP is written. A copy of the "Dear Physician" letter is in the records.

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

Selection of Programs for Monitoring: The AEIS PAR process incorporates all programs and all eligible families in an ongoing manner. Provider Appraisal Reviews are arranged on a date that is mutually convenient for DEI staff, the agency EI liaisons, the service coordination provider and the program. Subsequent dates will be arranged based on the results of the preceding PAR. New programs must be associated with AEIS for a minimum of five years before becoming eligible for a three-year certificate. First-year programs must participate in a PAR for two consecutive years. Following the second consecutive PAR, a program is eligible to receive a two-year certificate. It is therefore expected that a newly established program with AEIS will participate in three PARs over a five-year period of time. (*For a complete description of the PAR process, see Indicator 9.*)

Baseline Data for SFY 2005 (2004-2005):

| SFY 04 Total Referrals from 10/01/03 through 09/30/04: | SFY 04 Over 45 Days without Exceptional Circumstances | SFY 04 Over 45 Days with Exceptional Circumstances |
|--|---|--|
| 3850 | 231 or (6%) | 38 or (1%) |
| SFY 05 Total referrals from 10/01/04 through 9/30/05 | SFY 05 Over 45 Days without Exceptional Circumstances | SFY 05 Over 45 Days with Exceptional Circumstances |
| 4286 | 183 or (4%) | 137 or (3%) |

| Indicator 7 | Baseline Data |
|--|---------------|
| 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. Measurement: 4103 infants/toddlers with E/A and IFSP within 45 days divided by 4286 total referrals = 96% | 96% |

Discussion of Baseline Data:

Through the process of technical assistance and monitoring, providers have shown improvement in the documentation of exceptional circumstances which resulted in a change in data from 94% in 2004 to 96% in 2005. Providers are more accurately reflecting this information in the GIFTS data system. AEIS will continue to provide technical assistance and monitoring to ensure continued improvement in this area.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|---|------------------|--|
| 1. Strengthen state monitoring process for EI programs related to the 45-day timeline.* | 2006 | <ul style="list-style-type: none"> • GIFTS web-based system. • PAR process and reports |
| 2. Use the PAR process and/or GIFTS system to determine compliance with evaluation/assessment, IFSP components, including exceptional circumstances, and IFSP meetings called at the request of parents.* | 2006 | <ul style="list-style-type: none"> • Collect baseline data from new PAR reporting category (i.e., Family Survey results below 90%) to establish trend data per fiscal agent for targeted technical assistance and systems change. |
| 3. Require initial and in-depth comprehensive training (Journey I and II) to all AEIS service coordinators on the evaluation/assessment, IFSP processes and family-focused intervention.* | 2006 | <ul style="list-style-type: none"> • CSPD • AEIS PAR monitoring staff |
| 4. Evaluate quarterly percentages and target specific service coordinators who do not meet 45 day timeline to provide individualized technical assistance. | 2006 | <ul style="list-style-type: none"> • AEIS state staff • GIFTS • Program and staff supervisors |
| 5. Maintain 90% or greater of eligible families surveyed within each FY that indicate effectiveness of service coordination. | 2007 | <ul style="list-style-type: none"> • PAR Family Survey • EI program staff |
| 6. Review a variety of options to accomplish evaluations and assessments in a timely manner to meet the 45 day timeline more effectively.* | 2007 | <ul style="list-style-type: none"> • AEIS staff • ICC subcommittees |
| 7. Provide more indepth training on evaluation and assessment tools statewide.* | 2006, 2007, 2008 | <ul style="list-style-type: none"> • AEIS special project • State/federal funding |
| 8. Offer free access to all CSPD training activities on recommended practice in evaluation/assessment, teaming and IFSP processes in an accessible manner for all providers statewide via web, free workshops/trainings, and hard copies of materials (Journey trainings, SIG trainings, EI/Preschool Conference).* | 2010 | <ul style="list-style-type: none"> • Personnel Subcommittee of the ICC • CSPD • State/federal funding |
| 9. New Improvement Activity for SFY 07: Gather exceptional circumstance data on the 45-day timeline manually through PAR monitors as they review records. | 2007 | <ul style="list-style-type: none"> • PAR monitors • EI providers |
| 10. New Improvement Activity: Analyze trend data from the previous 6 years and plan new strategies targeting areas of identified. | 2011 | <ul style="list-style-type: none"> • AEIS staff |
| <p>11. The classroom style special instruction cluster training will be replaced by an online training format called the Special Instruction Webinar.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> • Develop a partnership with higher education for utilizing distance learning technology. • Develop/adapt the Special Instruction Cluster Training as a distance learning webinar. • Implement the webinar training for use by service providers statewide <p>MEASUREMENT</p> <ul style="list-style-type: none"> • Cooperative agreement between an IHE and AEIS. • Development of distance learning Special Instruction webinar. • Enrollment in webinar classes by AEIS providers. | 2009 | <ul style="list-style-type: none"> • AEIS state staff • IHE • Funding to support implementation of webinar training |

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

| New Improvement Activities for SFY 2010 | Timelines | Resources | Justification |
|---|-------------------|---|--|
| 1. Develop a new method of sharing compliance and general EI information through a Q/A document entitled “EI Update”. | 10/1/09 – 9/30/10 | <ul style="list-style-type: none"> • AEIS Monitoring staff | Ongoing communication regarding compliance and EI information will enhance achievement of OSEP indicators. This document will be disseminated to all EI programs, including administrators, service coordinators, therapists, and other program staff. Providers may submit questions to be included in the EI Update. |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|-------------|--|---|
| 1. (SAME AS INDICATOR 1) Follow up, TA, and training will be delivered to Direct Service Providers to ensure that the Vital Message methodology is understood and consistently being implemented. | 2011 - 2013 | <ul style="list-style-type: none"> • AEIS staff • Training materials • Direct service providers | New improvement activity added to ensure compliance with Indicator 7. |
| 2. (SAME AS INDICATOR 1) Draft recommendations for developing a network of trainers/mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice. | 2011 | <ul style="list-style-type: none"> • Personnel Subcommittee | New improvement activity added to ensure compliance with OSEP indicators and best practice. |
| 3. (SAME AS INDICATOR 1) Developing and implement the network of trainers/ mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice. | 2012, 2013 | <ul style="list-style-type: none"> • Personnel Subcommittee • District councils • AEIS staff • Higher education • ICC | New improvement activity added to ensure compliance with OSEP indicators and best practice. |

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

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- a) IFSPs with transition steps and services;
- b) Notification to LEA, if child potentially eligible for Part B; and
- c) Transition conference, if child potentially eligible for Part B.

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

Data Source:

Data to be taken from monitoring or State data system.

Measurement:

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

Account for untimely transition conferences, including reasons for delays.

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

IFSP Transition Plans: Service Coordinators discuss transition with families prior to the child turning 30 months of age, but AEIS expects all families to have a transition plan in place by the child’s 30th month of age and this expectation is monitored through the PAR process. The PAR Handbook addresses compliance with transition planning as follows:

COMPONENT VII: TRANSITION PRACTICES

Expectation: Service Coordinator assists families in developing a written transition plan by 30 months to prepare them for a seamless and smooth transition at age 3 to Part B services or other community placement option.

Documentation Review:

- Transition Plan
- Service Coordination notes
- GIFTS Database
- Referral Cover Letter
- Early Intervention Student Referral Form

Indicators (Compliance Rating)

- ___ 1. A written transition plan is developed for each child by 30 months of age.
- ___ 2. Target dates for each goal are accurately reflected.
- ___ 3. Plan reflects that service coordinator provides family information regarding their future placement options at age three including Part B programs, community child-care settings, home care, etc.
- ___ 4. Plan reflects that service coordinator provides family with training about the process of transition, other related issues, and existing opportunities for community inclusion, which includes providing parents with a copy of the “Red Book” (Services for Alabama’s Children with Disabilities, Ages Birth through Five).
- ___ 5. Plan reflects that family is afforded the opportunity to prepare their child for changes in service delivery and adjustments to new settings (e.g. visiting pre-school setting).
- ___ 6. Plan reflects that family is afforded the opportunity to discuss other activities that could facilitate a smooth transition (e.g. for other community settings, remaining in home).
- ___ 7. Plan reflects that family is afforded the opportunity to convene and discuss transition with a community provider and/or LEA personnel in an effort to facilitate a smooth transition.
- ___ 8. Plan reflects that family evaluates the success of transition goals at regularly scheduled reviews or at least prior to transition at age 3 (on exit from AEIS).

___ 9. The *Early Intervention Student Referral Form* is sent when appropriate at 30 months to the Local Education Agency (LEA), with parent written permission and copied for the record.

___ 10. A cover letter for the *Early Intervention Student Referral Form* expresses the intent of Part C to refer the child for consideration of Part B services and clearly invites the Part B representative to attend a transition discussion with the family prior to 33 months (90-day meeting).

___ 11. The service coordinator documents follow-up contact with the LEA regarding the 90-day meeting. This may be accomplished by one of the following and documented in service coordination notes: (1) a direct acknowledgement from the LEA or (2) direct contact by the service coordinator in follow-up phone call or letter to confirm appropriate meeting date.

Notification to LEA: Part C Service Coordinators send an *Early Intervention Student Referral Form*, when appropriate, at 30 months of age to the Local Education Agency (LEA), with parent written permission. A cover letter for the *Early Intervention Student Referral Form* expresses the intent of Part C to refer the child for consideration of Part B services and clearly invites the Part B representative to attend a transition discussion with the family prior to 33 months (90-day meeting). The service coordinator subsequently documents follow-up contact with the LEA regarding the 90-day meeting in their service coordination notes.

Transition Conference: Part B has made systemic changes to monitor and impact the number of LEA representatives participating in transition planning. The State Department of Education (Part B) has a required form used by LEA representatives documenting their participation in transition planning meetings. These meetings cannot occur unless all parties are present, including the LEA representatives.

Transition workshops are routinely provided for professionals and families to ensure an understanding of roles, responsibilities, and federal/state requirements in the transition process. One of the trainers for these transition workshops is an advocate and parent for the Alabama Protection and Advocacy Program. Some participants are required to attend as a result of monitoring findings.

- Number of LEA representatives attending joint Part C/Part B Transition Workshops during SFY 05 = 88

The state Comprehensive System of Personnel Development (CSPD) consistently provides training and opportunities for dialog on state/federal requirements and recommended practice in transition. Content on transition is included in the foundational training required of all service coordinators (i.e., Journey through Early Intervention in Alabama) and the state's monitoring system provides for individualized transition training based on needs identified through technical assistance visits and formal PAR monitoring. The Alabama EI/Preschool Conference also addresses transition issues each year. The conference is jointly sponsored by Part C and Part B, and families are supported in attending the conference by the Parent Training and Information Center (PTI) for Alabama

- Number of LEA representatives attending the 2004 Alabama Early Intervention and Preschool Conference = 80; Number LEA representatives attending the 2005 Alabama Early Intervention and Preschool Conference = 110.
- Number of families in attendance at the 2004 Alabama Early Intervention and Preschool Conference = 148; Number families attending the 2005 Alabama Early Intervention and Preschool Conference = 96.

