

**Part C State Performance Plan  
Indicator Measurement Report**

## **Overview of State Performance Plan Development**

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Kansas Infant-Toddler Services is a program based on local control. The structure of the program includes 37 local early intervention networks; each of which has local interagency coordinating councils. The lead agency (Kansas Department of Health and Environment - KDHE) provides monitoring, technical assistance, and funding support to the local networks.

In developing the State Performance Plan, KDHE met two OSEP objectives: 1) obtained broad input from stakeholders; and 2) disseminated the SPP to the public. The following summary describes the methods that were utilized by KDHE in meeting OSEP's objectives.

### *Obtaining Broad Input from Stakeholders:*

Kansas obtained broad input for the SPP from stakeholders via dissemination to the State Interagency Coordinating Council (SICC). The SICC members include representatives from the following entities: 1) Kansas Legislature, 2) Parent Members, 3) KDHE, 4) Kansas State Board of Regents, 5) Kansas Social and Rehabilitative Services, 6) Service Providers, 7) Governor's Representative, 8) Kansas State Department of Education (KSDE), 9) Kansas Insurance Commission, and 10) Public Representatives.

The State Performance Plan was distributed to the designees from the agencies above two weeks prior to the public review. The stakeholders were requested to review the document and given two weeks to identify concerns and provide comments. Changes to the document were to be accompanied by written justification for the changes at the SICC meeting.

A review of the document was presented at the SICC meeting. Stakeholders were given the opportunity to provide verbal comment and direction on the draft at that time. A discussion that focused on state six-year targets was the principal action taken by stakeholders.

### *Disseminating the SPP to the Public:*

The completed state performance plan will be disseminated to the public through KDHE's infant-toddler website. Hard copies will also be made available upon request through KDHE. Public notices of the SPP's completion will be provided in a KDHE press release.

The Kansas Legislature does not reconvene until January of 2006. However, copies of the SPP will be sent to legislative offices upon submittal to OSEP.

## **Monitoring Priority: Early Intervention Services in Natural Environments**

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

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

General supervision strategies that KDHE uses to ensure that service coordination responsibilities are implemented include child record reviews, performance data surrounding timelines, and family survey responses. KDHE utilizes service providers as service coordinators.

In order to ensure that children are receiving early intervention services in a timely manner, Part C staff use data collected from parental responses to an entrance/exit parent survey; data gathered locally and compiled in the Federal Data Tables, data gathered from semi-annual reports, and parent contact/complaints.

Kansas Infant-Toddler Services stipulates that data be collected at a variety of levels:

- 1) The state should collect data independently for training, technical assistance, and evaluation purposes.
- 2) Local network coordinators should collect and report data from their respective networks. This increases accountability and also offers Local Interagency Coordinating Councils and other stakeholders the opportunity to evaluate their programs at the local level.
- 3) All parents should have the opportunity to report on the quality of services and effectiveness of the process in helping their children develop. In addition, all parents should have the opportunity to lodge specific complaints about a specific program or service provider to the state for further investigation.
- 4) Service providers should have the opportunity to describe strengths or voice concerns regarding service provision in their local networks.

Historically, state Part C staff has relied on data compiled locally as a method of reporting to OSEP. While KDHE continues to utilize data collected at the local level, the state has also implemented a series of verification tools that also provide a more holistic approach to evaluating services on a network-by-network basis.

For the parental perspective, state Part C staff developed an entrance and exit parent survey. This document is a one-page questionnaire that asks parents to rate various aspects of their experience with their local early intervention program. Every parental unit of a child in Kansas Infant-Toddler Services receives this survey after the IFSP is written. Every parent also receives the same survey again at transition. Survey results have been tabulated by network and can also be tabulated by entrance or exit survey. Once the results are tabulated, a review of the results from each question provides indication of the local networks' performance in a variety of areas. In addition, local networks are also compared to the state as a whole to determine any areas of particular concern.

Since the entrance/exit parent survey is distributed to the parents of every child in Infant-Toddler Services, it should be described as a census rather than a sample. Therefore, there is no sampling technique used in its distribution. The survey is currently written in English and Spanish, which, according to the primary language listed on for families on the state's database, covers **98.56%** of the children receiving services in Kansas. Families speaking German, Low German, French, or other languages are read a verbal survey by a local service provider. Parents send their responses directly to the state Part C staff for tabulation and evaluation.

An untested concern of state Part C staff regarding the entrance/exit survey is distribution bias. Ensuring that every parent receives an entrance/exit survey is out of the state Part C staff's control. While networks indicate that distribution is occurring for all parents, state staff has no means to verify this action. Therefore, the state has developed another parent survey, which will be distributed to parents who are randomly selected from the state's database. This survey asks the same questions as the entrance/exit survey, but also includes additional questions for more in-depth analysis. A random sample will be drawn that allows for analysis at a local network level. The results from this survey will be compared to the results from the corresponding questions on the entrance/exit survey for verification purposes. If the results from a local network are significantly different, further investigation will be required in order to determine if distribution bias exists in the entrance/exit population in a particular network.

