

2011
annual report

Kansas Department of Health and Environment

Bureau of Family Health

Children's Developmental Section

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Our Vision — Healthy Kansans Living in Safe and Sustainable Environments

Dear Reader,

The mission of early intervention in Kansas is to ensure the availability of a collaborative, comprehensive, family-centered service delivery system which meets the developmental needs of all infants and toddlers who have delays or disabilities. This system is designed to help families develop their capacity to deal with such needs, and also enhances the capacity of providers to identify, evaluate, and meet the needs of this historically under-represented population in Kansas. Services are provided in the child's natural environment, which allows for the greatest learning and developmental potential. In addition, services delivered within the context of the family can:

- Reduce feeling of isolation, stress, and frustration that a family may experience
- Assist infants and toddlers to attain age-appropriate developmental levels
- Recognize the significant brain development that occurs during a child's first three years of life
- Enhance the capacities of families to meet the special needs of their infants and toddlers
- Minimize the potential for developmental delay
- Reduce educational costs to society by minimizing the need for special education at school age
- Help children served to grow up and be productive, independent individuals.

Every state is tasked with identifying a lead agency that is in charge of administering Early Intervention services in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). In Kansas, the Kansas Department of Health and Environment (KDHE) has been selected to serve as the lead agency. As part of this task, KDHE annually applies to the Federal Office of Special Education Programs (OSEP) for federal funding under Part C of IDEA. The purpose of these funds is to support a statewide system of early intervention services for children birth-to-three. The services provided include:

- **Evaluation** of a child's needs.
- **Family services**, such as training, counseling, and home visits.
- **Occupational therapy** services, which help a child to better perform daily living tasks at home and in the community.
- **Physical therapy** services to improve movement and to correct, prevent, or ease movement problems.
- **Psychological** services related to a child's behavior.

- **Family service coordination**, which means assistance to a family in coordinating the needs of a family in relation to the child in early intervention.
- **Social work** services, such as home visits, to talk about concerns.
- **Special instruction**, to design good learning environments and activities that lead to a child's acquisition of skills.
- **Speech/language** services, to assist in how a child understands words and communicates with people.
- **Health** services, such as tracheostomy care, tube feeding, and changing of dressings, as well as consultation by physicians (does not include surgical services, hospitalization, immunizations, or health services to treat a medical condition).
- **Medical** services for diagnosis or evaluation to determine a child's developmental level.
- **Nursing** services, including assessment of health needs, how to get nursing care, administration of medication, and treatments.
- **Nutrition** services, including feeding skills and problems and developing plans to address needs.
- **Hearing** services, which include identification of the extent of hearing loss and referrals.
- **Vision** services, including the identification of the extent of vision loss and referral for other services related to vision loss.
- **Assistive technology** devices, such as any item or piece of equipment that is used to increase, maintain, or improve a child's functional abilities, as well as assistance in selecting and acquiring such devices.

OSEP, as part of its evaluation and review process, measures each state annually on 14 critical components, called "indicators," that are indicative of a state's compliance with IDEA. Half of the indicators demonstrate compliance with federal requirements and half relate to performance relative to a state-established target. The following document is a synopsis of KDHE's Federal 2010 Annual Performance Report to OSEP, by indicator. The Federal 2010 reporting period is equivalent to the 2011 State Fiscal Year (7/1/2010 to 6/30/2011). The complete document, and other relevant performance reports, parent information, resources, and links can be found on the Kansas Infant-Toddler website:

<http://www.ksits.org>.

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

Actual Performance Data for Federal 2010:

100% (3486 / 3486) of children in Part C received services in a timely manner, or had reasonable justifications for untimely services.

- 3355 of 3486 children (96.2%) received their services in a timely manner.
- Of the 131 children who did not receive services in a timely manner, all 131 (100%) had exceptional family circumstance justifications for not doing so.

OSEP has approved Kansas’ definition of “timely services” as those that occur within 30 days of IFSP development. With that in mind, consider the state’s performance, as rated by parents and providers:

1. According to entrance/exit parent survey data collected during the 2010 reporting period, 96% of parents reported that services began within 30 days of IFSP development.
2. The most recent randomly-selected parent survey results (95% Confidence Level, +/- 5% Degree of Accuracy) indicate that 91.9% of parents reported that services began within 30 days of IFSP development.
3. KDHE distributed an anonymous provider survey in 2011 to all Part C service providers in Kansas, to which 363 providers out of a possible 342 (82%) responded. 99.4% (358 / 360) of respondents indicated that all services began within 30 days of IFSP development.