Additional transition training opportunities have occurred through collaboration with other state organizations. The Partners in Policymaking of Alabama (PIPA), an advocacy-training program for families of children with disabilities, includes transition training in its curriculum. Beyond training workshops, regular dissemination of information about transition issues is used to ensure that individuals and families involved in transition planning are trained. Families transitioning to Part B are given copies (by both Part B and Part C) of the publication Services for Alabama's Children with Disabilities, Ages Birth Through 5 as required by Part B and C. This publication, developed jointly by Part B and C, is also available in English and Spanish, is available on the AEIS website, and is disseminated at training workshops and upon request. AEIS has collaborative partnerships with other organizations in the state

(i.e., Special Education Action Committee, Alabama Disabilities Advocacy Program) that are responsible for training and supporting families regarding transition issues.

AEIS has a process in place enabling the EI and 619 Coordinators to address specific transition issues for immediate resolution. In addition, District staff members collaborate with LEA representatives in order to expedite transition services and address any local issues. District Coordinating Council membership includes LEA representatives who are encouraged to attend meetings. AEIS and Part B also collaborate on the development and implementation of a Family Transition Survey that evaluates each family’s perception of the transition process and that enables improvements to be made in the process where necessary. In addition, data from this Transition Survey is used in preparing for and/or revising the content of the Transition Training provided jointly by Part C and Part B.

Baseline Data for FFY 2005 (2004-2005):

Baseline data was derived from PAR monitoring data representing 17 programs monitored during SFY 2005. The AEIS PAR process incorporates all programs and all eligible families in a three year monitoring cycle. Programs receive a one, two, or three-year certificate depending on the level of compliance determined during a PAR monitoring review. Although the level of certification determines which programs will be monitored during any fiscal year, other red flags or concerns may prompt a monitoring review prior to their regularly scheduled PAR.

| Indicator 8 | Baseline Data |
|---|---------------|
| <p>A. Percent of children exiting Part C who have an IFSP with transition steps and services.</p> <p>Measurement: 104 records with transition steps/services divided by 118 total records reviewed = 88%</p> | <p>88%</p> |
| <p>B. Percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred.</p> <p>Measurement: 98 records with notification to the LEA divided by 99 total records = 99%</p> | <p>99%</p> |
| <p>A. Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred.</p> <p>Measurement: 91 records where transition conference occurred divided by 99 total records = 92%</p> | <p>92%</p> |

Discussion of Baseline Data:

For programs with records found to be out of compliance, corrective action plans have been developed. A complete description of these corrective actions can be found under Indicator 9 of this report.

During the 2005 monitoring cycle, a total of 118 transition records were reviewed. The additional 19 records, not reflected in B. and C. of the chart above, were records that did not involve transition to Part B or that were not due for transition conferences. The following is a summary of their review:

- 8 records -- transition meetings were scheduled to occur in FY 06.
- 6 records -- the parent changed their mind about the referral to the LEA after initially agreeing to the transition meeting or the parent did not attend the scheduled transition meeting.
- 1 record -- the parent did not respond to attempted contacts with the EI program following referral to the LEA.
- 1 record -- the family moved out of state prior to the scheduled date for the transition meeting.
- 1 record -- the family was advised that the child was not eligible for the LEA prior to the transition meeting.
- 2 records -- the parent chose not to refer the child to the LEA.

For the SPP, EI programs that were monitored during SFY 2005 were requested to submit data regarding the occurrence of transition planning meetings. Of the 17 programs monitored, one program (i.e., Families, Babies, Learning and Playing) was still in the process of reviewing their data at the time of this report. Overall, of the 99 transition plans reviewed, 91 completed their transition conferences.

Baseline data for this indicator was derived from the transition plans of programs monitored during SFY 2005 which represented one group of programs out of all programs monitored over a three year cycle. In order to get more of a statewide perspective on transition, AEIS has developed an activity that would increase the number of plans reviewed each year.

The following chart reflects the results of PAR transition monitoring.

| | Programs Monitored | Conferences Conducted | Conferences Required | Reason Why LEA and Family Did Not Meet |
|-----|--|------------------------------|-----------------------------|--|
| 1. | Talladega AIDB | 2 | 2 | ----- |
| 2. | Mobile AIDB | 6 | 6 | ----- |
| 3. | Birmingham AIDB | 6 | 6 | ----- |
| 4. | Burton Dev. Center | 5 | 5 | ----- |
| 5. | Families, Babies, Learning and Playing | 1 | 5 | Data in 4 records still pending |
| 6. | Goodwill-ES Gulf Coast | 10 | 10 | ----- |
| 7. | HEAR Center | 1 | 1 | ----- |
| 8. | Marshall/Jackson MRB | 3 | 3 | ----- |
| 9. | RISE | 3 | 3 | ----- |
| 10. | South Central AL MHB | 6 | 6 | ----- |
| 11. | TODD's Club/CCCDD | 5 | 5 | ----- |
| 12. | UCP Mobile Special Delivery | 6 | 6 | ----- |
| 13. | UCP Washington/Clarke | 6 | 6 | ----- |
| 14. | UCP Pike/Macon/Bullock | 4 | 7 | Program did not explain (1); No EI follow-up (1); Meeting not yet held due to family transportation problems (1) |
| 15. | Vivian B. Adams | 5 | 6 | Late referral by program on one record |
| 16. | Community Services Programs | 14 | 14 | ----- |
| 17. | Children R Us | 8 | 8 | ----- |
| | | 91 | 99 | |

The following historical and trend data was used to assist in determining the measurable and rigorous targets:

| Report on Infants and Toddlers Exiting Part C Programs (2004-2005) | |
|---|------|
| Total Number of Infants and Toddlers Exiting | 2089 |
| Completion of IFSP prior to reaching maximum age for Part C | 307 |
| Part B eligible | 944 |
| Not eligible for Part B, exit to other programs | 80 |
| Not eligible for Part B, exit with no referrals | 53 |
| Part B, eligibility not determined | 203 |

Measurable and Rigorous Targets:

| SFY | Targets |
|------------|----------------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |

| SFY | Targets |
|------|---------|
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|------------------------------------|--|
| 1. Increase the number of transition plans reviewed annually to get a more representative statewide sample in order to monitor compliance with this indicator.* | 2006 | <ul style="list-style-type: none"> PAR monitoring process GIFTS data system |
| 2. Continue to provide transition training jointly to Part B and C providers and parents in response to their identified needs. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> SER data for Part B and Part C IFSP review Family evaluation of transition plans regarding whether outcomes have been met. GIFTS web-based system |
| 3. Continue to actively involve parents in IFSP transition planning and appropriately inform them about Part B parental rights and responsibilities during transition planning. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> AEIS service coordinators PAR monitoring process |
| 4. Strengthen the PAR standard for compliance under the transition component. | 2006 | <ul style="list-style-type: none"> PAR process PAR monitors |
| 5. Analyze transition feedback by families via surveys and forums in order to target specific areas and to determine if there are systemic, agency-specific patterns of transition issues needing action.* | 2007 | <ul style="list-style-type: none"> AEIS Family Survey Part C and 619 Coordinator Southeast Research, Inc. SEAC and ADAP data |
| 6. Identify staff person to monitor transition activities, especially all areas requiring 100% compliance. | 2007 2010 | <ul style="list-style-type: none"> AEIS staff GIFTS data system PAR data Transition survey data |
| 7. Collaborate with Part B to address transition concerns such as eligibility evaluations during transition from C to B, LEA responses to Part C referrals, and other issues as identified.* | 2008 | <ul style="list-style-type: none"> Part C and 619 Coordinator Family Forums SEAC and ADAP data |
| 8. New Improvement Activity for SFY 07: Increase the number of preschool/LEA participants at the annual Early Intervention and Preschool Conference. | 2007 | <ul style="list-style-type: none"> EI/Preschool Conference Planning Committee AEIS staff SDE staff |

| Activities | Timelines | Resources |
|--|--|---|
| 9. New Improvement Activity for SFY 07: Hold meetings with the Alabama Department of Education to discuss the possibility of data compatibility between the two systems | 2007 | <ul style="list-style-type: none"> • AEIS staff • SDE staff |
| 10. New Improvement Activity for SFY 07: Revise the GIFTS data system to require specific transition information to be entered prior to the closing of child's case. | 2007 | <ul style="list-style-type: none"> • Computer services division • GIFTS |
| 11. New Improvement Activity: Increase activities in linking with specific LEAs in solving transition issues. | 2011 | <ul style="list-style-type: none"> • AEIS staff • LEAs • SDE staff |
| <p>12. New Improvement Activity for SFY 09: AEIS will update the procedural safeguard forms so that parents may formally sign their refusal to refer their child to the LEA based on final Federal regulations. Alabama's procedural safeguard forms are currently found in the Alabama Administrative Code which has a formal process for revisions to occur. Alabama has been waiting for final Federal regulations for Part C before going through the timely, costly process of making revisions to the Code (i.e., public hearings, publicizing proposed changes, ADRS Board approval, etc).</p> <p>Revised Improvement Activity for SFY 09: Alabama's "Opt Out" Policy will be developed, included in the state's Part C application, and disseminated throughout the state.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> • Review examples of "opt out" policies from other states for use as a template. • Develop written "opt out" policy and "Opting out of LEA Notification" documentation form for parental signature. • Submit written "opt out" policy for public comment. • Include written "opt out" policy in Alabama's Part C Application. <p>MEASUREMENT</p> <ul style="list-style-type: none"> • Completion of written "opt out" policy included in Part C Application. | <p>2009 10/1/08 through 5/4/09 (due date for Part C Application)</p> | <ul style="list-style-type: none"> • AEIS staff • ICC • Public comment process |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2010 | Timelines | Resources | Justification |
|--|------------------|--|--|
| Schedule meeting(s) with SDE data managers to ensure continued collaboration for smooth transition from Part C to Part B, including data compatibility | 1/1/10 – 9/30/10 | <ul style="list-style-type: none"> • AEIS state staff • SDE 619 and data staff | Continued discussion and collaboration between Part C and Part B will ensure ongoing data capability and smooth transitions. |

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|-------------------------|--|--|
| <p>1. (SAME AS INDICATOR 1) Draft recommendations for developing a network of trainers/mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice.</p> | <p>2011</p> | <ul style="list-style-type: none"> • Personnel Subcommittee • | <p>New improvement activity added to ensure compliance with OSEP indicators and best practice.</p> |
| <p>2. (SAME AS INDICATOR 1) Developing and implement the network of trainers/ mentors available in local districts to help ensure consistency statewide in meeting service delivery requirements and best practice.</p> | <p>2012, 2013</p> | <ul style="list-style-type: none"> • Personnel Subcommittee • District councils • AEIS staff • Higher education • ICC | <p>New improvement activity added to ensure compliance with OSEP indicators and best practice.</p> |
| <p>3. Continue collaboration and partnership with SDE to ensure understanding of updated policies from both B and C.</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • AEIS staff • SDE staff | <p>New activity to ensure compliance with Indicator 8</p> |

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

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)

Data Source:

Data to be taken from State monitoring, complaints, hearings and other general supervision system components. Indicate the number of EIS programs monitored using different components of the State’s general supervision system.