The survey sent to randomly selected parents will be distributed after the next required database update, which is January 1, 2006. The purpose of the random sample is to produce results that are representative of the Part C participants in Kansas. Since only those families who have children that are eligible for Part C services participate, their opinions will be sought. Therefore, the entire population is defined as families of children eligible for Part C services in the State of Kansas.

In order to ensure that the sample is truly representative of the larger population, a means of random selection must be used. Every family in the state Part C program must have an equal and non-zero chance at being selected. This study uses a randomly drawn sample from the state’s database for selection.

Kansas’ next step is to determine how many units will be needed to gather an accurate sample. A formula determines the sample size:

$$\sqrt{\text{Sample Size}} = \text{Population Variability} \times \text{Z-Score} \times 1/\text{Degree Accuracy}$$

- Population Variability is determined by the homogeneity/heterogeneity of the population being studied. The maximum variability possible is (.5). This value assumes that the population is at a maximum diversity. As the variability number decreases, the population characteristics become more homogenous.
- The Z-Score has been calculated as 1.99 for this formula.
- The researcher, with regards to how accurate the information needs to be, determines the degree of accuracy value. This value is presented in the form of a percent. In this case, Kansas has chosen +/-3%.

$$\sqrt{\text{Sample Size}} = (.5) \times (1.99) \times (1/.03)$$

$$\sqrt{\text{Sample Size}} = 33.17$$

$$\text{Sample Size} = 19.60^2 = 1,100$$

The sample size needed to produce results consistent with the research goals is 1,100 recipients. The population variability was set at (.5) based on the demographic breakdown of the State of Kansas (maximum heterogeneity). The results are expressed by a 99% confidence level, which means that there is a 99% chance the questionnaire's findings actually represent the entire population of Part C families in Kansas within the degree of accuracy (+/-3%).

In addition to the two parent surveys, a provider survey has been distributed, but not tabulated. The results will provide detailed data from the service delivery perspective because it asks the same questions as the entrance/exit parent survey from a provider perspective. The data compiled from provider surveys will be compared to parent responses, to ensure that there is a correlation between the responses given by providers and parents with regards to service delivery. If discrepancies exist, state Part C staff will research data provided by the local network continuous improvement plan and semi-annual reports to determine why. If no explanation can still be determined, Part C staff, in conjunction with the local network, will discuss discrepancies within the local network. An on-site review may also be necessary to identify discrepancies.

In the subsequent indicators, percentages from entrance/exit parent surveys come from 12 months of data collected from August 1, 2004 through April 30, 2005. The results from the survey sent to randomly selected parents and the results from the provider survey will be available for the initial Annual Performance Report.

*Baseline Data:*

Data regarding the provision of services identified on a child’s IFSP is currently not aggregated nor reported at the state level. However, the following data has been compiled regarding the services provided.

The entrance/exit parent survey includes two questions regarding the appropriateness and timeliness of services:

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

- Yes
- No (If not, list the service not received or the reason for not providing the service) \_\_\_\_\_

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

- Less than 5 days
- 5-15 days
- 15-30 days
- 30 or more days
- Not Sure

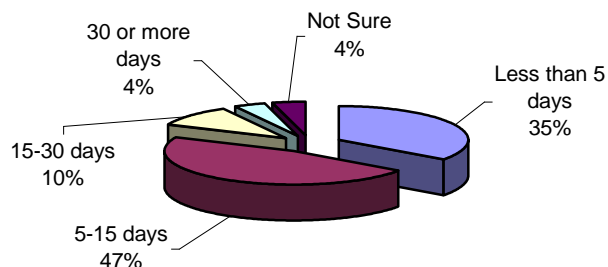
With regards to the former question, as of July 1, 2005, 96.5% of parents report that children are receiving ALL services written on their plans. Of the 3.5% that did not report receiving all services, 63% included explanations, which typically included a personal choice by parents. The remaining 38% did not include a response.

Twenty-one networks statewide (58.3%) had ALL parents report all services on the IFSPs were provided all the time.

Parental responses to the latter question revealed the following information:

- 35.1% of parents reported that services began in less than five days.
- 46.7% of parents reported that services began in 5-15 days.
- 10.1% of parents reported that services began in 15-30 days
- 4.07% of parents reported that services began in 30 or more days
- 4.07% of parents were not sure when services began.