The provider survey also asks the following question:

Please rate the following statement: “There are enough service providers to meet the needs of children and families in my network.

- 28.7% Strongly Agree
- 42.5% Agree
- 19.9% Disagree
- 6.4% Strongly Disagree
- 1.7% Don’t Know
- 0.6% Missing

As evidenced by the responses, a majority of service providers agree or strongly agree with the statement. However, the percentage of affirmative responses to this question is significantly lower than the affirmative responses to most other questions on the survey, indicating that adequate staffing is a prevailing concern among local programs.

OSEP requires states to achieve 100% compliance on this indicator.

“The program has been a valuable resource for our family. They assisted us to get the best therapy and resources for our son. Wonderful program”
-Parent in Atchison County

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

Actual Performance Data for Federal 2010:

99.5% (3921 / 3942) of children in Part C received services in the natural environment on December 1, 2010 (period reported in FFY 2010 APR). This is a performance indicator, and the state target is 95%.

TABLE I: December 1, 2010 Service Settings

December 1, 2010 Settings Data	Home	Community-Based Setting	Other Setting	Total	Children receiving services in NE	Percent with NE services
State of Kansas	3,813	108	21	3,942	3,921	99.50%

In addition to settings data, the entrance/exit parent survey includes a question that addresses natural environments.

“The tiny-k program has helped our family better understand our son and give us the support and hope that is needed. We are very grateful for the program and team of workers.”

-Parent in Geary County

Data collected during the FFY 2010 reporting period illustrate parental perception of services in natural environments: The following percentages have remained remarkably consistent over four survey research periods.

How often are services being provided to your child in his or her natural environment (where your child would play, eat, and learn if he or she did not have a delay or disability)?

- 77.8% Always
- 13.6% Frequently
- 1.7% About half of the time
- 1.4% Sometimes, but not often
- 1.7% Never
- 3.8% Missing

These results from the same question on the randomly selected parent survey during the 2010 cross-reference are:

How often are services being provided to your child in his or her natural environment (where your child would play, eat, and learn if he or she did not have a delay or disability)?

- 67.6% Always
- 25.7% Frequently
- 2.7% About half of the time
- 2.7% Sometimes, but not often
- 1.4% Never
- 0.0% Missing

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

- A. Positive social-emotional skills;
- B. Acquisition and use of knowledge and skills;
and
- C. Use of appropriate behaviors to meet their needs.

Actual Performance Data for Federal 2010:

The outcomes are written to be functional and meaningful to the child in the context of everyday living. Instead of a single behavior, such as “knows 10 words, smiles at mom, stacks 3 blocks”, the outcomes are an integrated series of behaviors or skills that allow the child to achieve what is important to their daily functioning.

Outcome A, “children have positive social relationships” encompasses: relating with adults, relating with other children and for older children, following rules related to groups or interacting with others. It includes areas like: attachment/ separation/ autonomy, expressing emotions and feeling, learning rules and expectations, social interactions and play.

Outcome B involves “thinking and reasoning, remembering, problem-solving, using symbols and language and understanding physical and social worlds.” It includes early concepts, symbols, pictures, numbers, spatial relationships, imitation, object permanence, expressive language and communication and early literacy.

Outcome C details “taking care of basic needs”, getting from one place to another, using tools (fork, toothbrush, and crayon), and in older children, contributing to their own health and safety. It includes integrating motor skills to complete tasks, self-help skills (dressing, feeding, and toileting), and acting on the world by taking

appropriate action to meet needs and to get what one wants.

The Part C local networks in Kansas reported on 2,337 children. This represents the number of children that enrolled in the program at least 6 months that exited the program this fiscal year.

The baseline was re-established last year based on the data collected since 2006. Targets originally established in 2008 were based on analysis of Kansas trend data and comparisons of state data to the national Child Outcomes Summary Form (COSF) data. Actual performance in 2009 lead to a request to re-establish the baseline, due to an increasing census in children served and more experience with the joint outcomes reporting system. The goal for the remaining years of the state performance plan (through 2012) is a potential increase of 0.1% or one-tenth of one per cent. This goal will be reevaluated next year due to technical and reporting issues discovered during the 2010 review.