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.

States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

The Lead Agency, Alabama Department of Rehabilitation Services (ADRS), is responsible for the general administration as well as supervision and monitoring of compliance for service coordination agencies and programs providing services under IDEA, Part C.

Some of the methods utilized in general supervision include the following:

- | | |
|--------------------------|-----------------------------------|
| Data System | Sanctions and Enforcement |
| Data Verification | Review of Policies and Procedures |
| Desk Audits | Personnel Development |
| Record Reviews | Stakeholder Involvement |
| Technical Assistance | Public Reporting |
| On-site Monitoring (PAR) | Dispute Resolution |
| Action Plans | |

General supervision components utilized by Alabama’s Early Intervention System (Alabama’s Part C Program) are interrelated, one feeding the other so that the effectiveness of service delivery can be ensured. For instance, results from PAR (Provider Appraisal Review) and audits are utilized in the development and revision of CSPD training activities, in the monitoring and updating of Personnel Standards and personnel development requirements, in the review and revision of AEIS policies and procedures, and in the implementation of sanctions and/or enforcement activities. The GIFTS data (i.e., data from the AEIS web-based data system) is used in the PAR system’s on-site reviews of records and program service delivery, in the review and development of policies and procedures, and in the resolution of complaints. Stakeholder input (e.g., state agencies, local providers, and families) via the ICC, ICC subcommittees and District Coordinating Councils guides such initiatives as policy development, revisions to the data system, revisions to the PAR system, and personnel development. The Comprehensive System of Personnel Development trains staff in the implementation of federal and state regulations. Outreach materials outlining system requirements and family rights are used routinely throughout the child and family’s involvement within the system, and the family survey provides families with an opportunity to provide feedback on whether services have been provided as required. Overall, this interrelated system of monitoring, training, and feedback provides for checks and balances to ensure compliance with state and federal regulations.

There are certain components of the General Supervision System that are specific to performance and compliance with state and federal regulations. These components, which facilitate focused monitoring and improvement in performance, include technical assistance, on-site record reviews (PAR), action plans and sanctions.

PAR Monitoring Process: The following administrative methods are utilized by the Lead Agency's Division of Early Intervention (DEI) to provide continuous improvement monitoring to agencies and programs that fall under the supervision and monitoring of Alabama's Early Intervention System. This process includes technical assistance (TA) and a Provider Appraisal Review (PAR) to insure compliance with Part C regulations and to insure appropriate and timely services to eligible infants and toddlers and their families. (*The complete Provider Appraisal Review Handbook can be found on the AEIS website, <http://www.rehab.state.al.us> under Early Intervention Services, publications.*)

TECHNICAL ASSISTANCE

The purposes of technical assistance are to:

- Respond to requests for information or concerns.
- Assess technical assistance needs of personnel.
- Familiarize Division staff and liaisons with the service coordination and program services and the environment in which they operate.
- Review past PAR results or Action Plans.

Technical Assistance may entail (but not limited to) any combination of the following:

- Annual onsite record review (required annually).
- In-service provided by Division staff based on identified needs of the program or the Division.
- Onsite discussions/review with personnel based on previous site visits, video or telephone conferencing or written inquiries.
- Contact with personnel via video/teleconference, phone, or e-mail.

Onsite visits and teleconferencing will be arranged on a date that is mutually convenient for the Division staff, agency liaisons and program personnel. Technical Assistance will be scheduled twice annually or more frequently as requested or needed by a program. Collaborative agency liaisons may also provide additional technical assistance to programs when requested by the program.

PROVIDER APPRAISAL REVIEW

The Provider Appraisal Review (PAR) is one of the several monitoring tools that focus on program effectiveness and improving outcomes for infants and toddlers and their families. Additionally, the process insures that federal and state requirements under Part C of IDEA are met and that family safeguards are insured. Technical Assistance and Provider Appraisal Review teams will consist of DEI staff and contracting agency personnel acting as liaisons. Other participants may be requested as needed. A Provider Appraisal Review (PAR) will be conducted on an individually scheduled basis with service coordination and provider agencies.

The PAR Report process entails the synthesis of all relevant information reported for a program's model of services and supports to eligible families in AEIS. It includes activities conducted by the assigned monitor and the program. The following activities are included: Pre-PAR Activities and Checklist, Program Self-Assessment, Family Survey, Public Awareness Documentation, DCC Assessment and GIFTS Database. If an informal family or other concern has been noted by the AEIS State Office, appropriate documentation will be reviewed to clarify any related issues and make recommendations if needed.

The emphasis of the monitoring process will be accountability and quality of services and supports to families that help them achieve outcomes for families and their children. The PAR process will:

- Provide valuable and comprehensible results for future programmatic planning
- Provide for continuous cycle of assistance for programmatic improvement
- Evaluate quality of program services
- Determine programmatic compliance with federal and state regulations
- Be data driven

- Be in accord with AEIS self assessment reports to the Office of Special Education (OSEP)
- Address identified strategies in the Annual Performance Report Plan (APR)
- Relate directly to staff training and utilization
- Outline realistic consequences and/or sanctions based on program performance
- Value each program's unique perspective on providing services to diverse communities

Specifically, the site reviews will insure that:

- Appropriate early intervention services are being afforded, accessed, and implemented for all Part C eligible infants and toddlers and their families
- Early intervention services are designed to meet the individual developmental needs of each eligible infant and toddler and their families
- Families' needs as they relate to enhancing children's development are addressed
- Service coordination and program strengths are acknowledged and expectations that warrant commendation or additional technical assistance are noted
- Components and indicators of service delivery are rated relative to full, partial- or noncompliance for Part C regulations
- An action plan will be clearly indicated for indicators or components found to be in partial compliance or out of compliance status

The PAR handbook was revised in SFY 03 to take effect in SFY 04 as per Improvement Plan requirements. Baseline data has been collected and the system for reporting data on the new PAR indicators is being developed. This new reporting system, once operational, will impact the ability to make year-to-year comparisons. The PAR revisions largely involved a new scoring system (earned ratings based on "weighted" scores for each component-indicator had different values) for programs under review in all component areas. Clearer criteria were established for program staff earning component ratings of "Compliance", "Partial-Compliance", and "Non-Compliance". New indicators were added as a result of the Improvement Plan and APR process. These indicators focused on the following:

- Documentation that families are provided with a description of all available services upon their entry into the Child Find System.
- Improved documentation of dates of activities corresponding to timelines specified under Child Find.
- Clearer guidelines of expectations from the Voluntary Family Assessment.
- Improved identification of any barriers or changes in procedures when evaluations are not provided in a timely manner.
- Increased expectations for documenting how programs provide ongoing assessments to confirm continued eligibility, the intent being to provide up-to-date information about a child's current development.
- Improved documentation of how families and collaborative team members receive copies of the IFSP.
- Evidence that the Family Assessment information is utilized effectively and appropriately to develop a family-focused plan.
- Increased documentation that families are advised about the process of problem resolution and the mediation process and required distribution at the IFSP of the Parents' Concerns Fact Sheet to all families, which identifies specific state office personnel who address concerns not resolved at the program level.
- Requirement that the IFSP includes information about community resources identified by team members and evaluation of the corresponding result in the Family Survey, which asks families what new resources they have learned about from the service coordinator.
- Clarification of new transition planning steps with the addition of several new indicators including one that focuses on the service coordinator following up on the Part B referral within 10 days. This has clarified where breakdowns in communication occurred in regions, districts, etc. and helped identify specific strategies for improved communication.
- Improved documentation that families were receiving the AEIS Eligible Families Guide.
- Documentation that information about the IFSP is provided to primary physicians with parent permission.
- Improved documentation that all personnel were participating in required CSPD training.
- Required submission of pre-PAR materials to AEIS monitoring team earlier than before to allow the Family Survey team more time to reach as many families as possible.

Pre-PAR Materials

All programs scheduled for PAR are required to submit various documents six weeks in advance of the PAR date. These document formats are provided in the PAR Handbook. Documentation that the program has completed their pre-PAR activities is evident when all pre-PAR materials are received in the state office (See Chart C in Sequenced Procedural Charts and Pre-PAR Checklist).

• Pre-PAR Lists

The following should be submitted as a package six weeks prior to the PAR (See Chart C in Sequenced Procedural Charts):

- Pre-PAR Information Checklist (includes verification that families are notified of survey)
- Listing of Personnel Providing Part C Services and Qualifications (include copies of current licensure, completed certificates and/or diplomas for all service providers, e.g. certificate of cluster completion for Special Instructors, diplomas for conditional Special Instructors, PT license.
- Paraprofessionals Personnel List (include High School, GED, or post-high school diplomas)
- Listing of Infants/Toddlers and Families Being Served
- Program Self-Assessment
- Sample Copy of IFSP if not utilizing state format found in this handbook

• Program Self-Assessment

Programs have the opportunity to participate fully in the monitoring cycle through TA and pre-PAR activities. Service coordinators and providers submit an assessment of the level and quality of services and supports offered to infants and toddlers and their families. The self-assessment is completed through a question and answer format provided in the PAR document and submitted with pre-PAR materials. This report provides valuable documentation regarding a program's support system for families' participation throughout their eligibility period under AEIS. Programs are asked to respond to questions related to services and supports such as: evaluation, assessment of children's development, IFSP services and supports, procedural safeguards, collaborative community-based efforts and District Council activities and information provided to families.

To insure that assessments are correctly interpreted, the self-assessment should be submitted in a professional format and mailed with all other pre-PAR materials (Pre-PAR forms can be accessed by contacting the state monitor and having them sent via e-mail attachment). The questions can be answered by one assigned team member or by several team members; it is the decision of the program staff. Responses are reviewed by the assigned state monitor and reflected by a rating of indicators (score or no score). Comments on creative supports and exceptional practices will be documented in the narrative portion of a component on the final PAR Report. Thus, *complete* responses are very important in the process.