**ELAPSED TIME FROM IFSP DEVELOPMENT TO COMMENCEMENT OF SERVICES**



Data gathered by the 2004 Federal Data Table 4 indicate the following:

TABLE XIX: Federal Data Table #4 (Compiled)		NUMBER OF INFANTS AND TODDLERS (0 THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES					
		TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
EAF	EARLY INTERVENTION SERVICES						
1.	ASSISTIVE TECHNOLOGY SERVICES/DEVICES	253	4	17	28	204	0
2.	AUDIOLOGY	395	4	19	75	297	0
3.	FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT	417	3	43	66	304	1
4.	HEALTH SERVICES	51	0	5	2	44	0
5.	MEDICAL SERVICES	52	0	5	6	41	0
6.	NURSING SERVICES	225	3	26	71	125	0
7.	NUTRITION SERVICES	259	5	21	25	207	1
8.	OCCUPATIONAL THERAPY	1091	24	100	140	823	4
9.	PHYSICAL THERAPY	1015	20	77	114	799	5
10.	PSYCHOLOGICAL SERVICES	2	0	1	0	1	0
11.	RESPIRE CARE	253	3	48	32	166	4
12.	SOCIAL WORK SERVICES	115	1	11	22	80	1
13.	SPECIAL INSTRUCTION	1553	24	171	208	1143	7
14.	SPEECH-LANGUAGE PATHOLOGY	2068	31	168	216	1639	14
15.	TRANSPORTATION RELATED COSTS	135	1	15	25	94	0
16.	VISION SERVICES	237	4	18	33	181	1
17.	OTHER EARLY INTERVENTION SERVICES*	118	0	8	51	59	0

From July 1, 2004 to December 31, 2004, 1,216 IFSPs were developed within the 45-day timeline and 201 IFSPs were not developed within the timeline. From January 1, 2005 through June 30, 2005, 1,281 IFSPs were developed within the 45-day timeline and 347 IFSPs were not developed within the timeline.

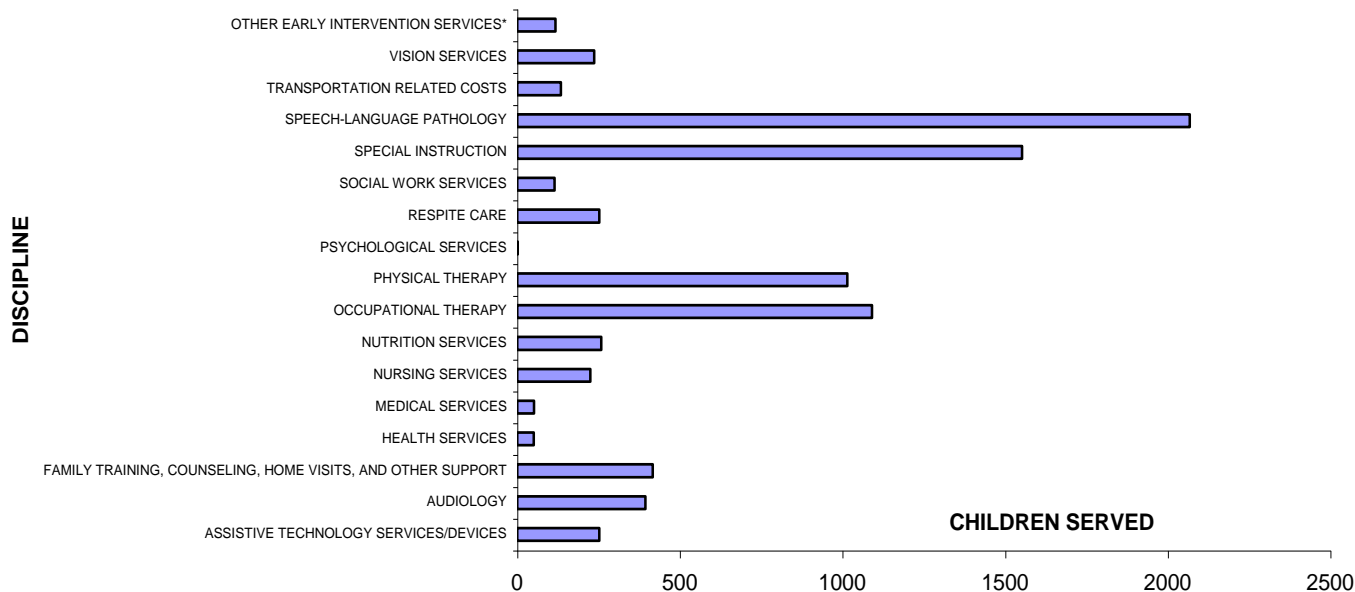
For the entire reporting period, 2497 of 3045 IFSPs (82%) were developed within the 45-day timeline.