This is a performance indicator, and the state’s targets and actual performance are outlined in the table on the next page.

Target Data and Actual Data for FFY 2010:

	Targets FFY 2010 (% of children)	Actual FFY 2010 (% of children)
Summary Statements		
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	57.53%	58.77%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	56.33%	53.92%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	61.14%	64.12%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	47.44%	48.18%
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	66.99%	66.36%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	63.44%	61.64%

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.

Actual Performance Data for Federal 2010:

- A. **99.5% (813 / 817)** of parents know their rights.
- B. **97.0% (835 / 861)** of parents agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.
- C. **97.3% (851 / 875)** of parents agree or strongly agree that early intervention services have helped their children develop and learn.

This is a performance indicator, and the states targets are: A) 95%, B) 98%, and C) 98%.

In an earlier report period, KDHE adapted a suggestion from the State ICC to develop questions to better address procedural safeguards:

Has your local program given you your parent's rights?

- Yes
- No

Do you understand your rights?

- Yes
- No

Do you know who to contact outside of your local program if you have a concern?

- Yes
- No

KDHE believes that these three questions provide insight into the communication of parents' rights. KDHE can determine if 1) parents are not receiving their rights, 2) parents do not understand their rights, or 3) parents cannot make the connection between their rights and the system that is in place to assist them.

For validation purposes, KDHE asks similar questions in an anonymous provider survey and a random parent survey distributed in alternative years. In the latest provider survey, 94% of respondents indicated parents did know who to contact outside of the local EI program with a concern. In the most recent random parent survey, only 53.4% of parents indicated they knew who to contact. Recent updates to the Child and Family Rights brochure and to procedural safeguards materials should assist with this discrepancy.

Other findings:

- Entrance/exit parent survey data indicated that, during the reporting period, 92.9% of parents agree or strongly agree that early intervention services have helped them effectively communicate their children's needs. This represents some regression from data collected during the previous year, and did not achieve the target for this indicator.
- Entrance/exit parent survey data, indicated that during the reporting period, 96.2% of parents agreed or strongly agreed that early intervention services have helped them meet their children's needs. This result also regressed slightly, compared to the data collected during the previous year.

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

Actual Performance Data for Federal 2010:

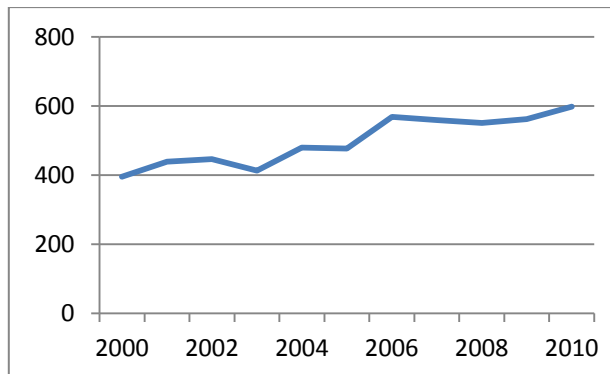
1.47% (598 / 40,786) of children ages birth-to-one received Part C services. This compares to a national mean of 1.03% and a national median of 1.15% during the most recent reporting period. Therefore, Kansas was 0.32% above the national mean and 0.48% above the national median (see TABLE II). Kansas ranked 13th out of 52 states and territories reporting birth-to-one percentages. Kansas’ target for this performance indicator is 1.35%

KDHE reviews this indicator by local program, because identifying specific areas of concern in the state has historically improved the state’s percentage more rapidly than addressing child-count statewide. KDHE will continue to evaluate the 37 local programs, based on unique characteristics that may have an impact on their birth-to-one percentages, and determine where improvement is necessary. An obvious starting point is in the evaluation of programs who do not achieve the state target.