• Family Survey

To insure that families have an opportunity to provide valuable and unbiased information in the monitoring process, a confidential Family Survey is implemented for every program in a monitoring cycle. Programs are required to mail a notification to families one to two weeks prior to submitting the pre-PAR list of Infants and Toddlers to the State Office. The *“Dear Parent Letter”* is included in the Handbook materials and can be verified (initialed) on the pre-PAR Cover Checklist. This action insures that decision-making at the state and local level is based on an analysis of all relevant sources including families. The Family Survey targets families' perspectives on service coordination, service delivery, community-based supports, plan development, procedural safeguards and the level of information provided to families about opportunities for participation in council activities.

Results of the Family Survey assist AEIS in identifying program strengths, systemic issues and “red flag” indicators that warrant further review or change. Families also have an opportunity to inform the program and AEIS about preferences for workshops or other supports and services that may be of interest to them. The ultimate goal of the Family Survey is to determine the family's satisfaction with their provider's ability to enhance or increase their family's capacity to meet their child's

developmental challenges through successful functional outcomes. Family information on the Survey is integrated into the PAR Report (based on the category of question). Any indicator rating on the Family Survey below 90% must be addressed on the Action Plan (but *may* result in only a recommendation rather than a “partial-“ or “non-compliance” rating).

Strengths on the Family Survey are considered a significant part of the PAR Report and will be reflected in the narrative portion of each appropriate component. The Family Survey additionally provides information that may not have a corresponding indicator on the PAR Document, but is considered valuable in terms of family interests or concerns. The information may result in further discussion or recommendations in the PAR report.

• **Public Awareness, Training and Family Support**

Public Awareness (PA), Training (T) and Family Support (FS) activities are outreach initiatives to the general public, primary referral sources and families that heighten awareness of Child Find and the availability of early intervention services and supports. It is expected that Early Intervention Programs and district councils will coordinate outreach and support efforts with each other locally. They are expected to use DEI approved materials, including materials available from the AEIS website at www.rehab.state.al.us/ei.

Service providers are just one part of the overall outreach effort. Documentation of outreach activities by service providers are required and reflected in the Public Awareness, Training and Family Support component of the PAR Report. There are no requirements for the number of activities that must be submitted, but programs should demonstrate collaboration with the Councils and participation in outreach activities in their communities and districts. The appropriate reporting form for these outreach activities is included in the PAR Handbook. Documentation of the number of various activities are tabulated and recorded in the PAR Report.

• **GIFTS (Giving Infants, Families and Toddlers Support) Database**

GIFTS data system was created to compile relevant data about referrals, eligibility, plan services, transition, and other Child Find information. It also quantifies data by county and district to identify trends and support strategies for collaborative service planning and is reported in the Federal Child Count Report each year. An analysis of GIFTS data is provided to the Financial Planning Subcommittee of the ICC, which informs the legislature regarding early intervention services.

A review of the database for the infants and toddlers served in a program is completed when the infant/toddler list is submitted with other pre-PAR materials. The focus of the review is exceptional circumstances, individualization of services for eligible children, utilization of community supports (non-EI services that may be accessed by families) and documentation of reviews. Other pertinent information may also be obtained during the review and compared to information from family surveys. The final PAR report will reflect any recommendations based on the results of the overall review of which GIFTS is an integral part.

• **District Coordinating Council Assessment**

District Coordinating Councils (DCC) assess early intervention service needs on the community level. Council members meet to share information about what services are needed in local communities and collaborate to develop strategies for addressing those needs. The Councils provide opportunities for programs to identify barriers or gaps in Part C services and to have input in seeking resolutions. As partners in AEIS, programs are expected to participate in discussions and strategies that promote, enhance or expand the delivery of services to eligible families. These collaborations are monitored and documented through the Councils by: minutes of Council meetings, participation on Council Committees, sharing creative supports that programs have developed for families, and strategizing for future family opportunities to be involved. A local District Council representative will provide the DCC assessment information. The assessment is based on actual documentation of a program's participation in Council activities. This assessment information will be just one of the tools utilized to rate specific indicators in the DCC Component. Other DCC Component input comes from the Family Survey.

PROGRAM CERTIFICATION

Provider Appraisal Reviews will be arranged on a date that is mutually convenient for DEI staff, the agency EI liaisons, the service coordination provider and the program. Subsequent dates will be arranged based on the results of the preceding PAR.

New programs must be associated with AEIS for a minimum of five years before becoming eligible for a three-year certificate. First-year programs must participate in a PAR for two consecutive years. Following the second consecutive PAR, a program is eligible to receive a two-year certificate. It is therefore expected that a newly established program with AEIS will participate in three PARs over a five-year period of time.

- A one-year certification implies that activities of the service coordination and program staff reflect partial compliance or non-compliance with the majority of the components. Non-compliance with an indicator(s) that assures the legal implementation of IDEA may also be cause for finding programs in general as in partial compliance or non-compliance. Significant efforts will be required to bring the program into full compliance. Certification will not be issued until the program has completed a plan of action for any component found to be in Non-compliance.
- A two-year certification implies that activities of the service coordination and program staff reflect full compliance with the majority of the components. No more than two components are found to be in partial compliance. No components are found to be in non-compliance. Minimal effort from staff is required to bring specific deficiencies into full compliance.
- A three-year certification implies that activities of the service coordination and program staff reflect full compliance with implementation of all components. In addition, the service coordination and program staff demonstrates exceptional efforts and best practices to enhance services to infants, toddlers and families with accompanying documentation.

AEIS reserves the option to conduct a PAR at *any time during a certificate cycle* based on a series of family complaints for service delivery issues, unresolved programmatic issues (including staffing concerns) or other issues which could impact services to families or affect procedural safeguards. If any component is found to be out of compliance during a subsequent review (TA visit, Record Review, etc.), AEIS reserves the right to revoke an extended certification while a program Action Plan that addresses the deficit is in effect. The program does have an opportunity to resolve the issue within a specified timeframe set out in the Action Plan. For any program that is revoked for an extended certification (two- or three-year), the program will be expected to participate in a PAR the following year to insure compliance in all areas.

PROVIDER APPRAISAL REVIEW RATINGS

There are fourteen targeted areas for which information is obtained and reviewed for the Provider Appraisal Review. These components are established in the federal regulations and have been incorporated into the AEIS PAR Document entitled “Components”. Each Component has an associated expectation, a target baseline for all programs.

Each component may be approved following a review of materials or be rated on individual compliance with specified indicators clearly identified in each component. Indicators are statements of those actions or policies that are implemented by a program on behalf of eligible families.

Any of the *following three components* are in compliance when a review of information by the monitors warrants approval (see checklist page for certification of these components):

- Data Collection
- Health, Safety, Sanitation and Emergency Procedures
- Facility Materials and Equipment

The following 11 Components will be rated based on the results of the cumulative review of individual records of infants and toddlers, public awareness documentation, the Family Survey, Program Self-Assessment and the DCC Assessment and/or other important documentation relevant to the program:

- State Eligibility
- Central Resource Directory
- Public Awareness, Training and Family Supports
- Comprehensive Child Find
- Evaluation/Assessment/Non-Discriminatory Procedures
- Individualized Family Service Plan (IFSP)
- Transition Practices
- Comprehensive System of Personnel Development (CSPD)
- Personnel Standards
- Procedural Safeguards
- ICC/DCC Participation

Components are rated as in “Compliance”, “Partial Compliance” and “Non-Compliance”. Indicators have been assigned a weighted value in relation to federal and state regulations and required procedures and policies. Some indicators are considered to bear more weight in the implementation of federal regulations (i.e. adhering to 45-day timeline) while others describe performance-based activities (i.e. documentation of procedures).

If program personnel have successfully accomplished activities or tasks described in expectations and indicators, *full credit* is given for the indicator. Indicators do not receive partial credit. While the successful completion of each component activity is expected, a review of a single record with an omission will not result in a partial- or non-compliance rating.

The cumulative score for all indicators within a component is then derived and the component is determined to be in compliance, in partial-compliance or in non-compliance. The status of each component is based on the following results:

- Component ► Weighted Total 90-100% ► Compliance
- Component ► Weighted Total 80-89% ► Partial Compliance
- Component ► Weighted Total <80% ► Non-compliance

PAR PREPARATION

Program personnel should insure that all records are complete. Records will be reviewed *as presented* on the date of the PAR. For programs serving 20 children or fewer, all records will be reviewed at the PAR. For programs serving 21 or more children, no less than 20 records but at least 33% of the numbers indicated in the pre-PAR information will be reviewed. Program personnel are responsible for arrange for adequate space and time for the PAR. For large programs, the PAR may require additional days and monitors for completion. Program personnel will be notified in advance if additional arrangements should be made.

SEQUENCED PROCEDURAL CHARTS

The Sequenced Procedural Charts are provided as information about the sequence of activities and associated timelines for program staff and the Division of Early Intervention (DEI) staff. These charts reflect steps to be taken sequentially first by the DEI staff during and following the PAR (Charts A. and B.) and then sequentially for the agency staff prior to, during and following the PAR (Charts C., D. and E.)

The Sequenced Procedural Charts are outlined in the following order:

- Chart A. Procedures for the DEI staff during the PAR
- Chart B. Procedures for the DEI staff after the PAR
- Chart C. Procedures for the Service Coordination/Program staff prior to the PAR
- Chart D. Procedures for the Service Coordination/Program staff during the PAR
- Chart E. Procedures for the Service Coordination/Program staff after the PAR

The timelines for each step are very specifically outlined for both the agency and the DEI staff. These guidelines are meant to facilitate the completion of a smooth and efficient Provider Appraisal Review and are intended to clarify pre-PAR and PAR responsibilities.

SANCTIONS

If a determination is made that a service coordination provider and/or service provider is not in compliance for three consecutive years, sanctions may be imposed. Sanctions may also be imposed for any program failing to address the recommendations as indicated in the Plan of Action. These sanctions include:

1. Repayment of misapplied federal and state funds. This includes funds that are utilized for Part C but not in accordance with federal and state regulations.
2. Withholding state and federal funds until corrective action is taken to insure Part C compliance.
3. Cancellation of a program contract.

PAR REPORT

The Provider Appraisal Review Report is developed in three sections:

Section I. The *Summation of Provider Appraisal Review* form documents the overall rating within each component and the final recommendation for length of certification (*Administration, Supervision and Monitoring Methods Utilized for Service Coordinators and Providers of Services Under Part C .in the PAR Handbook*).