TABLE II: National Birth-to-One Percentages

Rank	State	Birth-to-One Served	Population Birth-to-One	Percent Served
1	New Mexico	768	28,179	2.73
2	Massachusetts	1,882	71,434	2.63
3	Rhode Island	269	10,959	2.45
4	North Dakota	191	8,931	2.14
5	West Virginia	409	20,221	2.02
6	Ohio	2,639	139,042	1.90
7	Wyoming	140	7,786	1.80
8	Louisiana	1,015	61,882	1.64
9	Iowa	639	39,155	1.63
10	Pennsylvania	2,311	141,550	1.63
11	Maryland	1,134	71,523	1.59
12	Alaska	160	10,828	1.48
13	Kansas	598	40,786	1.47
14	Indiana	1,163	84,277	1.38
15	Michigan	1,468	114,751	1.28
16	New Hampshire	164	12,994	1.26
17	Idaho	289	23,610	1.22
18	South Dakota	141	11,650	1.21
19	Delaware	130	10,858	1.20
20	Connecticut	451	38,012	1.19
21	Illinois	1,926	162,506	1.19
22	New York	2,692	231,872	1.16
23	Texas	3,899	379,846	1.03
24	Nevada	372	36,505	1.02
25	North Carolina	1,249	123,336	1.01
26	Vermont	60	5,968	1.01
27	Arkansas	367	38,402	0.96
28	Colorado	641	66,594	0.96
29	Hawaii	170	17,764	0.96
30	Wisconsin	655	69,446	0.94
31	Virginia	931	100,078	0.93
32	Missouri	703	76,119	0.92
33	Minnesota	629	69,009	0.91
34	District of Columbia	64	7,156	0.89
35	Oklahoma	454	51,949	0.87
36	Mississippi	345	40,260	0.86
37	Montana	103	12,157	0.85
38	Nebraska	185	26,082	0.71
39	Florida	1,440	208,724	0.69
40	Arizona	587	87,557	0.67
41	Oregon	305	46,042	0.66
42	California	3,192	494,058	0.65
43	Kentucky	357	55,189	0.65
44	Tennessee	510	79,016	0.65
45	Utah	344	52,675	0.65
46	New Jersey	673	104,986	0.64
47	Puerto Rico	265	45,231	0.59
48	Washington	503	87,016	0.58
49	South Carolina	334	58,999	0.57
50	Maine	71	13,180	0.54
51	Alabama	310	60,056	0.52
52	Georgia	665	133,178	0.50

CHART I: Children Birth-to-One Served in Kansas



“So grateful for this program and its staff. They put my mind at ease. I have every confidence in my child’s future.”

-Parent in Hays

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

Actual Performance Data for Federal 2010:

3.20% (3942 / 123,099) of children ages birth-to-three received Part C services. This compares to a national mean of 2.82% and a national median of 2.98% during the most recent reporting period. Therefore, Kansas was 0.22% above the national mean and 0.53% above the national median (see TABLE III). Kansas ranked 19nd out of 52 states and territories reporting birth-to-three percentages. Kansas’ target for this performance indicator is 2.90%.

The evaluation process for this indicator is exactly the same as for indicator #5, which measures children in the birth-to-one cohort.

CHART II: Children Birth-to-Three Served In Kansas

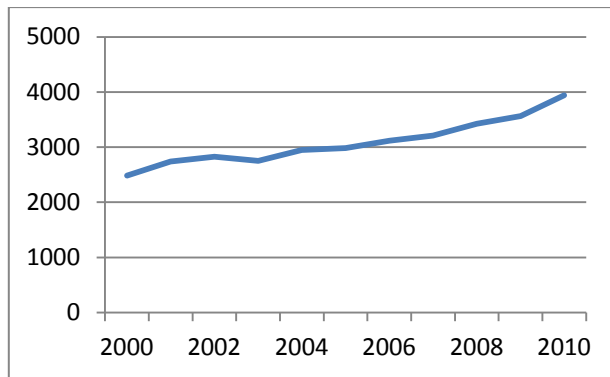


TABLE III: National Birth-to-Three Percentages

Rank	State	Birth-to-Three Served	Population Birth-to-Three	Percent Served
1	Massachusetts	15,162	217,691	6.96
2	New Mexico	4,746	86,492	5.49
3	Rhode Island	1,849	33,788	5.47
4	Wyoming	1,149	24,034	4.78
5	New Hampshire	1,817	40,474	4.49
6	New York	30,982	693,268	4.47
7	Vermont	790	18,676	4.23
8	Pennsylvania	17,351	432,581	4.01
9	West Virginia	2,449	61,983	3.95
10	Indiana	10,074	257,202	3.92
11	Puerto Rico	5,204	132,851	3.92
12	Connecticut	4,499	117,688	3.82
13	Illinois	18,212	495,710	3.67
14	Hawaii	1,926	53,219	3.62
15	Maryland	7,697	217,560	3.54
16	Ohio	14,868	425,980	3.49
17	North Dakota	928	26,985	3.44
18	New Jersey	10,580	319,713	3.31
19	Kansas	3,942	123,099	3.20
20	South Dakota	1,106	35,671	3.10
21	Iowa	3,607	119,932	3.01
22	Michigan	10,384	350,984	2.96
23	Wisconsin	6,131	212,019	2.89
24	Kentucky	4,641	168,074	2.76
25	Arkansas	3,222	117,194	2.75
26	Delaware	889	33,154	2.68
27	Colorado	5,394	203,659	2.65
28	North Carolina	9,842	376,163	2.62
29	South Carolina	4,625	180,307	2.57
30	Texas	28,895	1,151,310	2.51
31	Louisiana	4,703	188,193	2.50
32	Virginia	7,378	303,439	2.43
33	Idaho	1,732	72,475	2.39
34	Minnesota	5,013	211,087	2.37
35	Maine	930	40,596	2.29
36	Alaska	706	32,731	2.16
37	Utah	3,384	159,028	2.13
38	Washington	5,592	264,022	2.12
39	Nevada	2,344	111,905	2.09
40	Oregon	2,940	141,405	2.08
41	Florida	13,158	637,815	2.06
42	California	30,754	1,507,814	2.04
43	Arizona	5,301	270,519	1.96
44	Missouri	4,539	231,982	1.96
45	Montana	723	37,122	1.95
46	District of Columbia	399	20,551	1.94
47	Nebraska	1,537	79,031	1.94
48	Mississippi	2,358	125,257	1.88
49	Oklahoma	2,770	157,953	1.75
50	Alabama	3,098	182,171	1.70
51	Tennessee	4,054	242,477	1.67
52	Georgia	6,015	406,969	1.48

“We truly feel as if ITS of Johnson County and our fabulous therapists helped our child to reach a potential that he would not have reached without their support. We are incredibly grateful for this program and funding!”

-Parent in Johnson County

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.

Actual Performance Data for Federal 2010:

99.6% (4095 / 4111) of children in Part C have IFSP services in a timely manner, or reasonable justifications for not providing services in a timely manner.

Data collected through the state’s database identified occasional delays in the provision of Part C services. The following table represents a compilation of data from the 2010 reporting period. The entrance/exit parent survey and the random parent survey both address IFSP timeliness.

TABLE IV: Untimely Services

July 1, 2010 - June 30, 2011	Communication delays between Network and Agencies	Part C Staff illness	Part C Staff error	Part C scheduling difficulties
	3	1	8	4

The entrance/exit parent survey includes two questions that address the appropriateness and timeliness of services. The timeliness of services question in the entrance/exit parent survey refers to the timeliness of services following the development of the initial IFSP. The survey data, collected from the Federal 2010 reporting period, indicate the following parental responses to the questions:

Is your child receiving all the services written on his or her plan?

- 95.5% Yes
- 2.5% No
- 2.0% Missing

About how many days passed from the time that your child’s plan was written to the day that services began?

- 35.4% Less than 5 days
- 46.2% 5-15 days
- 8.9% 15-30 days
- 3.6% 30 or more days
- 5.8% Not Sure

OSEP requires states to achieve 100% compliance on this indicator. Reasonable justifications should be provided in all IFSPs when services are not provided in a timely manner. Inappropriate justifications, such as staff errors, holiday breaks, Part C staff scheduling difficulties, interpreter unavailability, child advocate unavailability, and Part C staff illness are identified by state staff during the program review process.

“We have been very pleased with tiny-k. We were extremely skeptical when we started, but have gained a lot through our involvement.”

-Parent in Northeast Kansas

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 Local Education Agency (LEA), if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

Actual Performance Data for Federal 2010:

- A. **100% (2063 / 2063)** of children in infant-toddler services that are transitioning have a transition plan in place.
- B. **98.6% (1982 / 2010)** of Local Education Agencies (LEA’s) are notified of possible Part B eligibility in the plan.
- C. **42.3% (872 / 2063)** of transition conferences are held no more than nine months and no less than 90 days before exiting Part C services.