SAMPLE PAR FORMS FOR SECTION I: SUMMATION OF PROVIDER APPRAISAL REVIEW

___ # Charts Reviewed with IFSPs ___ # Charts Reviewed for Ineligible Status
 ___ % Current Caseload (___ # Total Program Records)

Rating: Compliance, Partial Compliance, Non-Compliance

| COMPONENTS | RATING |
|---|--------|
| I. State Eligibility | |
| II. Central Resource Directory | |
| III. Public Awareness, Training and Family Support | |
| IV. Comprehensive Child Find System | |
| V. Evaluation and Assessment/Non- Discriminatory Procedures | |
| VI. Individualized Family Service Plan | |
| VII. Transition Practices | |
| VIII. Comprehensive System of Personnel Development | |
| IX. Personnel Standards | |
| X. Procedural Safeguards | |
| XI. ICC/DCC Participation | |

| | |
|--|-----|
| Check if Data Reviewed and Approved: | |
| Data Collection | ___ |
| Health, Safety, Sanitation, and Emergency Procedures | ___ |
| Facility, Materials, and Equipment | ___ |

Based on the cumulative of component ratings, this program will be awarded a ___-year certificate. The next PAR will be scheduled for FY ____.

Section II. The *Plan of Action* summarizes specific program actions that are recommended to improve and/or increase compliance for identified practices. Each recommendation for action includes a target date for compliance and a reference to the component discussed. The AEIS Monitor will validate completion of the action plan.

SAMPLE PAR FORMS FOR SECTION II: PLAN OF ACTION

The monitoring team and program personnel have mutually agreed that the following plan of action when completed will increase compliance with required activities or procedures. Details can be reviewed in the comments section of each component.

| Monitor Initial | Target Date | Component Reference | Action |
|-----------------|-------------|---------------------|--------|
| | | | |

The following are recommended actions for areas of needed improvement as a result of the Family Survey results. Items do not warrant a rating of partial or non-compliance.

| Monitor Initial | Target Date | Family Survey Indicator | Recommended Action |
|-----------------|-------------|-------------------------|--------------------|
| | | | |

SECTION III

Information about specific component indicators that demonstrate a strong to weak range of performance from this program can be reviewed in the *Written Compliance Document* (Components I-XII).

The remaining sections of the PAR are too lengthy to insert into this cluster report, but are available upon request from the AEIS state office. The current PAR manual is available on the AEIS website at www.rehab.state.al.us/ei.

OSEP Priority Areas and associated PAR Indicators are as follows:

- 1. Timely Manner = **PAR VI.12 (IFSP)** Early intervention services are initiated as soon as possible after the IFSP is developed (i.e., within 30 days of IFSP development or of when the service is added to the plan. [100%]
- 2. NE = **PAR VI.19 (IFSP)** Early intervention services are provided in natural environments based on the routines of the family.
- 3. Outcomes = **PAR XI.4** Entry/Exit Data Form for Outcomes Summary are included in children’s records and submitted in a timely manner.
- 4a. Family Rights = **PAR Family Survey Table 3-A** (Question 2a: Do you feel you understand your rights as found in the Early Intervention Child and Parents Rights Form?)
- 4b. Fam. Comm. Needs = **PAR Family Survey Table 2-A** (Question 4: How would you rate your service coordinator for following up on any concerns that you might have had? Question 5a: How would you rate your service coordinator for locating support groups and/or resources for you and your child?) **Table 12-A** (Question 12: How would you rate the people at your EI Program who are helping your child and family when it comes to listening to you? Question 13: How would you rate the people at your EI Program who are helping your child and family when it comes to having respect for you and your family?) **Table 13-A** (Question 14a: How would you rate your EI Program in terms of making you feel like you are part of the team that plans the services for your child and family? Question 14b: How would you rate your EI Program in terms of your phone calls being returned promptly?)
- 4c. Fam. Help Child = **PAR Family Survey Table 20-A** (Question 18b2: How would you rate your EI experience when it comes to helping your family’s ability to improve or enhance your child’s development?)
- 5/6. Percent Served = **PAR IV.4 (Child Find)** The program staff will implement appropriate Child Find procedures for referrals with local primary referral sources.
- 7. 45 Days = **PAR IV.1 (Child Find)** The program will document that for eligible children, an evaluation and assessment and subsequent IFSP are completed within the required 45-day timeline. [100%]
- 8a. Transition Plan = **PAR VII.1 (Transition)** A written transition plan with appropriate target dates and steps is developed for each child by 30 months of age or at earliest date possible. [100%]
- 8b. Notify LEA = **PAR VII.7 (Transition)** Notification to the LEA is completed, which informs Part B receiving the child and invites them to convene a Transition Planning Meeting prior to 33 months or at the earliest date possible. [100%]
- 8c. Transition Conf = **PAR VII.8 (Transition)** The service coordinator documents arrangements or barriers to convening the Transition Planning Meeting with the LEA. [100%]

Baseline Data for State FY 2005:

Table for #9A

| Monitoring Priority: Effective General Supervision Part C | | |
|--|--|---|
| Indicator | Measurement Calculation | Explanation |
| <p>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.</p> <p>A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:</p> <p>c. # of findings of noncompliance made related to monitoring priority areas and indicators.</p> <p>d. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p> | <p>a = 6</p> <p>b = *</p> <p>b/a = *</p> | <p>* All programs with areas of noncompliance are on target for making corrections, but are still within the one year timeframe as per their corrective action plan (see details of baseline data below). 100% of the programs with areas of noncompliance during FY 2004 completed corrections within one year or less as per their corrective action plans.</p> |

Table for #9B

| Monitoring Priority: Effective General Supervision Part C | | |
|--|---|---|
| Indicator | Measurement Calculation | Explanation |
| <p>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.</p> <p>B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <p>a. # of findings of noncompliance made related to such areas.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p> | <p>a = 15</p> <p>b = *</p> <p>b/a = *</p> | <p>* All programs with areas of noncompliance are on target for making corrections, but are still within the one year timeframe as per their corrective action plan (see details of baseline data below). 100% of the programs with areas of noncompliance during FY 2004 completed corrections within one year or less as per their corrective action plans.</p> |

The following 2005 PAR data outlines compliance in areas related to OSEP priorities and non-OSep priorities. OSEP priority areas fall within a variety of PAR components, therefore two data charts are provided: one specific to the OSEP priority areas and one pertaining to compliance with overall PAR components.

| Program Compliance pertaining to OSEP and non-OSEP Priority Areas | | | | |
|---|--|---|--|-----------------------------------|
| | Programs Monitored During SFY 2005 | (A) Noncompliance in OSEP priority areas | (B) Noncompliance in areas not an OSEP priority | Level of AEIS Certificate Awarded |
| 1. | AIDB – Talladega | -- | -- | 2 year |
| 2. | AIDB – Mobile | -- | -- | 3 year |
| 3. | AIDB – Birmingham | -- | -- | 3 year |
| 4. | Burton Developmental Center | -- | -- | 2 year |
| 5. | Families, Babies, Learning and Playing | -- | 4 | 2 year |
| 6. | Goodwill – ES Gulf Coast | -- | -- | 3 year |
| 7. | *HEAR Center | -- | -- | 1 year |
| 8. | Marshall/Jackson MRB | -- | -- | 3 year |
| 9. | RISE | -- | -- | 2 year |
| 10. | South Central AL MHB | -- | -- | 3 year |
| 11. | TODD's Club/CCCDD | -- | -- | 3 year |
| 12. | UCP Mobile Special Delivery | -- | -- | 3 year |
| 13. | UCP Washington/Clarke | -- | -- | 3 year |
| 14. | UCP Pike/Macon/Bullock (BB) | 4 | 4 | 1 year |
| 15. | Vivian B. Adams | 1 | 7 | 1 year |
| 16. | Community Services Programs | -- | -- | 3 year |
| 17. | Children R Us | 1 | -- | 1 year |
| | TOTAL | 6 | 15 | |

* Indicates new program only eligible for 1 year certificate.

| Program Compliance pertaining to overall PAR Components | | | | | | | | | | | | |
|---|-------|-------|----------------|-----|----|-----------|------|----|----|--------|-------|-------|
| PAR Component | TOTAL | | | CRS | | | AIDB | | | DMH/MR | | |
| | C | PC | NC | C | PC | NC | C | PC | NC | C | PC | NC |
| I. State Eligibility | 17 | | | 5 | | | 4 | | | 8 | | |
| II. Central Directory | 17 | | | 5 | | | 4 | | | 8 | | |
| III. Public Awareness Program | 16 | 1 VBA | | 5 | | | 4 | | | 7 | 1 VBA | |
| IV. Comprehensive Child Find System | 17 | | | 5 | | | 4 | | | 8 | | |
| V. Evaluation and Assessment | 17 | | | 5 | | | 4 | | | 8 | | |
| VI. IFSP | 14 | 1 F/B | 2 BB/ VBA | 4 | | 1 BB | 4 | | | 6 | 1 FB | 1 VBA |
| VII. Transition Practices | 14 | | 3 CRU/ BB/ VBA | 3 | | 2 CRU/ BB | 4 | | | 7 | | 1 VBA |
| VIII. CSPD | 17 | | | 5 | | | 4 | | | 8 | | |

| Program Compliance pertaining to overall PAR Components | | | | | | | | | | | | |
|---|------------|-------------|----------|-----------|-----------|----|-----------|----|----|-----------|-------------|----------|
| PAR Component | TOTAL | | | CRS | | | AIDB | | | DMH/MR | | |
| | C | PC | NC | C | PC | NC | C | PC | NC | C | PC | NC |
| IX Personnel Standards | 17 | | | 5 | | | 4 | | | 8 | | |
| X. Procedural Safeguards | 16 | 1 VBA | | 5 | | | 4 | | | 7 | 1 VBA | |
| XI. Data Collection | 15 | 1 Burton | 1 VBA | 5 | | | 4 | | | 6 | 1 Burton | 1 VBA |
| XII. ICC/DCC Participation | 16 | 1 RISE | | 4 | 1 RISE | | 4 | | | 8 | | |
| Health, Safety, Emergency Procedures | PASS 17 | | | PASS 5 | | | PASS 4 | | | PASS 8 | | |
| Facility, Materials, Equipment | PASS 17 | | | PASS 5 | | | PASS 4 | | | PASS 8 | | |

An explanation of the ratings for components in FY 05 PARS (Partial Compliance or Non-Compliance) is as follows:

CRS Program #1: (RISE) Partial Compliance: DCC/ICC Participation

Recommended Action: Program staff will provide information consistently to the DEIC for Council collaboration and attend at least 2 meetings annually for this district's Council.

Follow-up/Scheduled Return: January 12, 2006 (has not yet occurred)

CRS Program #2: (Children R Us) Out-of-Compliance: Transition

3/9 Transition plans reviewed were completed late due to faulty calculations for target dates.

Recommended Action: All plans in future will be completed by target dates and referrals made appropriately. All calculations are to be done by using a calculator.