OSEP expects 100% compliance on all elements of this indicator. This year’s data prompted multiple compliance actions in the post-reporting period, regional trainings, and additional technical assistance.

According to TABLE V, 5.4% of children who exited Part C in 2010 (data reported in FFY 2010 APR) did so without referrals or eligibility determined.

TABLE V: Kansas’ Federal Data Table 3; 2010

EXIT STATUS	2010	
	Number	Percent
Completion of IFSP	844	23.4%
Part B Eligible, Exiting Part C	1780	49.4%
Part B Eligible, Cont. in Part C	-	-
Exit to Other Programs	86	2.4%
Exit with No Referrals	77	2.1%
Eligibility Not Determined	120	3.3%
Deceased	18	0.5%
Moved Out of State	208	5.8%
Withdrawal by Parent	260	7.2%
Contact Unsuccessful	213	5.9%
	3606	100.0%

The entrance/exit parent survey asks parents the following question regarding transition:

If your child is exiting EI services, have you been made aware of other services that are available?

- Yes, and we intend to use them.
- Yes, and we do not intend to use them.
- No

Survey data collected on this indicator show that 42.6% of parents responded to this question, and 71.1% of parents responding indicated they had been made aware of other services and intended to use them, 23.9% of parents had been made aware of other services, but do not intend to use them, and 5% reported that they had not been made aware of other services. Database improvements, continual collaborative discussions with partners, and trainings with providers on transition have been ongoing, and future activities will continue to focus on transition.

“The entire staff has been informative, quick with action and professional. Best of all, we can tell they each really enjoy our son. It’s great to have a service like this in Western Kansas and not have to drive hours away.”

-Parent in Northwest Kansas

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.

Actual Performance Data for Federal 2010:

100%: the monitoring and complaint systems issued one finding during the reporting period. OSEP requires 100% compliance for this indicator.

Indicator #9 is used to determine whether Kansas' 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.

software representatives on a periodic basis, and also has database assistance available for local data personnel. In addition, KDHE's contract with the Kansas Inservice Training System (KITS) addresses technical assistance issues reflected in the data collected.

Consistency in data entry among local data entry personnel has been addressed through ongoing trainings and technical assistance. KDHE's contract with JNI Software, Inc. offers networks the availability of a database specialist anytime a question arises. KDHE staff frequently addresses data definitions and reporting expectations at regional meetings and coordinator meetings. Local staff turnover remains a concern, as new data entry personnel must be trained in using the infant-toddler database quickly.

Our daughter has been growing by leaps and bounds! This program has been wonderful!! Thank you. "

-Parent in Reno County

KDHE's monitoring and general supervision system identifies noncompliance on specific indicators at set times each year. The system also tracks the local program performance on the indicators on a cyclical basis, which occur at least every six months, but in some cases occur within one month. In most cases local programs have self-reported noncompliance and improvement plans or explanations of corrective actions already taken, based on the data sets provided through KDHE's monitoring and general supervision system.

KDHE contracts with an outside contractor, JNI Software, Inc., to maintain the state's web-based database. The system has been extremely effective in collecting and sorting data for reporting purposes. KDHE offers trainings by

The issuance of new regulations by OSEP in the post-reporting period has prompted a review of documentation and training regarding data collection. Updated documentation, transition to a web-based data system, and more training are planned for calendar 2012.

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.

Actual Performance Data for Federal 2010:

KDHE received no written, signed complaints during the current reporting period. While OSEP expects 100% compliance on this indicator, KDHE has no data to report.

The state receives and records informal parental complaints. Each parent is informed of right to mediation and due process. Phone calls are logged and tracked to monitor timeliness and outcomes both at local and State level. There are instances in which phone calls, even if not submitted as formal complaints, result in significant system change.

The Procedure Manual outlines the requirements for procedural safeguards for families within the early intervention system. These requirements follow the federal regulations. Networks report parental concerns and methods of resolution on Semi-Annual Reports, which are coded by KDHE staff according to TABLE VI.