Follow-up/Scheduled Return: February 27, 2006 (not yet occurred)

CRS Program #3: (UCP Pike/Bullock/Macon) Out of Compliance: IFSP; Transition

Recommended Action: Service coordinator will complete the following actions in regard to indicators found out of compliance in the IFSP and Transition components: (1) consistently provide families with a copy of IFSP and document the date this is done (2) assure that services are initiated as soon as possible after the IFSP is written (3) assure that service providers submit timely documentation to service coordinator to document their activities per plan (4) will develop adequate service coordination notes to reflect activities on behalf of family (5) service coordinator will assist families with information related to community supports and resources (6) assure that when services are not provided in natural environments, appropriate justifications are indicated on plan and that parents will not be expected to bear the weight of transportation costs. (7) assure transition plans will be completed by target date at 30 months or as soon as possible after child's entry into the program and (8) assure that transition plans will include all appropriate steps in transition for that child.

Follow-up/Scheduled Return: November 29, 2005

AIDB Programs Out of Compliance/Non-Compliance in Any Components: NONE

DMH/MR Program #1: (Burton) **Partial Compliance: Data Collection**

Recommended Action: High staff turnover has created more than usual delays. Administration will instruct departing service coordinators how to end detail lines so that correct and updated information can be entered.

Follow-up/Scheduled Return: A Desk Audit was scheduled to be conducted May 05 to ensure complete/accurate data was entered. A desk audit completed mid-May 05 revealed all corrected information had been entered so that plan information was complete. Monitor will continue to follow up.

DMH/MR Program #2: (Families and Babies) **Partial Compliance: IFSP**

Recommended Action: The service coordinator will: (1) assure, for 6 month and annual reviews, that IFSPs are written on time and that the data is added to the database (2) assure that service providers submit timely documentation to service coordinator to document their activities per plan (3) will develop adequate service coordination notes to reflect activities on behalf of family (4) service coordinator will assist families with information related to community supports and resources.

Follow-Up/Scheduled Return: January 9, 2006 (not yet occurred)

DMH/MR Program #3: (Vivian B. Adams) **Out of Compliance: IFSP; Transition; Data Collection**
Partial Compliance: Public Awareness; Procedural Safeguards

Recommended Action: Service coordinator will complete the following actions in regard to indicators found out of compliance in the IFSP and Transition components: (1) Submit timely outreach activity forms regarding public awareness, training, family support activities (2) conduct 6-month and annual reviews in a timely manner (3) document exceptional circumstances when 6-month and annual reviews are not conducted in a timely manner (4) provide collaborative team members a copy of the IFSP and document this (5) develop adequate service coordination notes to reflect activities on behalf of family (6) avoid generalized patterns for service delivery (i.e. all children receive same service) (7) have families evaluate their plan outcomes (8) inform physicians regarding services (with family permission) using the “Physician letter” rather than the IFSP (9) begin transition planning by age 30 months unless required to do so when child is enrolled later than 30 months (10) Complete Release of Information forms (11) utilize the Notice of Intent form when required (12) enter data as required (13) service coordinator will assist families with information related to community supports and resources.

Extensive technical assistance has been provided during this FY 05 and additional TA is planned for FY 06 to ensure future compliance. This program was provided an opportunity to continue services on a conditional basis for 60 days. At the end of this period, these indicators will be reviewed for resolution. If acceptable progress has been made at the end of 60 days, a 1-year certificate may be awarded and another PAR completed in FY 06 with expectations that the program will be in full compliance with the components discussed here.

Follow-Up/Scheduled Return: January 9, 2006 (not yet occurred)

Discussion of Baseline Data:

Historical information, as reflected in the previous APR and the baseline data provided above, demonstrates the strength of the PAR process as indicated by a high level of compliance by Alabama’s EI providers with state and federal regulations. Any partial or noncompliance issues are dealt with immediately.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |

| SFY | Targets |
|------|---------|
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|---|--|
| <p>1. Ensure continued compliance by analyzing and sharing an overview of the FY PAR survey, the PAR monitoring results and a summary of concerns from the previous year's PAR with the ICC, fiscal agent liaisons, and the public to:</p> <p>(a) Target areas for emphasis in monitoring and technical assistance during the next fiscal year, including required personnel training activities.</p> <p>(b) Evaluate and enhance the PAR process.</p> <p>(c) Annually review and revise the AEIS Family Survey, as appropriate, to measure an understanding of various components of parental rights.</p> <p>(d) Evaluate and utilize in the PAR process those survey responses that were lower than 90% (or less than the previous year's results).*</p> <p>(e) Review program data, aggregate statewide data, and trend data as a checks and balances system to ensure accuracy of reported data.</p> <p>(f) Provide year to year comparison data to the public on PAR survey results.</p> <p>(g) Report PAR results to the public on an annual basis.</p> | <p>2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013</p> | <ul style="list-style-type: none"> • ICC • PAR reports • Supervision/monitoring staff (including agency liaisons) • GIFTS data • Website • SER survey • Develop a post-PAR questionnaire for each program upon completion of their PAR monitoring to gather information on all components of AEIS and whether the program received the support they needed pertaining to each component. Share the results with the PP&E subcommittee of the ICC for development of an action plan. • TA to programs |
| <p>2. Ensure family input in order to monitor quality of AEIS components.</p> | <p>2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013</p> | <ul style="list-style-type: none"> • Partnerships with organizations like SEAC (PTI), ADAP (P & A), Annual EI/Preschool Conference Forum, MCH, Alabama Autism Society, United Cerebral Palsy, ARC, etc. |

| Activities | Timelines | Resources |
|---|---|---|
| <p>3. Assure that personnel in the following categories who are delivering services through AEIS are qualified to do so: Pre-service; In-service; Vendors: Contracted program staff</p> | <p>2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013</p> | <ul style="list-style-type: none"> • PAR • CSPD plan and training • Personnel Subcommittee of the ICC • Collaborative relationship with disciplinary licensing boards • Personnel standards • Vendor application packet |
| <p>4. Ensure that PAR results are retrievable from an electronic data system to identify statewide program trends in PAR component areas needing technical assistance. Revision statement: Due to other agency priorities within the Computer Services Division, the projected completion date for the following activity will exceed SFY 2011. Therefore the following activity will be revisited in the next SPP cycle</p> | <p>2010</p> | <ul style="list-style-type: none"> • PAR reports |
| <p>5. <u>New Improvement Activity for SFY 07:</u> For programs receiving Family Survey ratings less than 90% on any one particular item, AEIS state monitors will require that an action plan be submitted within 30 days. The action plan will be accepted when the monitor is satisfied that the strategy will likely result in an increase. Results will be monitored by AEIS state monitors and agency liaisons on an ongoing basis.</p> | <p>2007</p> | <ul style="list-style-type: none"> • PAR Monitors • Agency Liaisons • EI Providers |
| <p>6. <u>New Improvement Activity for SFY 07:</u> AEIS will develop and make available to the public Early Intervention Program report cards (AEIS Program Profiles). The report cards will address the public reporting requirement and will assist in making determinations as per OSEP requirements.</p> | <p>2007</p> | <ul style="list-style-type: none"> • AEIS staff • Computer services division • GIFTS |
| <p>7. <u>New Improvement Activity for SFY 07:</u> Make Personnel Standard enhancements requiring 16 hours of continuing education every two years for personnel with no certification or licensure requirement for continuing education.</p> | <p>2007</p> | <ul style="list-style-type: none"> • ICC Personnel Subcommittee • Personnel Standards |
| <p>8. <u>New Improvement Activity:</u> Review effectiveness of public access to program profiles and make procedural changes as needed.</p> | <p>2011</p> | <ul style="list-style-type: none"> • AEIS staff • AEIS providers/programs • Stakeholders |
| <p>9. Continue to revise the PAR process as guidance is given from OSEP and input from EI state office staff based on analysis of the previous</p> | <p>2009</p> | <ul style="list-style-type: none"> • AEIS state staff • OSEP guidelines • Previous monitoring results |

| Activities | Timelines | Resources |
|---|-----------|-----------|
| <p>monitoring year.</p> <p>IMPLEMENTATION STEPS</p> <ul style="list-style-type: none"> Review PAR process and PAR manual to determine need for revisions (including those stated under Indicator 3 above). <p>MEASUREMENT</p> <ul style="list-style-type: none"> Documentation of results from PAR process/manual review. Revised PAR process/manual as appropriate. | | |

*Based on feedback from SPP Stakeholders, families at the 2005 Family Forum, and participants at the 2005 EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|-------------------------|--|--|
| <p>1. Continue utilizing program profiles in program monitoring</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> AEIS staff APR GIFTS data Program profiles | <p>New activity to ensure compliance with Indicator 9.</p> |
| <p>2. Continue to ensure compliance by analyzing and sharing an overview of the FY PAR survey, the PAR monitoring results and a summary of concerns from the previous year’s PAR with the ICC, fiscal agent liaisons, and the public to:</p> <p>(a) Target areas for emphasis in monitoring and technical assistance during the next fiscal year, including required personnel training activities.</p> <p>(b) Evaluate and enhance the PAR process.</p> <p>(c) Annually review and revise the AEIS Family Survey, as appropriate, to measure an understanding of various components of parental rights.</p> <p>(d) Evaluate and utilize in the PAR process those survey responses that were lower than 90% (or less than the previous year’s results).*</p> <p>(e) Review program data, aggregate statewide data, and trend data as a checks and balances system to</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> ICC PAR reports Supervision/monitoring staff (including agency liaisons) GIFTS data Website SER survey Develop a post-PAR questionnaire for each program upon completion of their PAR monitoring to gather information on all components of AEIS and whether the program received the support they needed pertaining to each component. Share the results with the PP&E subcommittee of the ICC for development of an action plan. TA to programs | <p>Continuation of activity to ensure compliance with Indicator 9.</p> |

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|-------------------------|---|--|
| <p>ensure accuracy of reported data.</p> <p>(f) Provide year to year comparison data to the public on PAR survey results.</p> <p>(g) Report PAR results to the public on an annual basis.</p> | | | |
| <p>3. Continue to ensure family input in order to monitor quality of AEIS components.</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • Partnerships with organizations like SEAC (PTI), ADAP (P & A), Annual EI/Preschool Conference Forum, MCH, Alabama Autism Society, United Cerebral Palsy, ARC, etc. | <p>Continuation of activity to ensure compliance with Indicator 9.</p> |
| <p>4. Continue to assure that personnel in the following categories who are delivering services through AEIS are qualified to do so: Pre-service; In-service; Vendors: Contracted program staff</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • PAR • CSPD plan and training • Personnel Subcommittee of the ICC • Collaborative relationship with disciplinary licensing boards • Personnel standards • Vendor application packet | <p>Continuation of activity to ensure compliance with Indicator 9.</p> |
| <p>5. (Same as Indicator 1) Increase communication and host meeting with fiscal agents and local providers to determine barriers to timely service delivery and services in natural environments in identified geographic areas and develop strategies for improvement.</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • AEIS staff • Fiscal agents • Local providers | <p>New improvement activity added to ensure compliance with Indicator 9.</p> |

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

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)

Data Source:

Data collected on Table 4 of Information Collection 1820-0678 (*Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act*).