ITS staff has worked to improve the access of families to the procedural safeguards and families are given copies of the information upon IFSP development and review. New brochures regarding child and family rights and complaints have been completed, and the procedural safeguards section of the ITS procedure manual was revised last year, and will be again to reflect the new provisions of the regulations.

The proposed statewide IFSP, to be implemented sometime in 2012, will help outline the times and places where programs should work with families to apprise and remind them of their rights and existing safeguards.

“As a parent of premature twins, Rainbows helped us tremendously! We can’t thank them enough.”
 -Parent in Sedgwick County

TABLE VI: Infant-Toddler Database Complaint Categories

Area of Concern
Service Frequency/Intensity
Service Location
Service Type
Choice of Service provider
Natural Environments
Gap in Service due to Move/Absence
Provider Scheduling
Provider Interaction with Family (Siblings/Parents)
Need for Additional Resources/Funding
Questions Regarding Provision of Funding for Service

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

Actual Performance Data for Federal 2010:

No due process hearings were requested during this report’s timeline. While OSEP expects 100% compliance on this indicator, KDHE has no data to report.

In the case of due process, KDHE has contracted with the State Office of Fair Hearings (OFH) to implement the formal hearing process. Individuals with OFH must have knowledge about the provisions of due process hearings, and the need of, and services available for, eligible children and their families under Part C of IDEA. The impartial OFH hearing officer listens to the presentation of relevant viewpoints about the complaint, examines all information relevant to the issues, and seeks to reach a timely resolution of the complaint. The hearing officer also provides a record of the proceedings, including a written decision to the participants and to KDHE.

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).

Actual Performance Data for Federal 2010:

Kansas did not receive any resolution session requests during the time period identified in this report. While OSEP expects 100% compliance on this indicator, KDHE has no data to report.

KDHE will, on request, provide an opportunity for a hearing to challenge information in a child and family’s records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of a child.

If, as a result of the hearing, KDHE decides that the information violates the rights of the child, or is inaccurate or misleading, KDHE will inform the parent of their right to place the records it maintains on the child in a statement commenting on the information or setting forth any reasons for disagreeing with the decision of KDHE.

A hearing regarding record content will be conducted according to the procedures of Part C.

“Gracias por el servicio que le dieron a mi hijo. “
[“Thank you for the service you gave to my son.”]
-Parent in Wyandotte County

Indicator 13: Percent of mediations held that resulted in mediation agreements.

Actual Performance Data for Federal 2010:

KDHE recorded no mediation requests during the applicable reporting period. While OSEP expects 100% compliance on this indicator, KDHE has no data to report.

KDHE has written procedures for mediation request, and has provided conflict resolution training to interested local programs.

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Actual Performance Data for Federal 2010:

100% of the reports requested from KDHE by OSEP were submitted in a timely manner, and 100% of reports submitted by KDHE to OSEP included data tested for validity and reliability from multiple sources. OSEP expects 100% compliance on this indicator.

KDHE uses two methods to determine the reliability of data:

- 1) *Test-Retest Method:* KDHE applies the same measure to the same sample set at more than one point in time.
- 2) *Alternative Forms Method:* Different forms of the measures are applied to the Part C population in Kansas.

KDHE tests for validity by the following methods:

- 1) *Pragmatic Validation:* KDHE checks the results obtained from the use of the database in imputing 618 data against results of other indicators that are known to be valid measures of the data set.

- 2) *Predictive Validation:* KDHE tests the predictive validity of the infant-toddler database by predicting 618 results and cumulative count results six months in advance based on previously imputed data.

- 3) *Construct Validation:* KDHE infers the validity of 618 data from evidence accumulated and compared to six-month cumulative count data, annual cumulative count data, screenings data, and evaluation data. The level of deviation year to year in these indicators is consistent locally and statewide.

KDHE ensures that the 618 data for each of the data items are reported consistently with the requirements of Section 618 and OSEP’s instructions for each data table. This is accomplished through the usage of an instruction sheet that guides local data entry personnel in the procedures for entering Section 618 data. Also, the infant-toddler database is has edits and error reports to assist local data entry personnel in correctly reporting data. The fields on the database give a clear interpretation of what data should be entered for each item.

“With an 8 week premature newborn who could’ve been 2 months delayed – she’s doing great and we learned so many ways to engage and help her progress! It’s very appreciated !”

-Parent in McPherson County (MCKIDS)