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

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

There are procedures in the Alabama Administrative Code for any complaint investigations, mediations, and due process hearings to be investigated/conducted and corrective actions to be implemented in a timely manner. As of this reporting period, there have been no disputes.

Alabama’s Procedures for Complaints

Who can make a complaint?

- An individual or organization that believes a provider has violated a federal law or regulation.

How is a complaint made?

- By writing the Commissioner of ADRS, Attention: EI.
- The complainant must identify him/herself.
- Provide a child’s name, if applicable.
- Name the provider and law believed to be violated.
- The specific acts pertaining to the complaint.
- Description of the efforts on the local level to resolve the issue(s).

What’s next?

- The Commissioner assigns a state level EI staff person to investigate the complaint.
- The provider is notified of the complaint (who complained and why).
- The provider has 30 days to provide ADRS with a resolution, plan of action or statement of position.
- ADRS/EI will review the response and implement follow-up procedures to verify the complaint has been resolved.
- An on-site investigation may be a verification procedure.
- A letter of finding shall be sent to the provider. The letter will reflect whether the provider did violate a law and, if needed, technical assistance or corrective actions to achieve compliance.
- The entire process will be completed within 60 days unless the ADRS Commissioner grants an extension.

Information Gathering: AEIS has many methods for gathering information related to AEIS concerns throughout the state. Concerns that arise through these channels are remediated through targeted technical assistance, CSPD training activities, and ICC or Subcommittee actions. The complete process is found in the Alabama Administrative Code. A full copy is provided at each procedural safeguard training.

Prevention and Resolution of Concerns: The Assistant Part C Coordinator has established a system for gathering issues and concerns through telephone contact, letter, or email. Concerns that are identified

through this mechanism are remediated through technical assistance activities, contact with the service coordinator, and/or the provision of information.

A partnership with the Special Education Action Committee and the Alabama Disabilities Advocacy Program has been developed. Data exchange occurs annually and is compiled with AEIS information to determine top issues and concerns by families.

Service coordinators review the Child and Parent Rights with families upon their initial entry into the system and at various points during the delivery of services. Through the PAR process, service coordinator notes are reviewed and files are checked for a signed copy of the Child and Parent Rights form indicating that the service coordinator has reviewed the information with the family. In addition, through the PAR process, documentation is reviewed pertaining to the family receiving the AEIS Eligible Family Guide and Parent Concerns Fact Sheets. Revisions were made in the PAR Family Survey during FY 03 to better determine families' understanding of their rights.

A summary of the established mechanisms within Alabama's Early Intervention System for preventing and/or resolving issues and concerns is as follows:

- 1) Formal complaint resolution process established in the Alabama Administrative Code.
- 2) Informal complaint resolution process (i.e., contact with the Assistant Part C Coordinator).
- 3) Informational letter sent to all AEIS families outlining how and to whom issues and concerns can be expressed (i.e., AEIS Parent Concern Fact Sheet). This mechanism is monitored during the PAR process.
- 4) Linkage on the AEIS website for registering concerns or complaints with the state office and access to EI specialists through the toll free number.
- 5) Independent advocacy organization collaboration (The Special Education Action Committee and the Alabama Disabilities Advocacy Program provide workshops through the AEIS District Coordinating Councils and the ICC on a variety of advocacy topics including child/parent rights and transition. In addition, there is a linkage to these organizations on the AEIS website – www.rehab.state.al.us/ei).
- 6) Concerns identified from families during the PAR survey that are brought to the attention of the EI program administrator for resolution. All concerns have been resolved through PAR monitoring and technical assistance.
- 7) PAR monitoring reviews.
- 8) District Coordinating Council family involvement committees and training activities.
- 9) Revisions of training content to cover areas of concern.
- 10) TAP parents (i.e., family resource contacts) available for families in all districts.
- 11) AEIS Eligible Family Guides providing an overview of the procedural safeguard process in a family-friendly manner.
- 12) Annual Family Forum where families are invited and encouraged to bring issues of concern and questions to the AEIS Coordinator and Assistant Coordinator.

Baseline Data for State FY 2005:

| Indicator 10 | Baseline |
|---|---|
| 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. | There were no signed written complaints during the baseline period. |

Discussion of Baseline Data:

Because of the 12 established mechanisms for resolving concerns throughout the state, there were no signed written complaints during the baseline period.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|------------------------------------|--|
| 1. Continue the formal tracking system for issues and concerns, and disseminate patterns of issues and concerns for use in PAR monitoring/technical assistance and CSPD planning. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> PA materials Procedural Safeguards training Dedicated staff for family concerns |
| 2. Continue the partnership with SEAC (the Parent Training and Information Center) and ADAP (the Protection and Advocacy Agency) in order to further identify systemic issues needing to be addressed. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> SEAC ADAP Families Family Forum |
| 3. Continue to maintain the current system of resolution of family concerns and questions to alleviate the need for a formal complaint to be rendered. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> Designated state staff ADRS legal council Continued dissemination of information to families |

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|------------------|--|---|
| 1. Continue the formal tracking system for issues and concerns, and disseminate patterns of issues and concerns for use in PAR monitoring/technical assistance and CSPD planning. | 2011, 2012, 2013 | <ul style="list-style-type: none"> PA materials Procedural Safeguards training Dedicated staff for family concerns | Continue improvement activity to ensure compliance with Indicator 10. |
| 2. Continue the partnership with SEAC (the Parent Training and Information Center) and ADAP (the Protection and Advocacy Agency) in order to further identify systemic issues needing to be addressed. | 2011, 2012, 2013 | <ul style="list-style-type: none"> SEAC ADAP Families Family Forum | Continue improvement activity to ensure compliance with Indicator 10. |
| 3. Continue to maintain the current system of resolution of family concerns and questions to alleviate the need for a formal complaint to be rendered. | 2011, 2012, 2013 | <ul style="list-style-type: none"> Designated state staff ADRS legal council Continued dissemination of information to families | Continue improvement activity to ensure compliance with Indicator 10. |

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

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)

Data Source:

Data collected on Table 4 of Information Collection 1820-0678 (*Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act*).

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

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

There are procedures in the Alabama Administrative Code for any due process hearings to be conducted and corrective actions to be implemented in a timely manner. As of this reporting period, there have been no disputes.

Alabama’s Due Process Procedures

Why would a due process hearing be requested?

- If the parent disagreed with the provider regarding identification, evaluation, early intervention placement, or provision of early intervention services.

Why can make the due process hearing request?

- Provider, parents, or designated representative.

How is a request made?

- By writing the provider and copying the Commissioner of Rehabilitation Services, Attention: Early Intervention

What has to be included in the request?

- Name of the provider involved in the dispute.
- Name, address and telephone number of the child, parents and their representatives.
- The specific reason for the request.
- Typed or printed name and signature of the person making the request.

How long does the hearing last?

- 45 calendar days unless there is an extension.

Information Gathering: AEIS has many methods for gathering information related to AEIS concerns throughout the state. Concerns that arise through these channels are remediated through targeted technical assistance, CSPD training activities, and ICC or Subcommittee actions. The complete process is found in the Alabama Administrative Code. A full copy is provided at each procedural safeguard training.

Prevention and Resolution of Concerns: The Assistant Part C Coordinator has established a system for gathering issues and concerns through telephone contact, letter, or email. Concerns that are identified through this mechanism are remediated through technical assistance activities, contact with the service coordinator, and/or the provision of information.

A partnership with the Special Education Action Committee and the Alabama Disabilities Advocacy Program has been developed. Data exchange occurs annually and is compiled with AEIS information to determine top issues and concerns by families.

Service coordinators review the Child and Parent Rights with families upon their initial entry into the system and at various points during the delivery of services. Through the PAR process, service coordinator notes are reviewed and files are checked for a signed copy of the Child and Parent Rights form indicating that the service coordinator has reviewed the information with the family. In addition, through the PAR process, documentation is reviewed pertaining to the family receiving the AEIS Eligible Family Guide and Parent Concerns Fact Sheets. Revisions were made in the PAR Family Survey during FY 03 to better determine families' understanding of their rights.

A summary of the established mechanisms within Alabama's Early Intervention System for preventing and/or resolving issues and concerns is provided in the Overview section for Indicator 10.

Baseline Data for FFY 2005:

| Indicator 11 | Baseline |
|---|--|
| Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. | There were no due process hearings during the baseline year. |

Discussion of Baseline Data:

Because of the 12 established mechanisms for resolving concerns throughout the state, there were no due process hearings during the baseline year.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|---|---|
| 1. Continue the multiple established mechanisms within Alabama's Early Intervention System for preventing and/or resolving issues and concerns as follows: a) Formal complaint resolution process established in the Alabama Administrative Code. b) Informal complaint resolution process (i.e., contact with the Assistant Part C Coordinator). c) Informational letter sent to all AEIS families outlining how and to whom | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> • Alabama Administrative Code • AEIS website • AEIS publications • District Coordinating Councils • CSPD plan • SEAC • ADAP |

| Activities | Timelines | Resources |
|---|-----------|-----------|
| <p>issues and concerns can be expressed (i.e., AEIS Parent Concern Fact Sheet and AEIS Eligible Family Guide). This mechanism is monitored during the PAR process.</p> <p>d) Linkage on the AEIS website for registering concerns or complaints with the state office and access to EI specialists through the toll free number.</p> <p>e) Independent advocacy organization collaboration (The Special Education Action Committee and the Alabama Disabilities Advocacy Program provide workshops through the AEIS District Coordinating Councils and the ICC on a variety of advocacy topics including child/parent rights and transition. In addition, there is a linkage to these organizations on the AEIS website – www.rehab.state.al.us/ei).</p> <p>f) Concerns identified from families during the PAR survey that are brought to the attention of the EI program administrator for resolution. All concerns have been resolved through PAR monitoring and technical assistance.</p> <p>g) PAR monitoring reviews.</p> <p>h) District Coordinating Council family involvement committees and training activities.</p> <p>i) Revisions of training content to cover areas of concern.</p> | | |

*Based on feedback from SPP Stakeholders, families at the Family Forum, and participants at the EI/Preschool Conference.

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|-------------------------|---|--|
| <p>1. Continue the multiple established mechanisms within Alabama’s Early Intervention System for preventing and/or resolving issues and concerns as follows:</p> <p>a. Formal complaint resolution process established in the Alabama Administrative Code.</p> <p>b. Informal complaint resolution process (i.e., contact with the Assistant Part C Coordinator).</p> <p>c. Informational letter sent to all AEIS families outlining how and to whom issues and concerns can be expressed (i.e., AEIS Parent Concern Fact Sheet and AEIS</p> | <p>2011, 2012, 2013</p> | <ul style="list-style-type: none"> • Alabama Administrative Code • AEIS website • AEIS publications • District Coordinating Councils • CSPD plan • SEAC • ADAP | <p>Extend improvement activity to ensure continued compliance.</p> |

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|-----------|-----------|---------------|
| <p>Eligible Family Guide). This mechanism is monitored during the PAR process.</p> <ul style="list-style-type: none"> d. Linkage on the AEIS website for registering concerns or complaints with the state office and access to EI specialists through the toll free number. e. Independent advocacy organization collaboration (The Special Education Action Committee and the Alabama Disabilities Advocacy Program provide workshops through the AEIS District Coordinating Councils and the ICC on a variety of advocacy topics including child/parent rights and transition. In addition, there is a linkage to these organizations on the AEIS website – www.rehab.state.al.us/ei). f. Concerns identified from families during the PAR survey that are brought to the attention of the EI program administrator for resolution. All concerns have been resolved through PAR monitoring and technical assistance. g. PAR monitoring reviews. h. District Coordinating Council family involvement committees and training activities. i. Revisions of training content to cover areas of concern. | | | |

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

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)

Data Source:

Data collected on Table 4 of Information Collection 1820-0678 (*Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act*).

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

Overview of Issue/Description of System or Process:

There are procedures in the Alabama Administrative Code for due process hearings to be conducted and corrective actions to be implemented in a timely manner. As of this reporting period, there have been no disputes.

Alabama Due Process Rights and Actions

What are the rights of the party requesting due process?

- To be accompanied and advised by counsel.
- To present evidence and confront, cross-examine, and compel the attendance of witnesses.
- To prohibit the introduction of any evidence at the hearing that was not disclosed 5 business days before the hearing.
- To obtain a written or electronic verbatim record of the hearing.
- To obtain written findings of fact and decision.
- To have the child present at the hearing.
- To open the hearing to the public.

What should a parent do?

- Request a hearing.
- Determine and disclose witnesses.
- Cooperate with the Hearing Officer.
- Inform the Hearing Officer of the parent’s decision regarding his/her rights to have the child present and to open the hearing to the public at least 5 calendar days prior to the hearing.
- Present the case.
- Comply with decision or appeal.

What should the provider do?

- Inform the parents of any free or low cost legal services.
- Provide the parents with a copy of the EI Child and Parents Rights form.
- Determine and disclose witnesses.
- Make the child’s record available.
- Provide for a court reporter and arrange for an interpreter as needed.
- Assume the burden of proof regarding the appropriateness of either the E/A or IFSP.
- Present the case.
- Abide by the decision or appeal.
- Provide payment for the Hearing Officer, court reporter and interpreter.

Who is the Hearing Officer?

- Cannot be an employee of a provider directly involved in the provision of Early Intervention services or any person having personal or professional interest which would conflict with his/her objectivity in a hearing.
- In Alabama, the Hearing Officers are attorneys.

What happens when it's all said and done?

- The Hearing Officer will send copies of the written decision to all parties and the Commissioner of ADRS.
- The Hearing Officer's decision is final, unless appealed.
- After deleting personally identifiable information, the decision will be shared with the ICC and the decision will be made available to the public.

Baseline Data for FFY 2005:

Not Applicable. Baseline data and targets are not due until the February 2007 APR. A tracking system for formal complaints will contain documentation of receipt of requests for hearings that went to resolution sessions that were resolved through resolution session settlement agreements.

Discussion of Baseline Data:

Not Applicable. Baseline data and targets are not due until the February 2007 APR.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---|
| 2005 | Since there have been no resolution sessions, Alabama is not required to set targets at this time. If Alabama reaches a benchmark of 10 mediations within a year, then targets will be set as required. |
| 2006 | |
| 2007 | |
| 2008 | |
| 2009 | |
| 2010 | |
| 2011 | |
| 2012 | |
| 2013 | |

Improvement Activities/Timelines/Resources:

Although activities are not yet required by OSEP, AEIS has identified an activity that would help in the pursuit of the targets.

| Activities | Timelines | Resources |
|---|-----------------|--|
| 1. Collect baseline data. | 2006 | <ul style="list-style-type: none"> • GIFTS data • PAR review process • 12 mechanisms for resolving concerns |
| 2. <u>New Improvement Activity for SFY 2007-2010:</u> Continue to maintain AEIS mechanisms for resolving concerns. | 2007-2010, 2011 | <ul style="list-style-type: none"> • AEIS staff |

*Based on feedback from SPP Stakeholders, families at the Family Forum, and participants at the EI/Preschool Conference

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|---|------------------|--|---|
| 1. Continue to maintain AEIS mechanisms for resolving concerns. | 2011, 2012, 2013 | <ul style="list-style-type: none"> • AEIS staff | Continue improvement activity to ensure compliance. |

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

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)

Data Source:

Data collected on Table 4 of Information Collection 1820-0678 (*Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act*).

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

Overview of Issue/Description of System or Process:

The complete process is found in the Alabama Administrative Code. A full copy is provided at each procedural safeguard training.

Alabama Mediation Procedures

When is mediation appropriate?

- When a provider and parent disagree on identification, evaluation, early intervention placement, or provision of appropriate EI Services.

Who requests mediation?

- The parent(s) or provider.

Is mediation required?

- No, it is an optional, voluntary process.

How is mediation requested?

- By writing the Commissioner of Rehabilitation Services, Attention: Early Intervention

Can both mediation and due process be requested?

- Yes, and mediation may not be used to delay a due process hearing.

Who conducts the mediation hearing?

- A qualified individual who has been trained in effective mediation techniques and shall be selected in a random manner or by agreement with the parents from a list of qualified individuals.

What are other mediation considerations?

- Any party in a mediation conference may utilize a representative when they believe such assistance would be helpful in resolving the issues.
- The mediation officer shall provide a written report to the parties with a copy to the Commissioner of Rehabilitation Services. The report shall become a part of the child's record.
- The provider will provide for payment of the Mediation officer, interpreter and any other costs or expenses incurred.

Baseline Data for FFY 2005:

| Indicator 13 | Baseline |
|--|---|
| Percent of mediations held that resulted in mediation agreements | There were no mediations held during the baseline year. |

Discussion of Baseline Data:

Because of the 12 established mechanisms for resolving concerns throughout the state, there were no mediations held during the baseline year.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|--|
| 2005 | Since there have been no mediations, Alabama is not required to set targets at this time. If Alabama reaches a benchmark of 10 mediations within a year, we will then set targets as required. |
| 2006 | |
| 2007 | |
| 2008 | |
| 2009 | |
| 2010 | |
| 2011 | |
| 2012 | |
| 2013 | |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|----------------------------------|---|
| 1. Revise the AEIS mediation procedures as per reauthorization of IDEA to reflect current regulatory requirements. | 2006 Continuation for 2007 | <ul style="list-style-type: none"> • AEIS legal division • OSEP templates |

*Based on feedback from SPP Stakeholders, families at the Family Forum, and participants at the EI/Preschool Conference.

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

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)

Data Source:

State selected data sources, including data from the State data system and SPP/APR.

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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator.

CANNOT BE LESS THAN 100%

Overview of Issue/Description of System or Process:

The ADRS Computer Services Division has reviewed the OSEP 618 reporting mechanism and has developed reports to comply with OSEP requirements. When inaccuracies are found as a result of communication with individual service providers, corrections are made in the data.

Security: The Part C Lead Agency, Alabama Department of Rehabilitation Services, has a computer services division that is required to comply with confidentiality standards and to work with the State Information Systems Department. Each individual user of the system is given a unique ID/password, and the ADRS Computer Services Department keeps track of and is responsible for all distribution of software. In addition, the Lead Agency provided training on HIPAA compliance and the Lead Agency Computer Services Division was responsible for assuring HIPAA compliance throughout the agency.

Baseline Data for SFY 2005:

| Indicator 14 | Baseline |
|--|--|
| (a) Data submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution) | All 618 data and APRs have been submitted on time (i.e., on or before the due date). |
| (b) Data is accurate (describe mechanisms for ensuring accuracy). | The accuracy of the data is verified through two mechanisms. First, during the PAR monitoring process information from GIFTS is compared against each child’s record to ascertain accuracy of data entered into the database. Secondly, Fiscal Agents pull reports from the database prior to each Financial Planning Subcommittee meeting of the ICC and identify inadequacies needing to be corrected. |

Discussion of Baseline Data:

Correspondence: AEIS sends out memorandums to providers as reminders of the December 1 child count, verification due dates, GIFTS releases from the ADRS Division of Computer Services, and instructions on various data collection requirements.

SPP Template – Part C (3)

Alabama (2-1-11 Revision)

Training: AEIS provides district training and technical assistance through telephone contact and on-site visits for data entry. Discipline-specific training is provided as requested by agencies for designated staff members. AEIS staff participates in national meetings related to data collection.

Data entry: GIFTS (i.e., web-based data system) desk audits are conducted as a result of PAR monitoring action plans to ensure compliance. Once inaccuracies are noted, AEIS Help Desk staff members provide ongoing, daily assistance in correcting problems identified in data entry.

Measurable and Rigorous Targets:

| SFY | Targets |
|------|---------|
| 2005 | 100% |
| 2006 | 100% |
| 2007 | 100% |
| 2008 | 100% |
| 2009 | 100% |
| 2010 | 100% |
| 2011 | 100% |
| 2012 | 100% |
| 2013 | 100% |

Improvement Activities/Timelines/Resources:

| Activities | Timelines | Resources |
|--|------------------------------------|---|
| 1. Send reminder letters to all EI programs regarding the federal child count and updates on any changes in 618 data reporting requirements. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> AEIS staff |
| 2. Continue gathering public input for SPP and APR reporting requirements. | 2006, 2007, 2008, 2009, 2010, 2011 | <ul style="list-style-type: none"> EI/Preschool Conference Family Forum AEIS website ICC and other stakeholders |

*Based on feedback from SPP Stakeholders, families at the Family Forum, and participants at the EI/Preschool Conference

| New Improvement Activities for SFY 2011-2013 | Timelines | Resources | Justification |
|--|------------------|---|---|
| 1. Send reminder letters to all EI programs regarding the federal child count and updates on any changes in 618 data reporting requirements. | 2011, 2012, 2013 | <ul style="list-style-type: none"> AEIS staff | Extend improvement activity to ensure compliance. |
| 2. Continue gathering public input for SPP and APR reporting requirements. | 2011, 2012, 2013 | <ul style="list-style-type: none"> EI/Preschool Conference Family Forum AEIS website ICC and other stakeholders | Extend improvement activity to ensure compliance. |