Of the 548 IFSPs not developed within the 45-day timeline, the following justifications were provided:

Category	Reason for Delay	Quantity	Percent
Child in Foster Care	Child advocate not appointed	1	0.18%
Child in Foster Care	Child scheduled to move	2	0.36%
Child in Foster Care	Difficulty locating parent	29	5.29%
Illness	Child illness	22	4.01%
Illness	Part C staff illness	2	0.36%
Family Choice	Family delayed or rescheduled	213	38.87%
Family Choice	Family missed scheduled contact	79	14.42%
Family Choice	Family chose other services	2	0.36%
Family Choice	Family not responding to contact attempts	8	1.46%
Family Moved	Family moved-location not determined	1	0.18%
Family Moved	Family moved-services began after 45 days	2	0.36%
Error	Part C staff error	21	3.83%
Part C Staff Availability	Part C staff scheduling difficulties	13	2.37%
Part C Staff Availability	Unable to find interpreter	1	0.18%
Re-evaluation Needed	Eligibility determined after re-evaluation	18	3.28%
Holiday Break	Holiday break	4	0.73%
In Process	In process at time of report (within 45 days)	130	23.72%

**Total 548**

**EARLY INTERVENTION SERVICES**



*Discussion of Baseline Data:*

In tracking results to specific networks from the entrance/exit parent survey, there is not a trend in any local network of inappropriate service delivery or IFSP development. Concerns appear to be sporadic and random across the state.

In 2003-2004, 100% of networks surveyed report: results by a multi-disciplinary team are used to determine eligibility for services unless the child has a known or established diagnosis; teams consist of at least two professionals from different disciplines and the child’s parent(s); family involvement includes participation in all aspects of the evaluation process at the level of the family’s choice and that the assessments include the child’s abilities as observed by their family members. Network coordinators also described the roles and some outcomes of family service coordination in their networks. All indicated that the family service coordinator’s role is

to assure the coordination of the initial eligibility determination and IFSP development process in a timely manner and to provide the family with accurate information about the services and resources.

Narrative information from the semi-annual reports from the 36 local Part C early intervention networks indicates the procedures for timely evaluation, IFSP development and delivery of services is occurring in a reasonable amount of time after the child is first identified.

Networks report that services are implemented within a reasonable time period according to regulation upon parent consent to services at the IFSP. Kansas Infant-Toddler Services has assurances on file from each network that verify this.

During program reviews, Part C staff noted no problems with the provision of all services identified on IFSP's while reviewing files that included provider visit notes and other documentation that verified services were being provided.

*Federal Fiscal Year:*

All data reported in this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

KDHE does not include a definition of timeliness in the procedure manual. However, after the release of the federal regulations, KDHE will complete a new version of the procedure manual that will include a definition of timeliness. Kansas Infant-Toddler Services recognizes that timeliness of services should be determined on an individual basis, but should never extend beyond 30 days without justification.

State Part C staff expects that this indicator should currently be at 100%. Reasonable justifications should be provided in all IFSPs when services are not provided in a timely manner. Currently, some of the justifications are not appropriate, such as staff error, holiday break, Part C staff scheduling difficulties, unable to find interpreter, child advocate not appointed, and Part C staff illness.

*Year 1:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 2:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 3:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 4:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 5:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 6:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 7:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 8:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Kansas will promote evidence-based practice in early intervention.	X	X	X	X	X	X	X	X	36 of 37 local networks have completed the Evidence Based Practice Institute conducted by Dathan Rush and M’Lisa Sheldon, with continued follow-up sessions. KITS is contracted to provide technical assistance (TA) to the local networks on an ongoing basis to assist in a variety of topics. This includes long term and short term TA, and ongoing consultation for the Part C systems. Kansas is involved with a Part C autism initiative, providing networks with evidence based practices specific to autism. Kansas also has a training initiative in infant mental health, services to children with visual and hearing needs, and an assistive technology training enhancement initiative. Training has resulted in improvement in overall services as reflected in the parent surveys.
In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.	X	X	X	X	X	X	X	X	37 networks have completed Family Service Coordination (FSC) training with Mary Beth Bruder. Train the trainer sessions produced a FSC trainer at each local network. Development of online module has been ongoing in 2010 and is estimated to be completed in the fall of 2011. Online modules will be used by trainers for ongoing FSC training. Training has resulted in improvement in overall services as reflected in the parent surveys.
Reviews of local NCIP processes and plans will focus on the use of data by local networks to direct future planning activities.	X	X	X	X	X	X	X	X	KDHE reviews of NCIP plans and processes have produced significant improvements in coordination and interaction at the local level during the improvement planning process. Local programs are working more closely with local ICCs and community stakeholders to develop data-driven improvement activities that balance their identified needs with resources.
The state will identify and create a process to immediately clarify and validate data in local programs related to timely services.	X	X	X	X	X	X	X	X	This process has been ongoing, and predates the state performance plan. KDHE uses the infant-toddler database to collect data from local programs, and begins the clarification and cleaning process upon submission. Additional data collection tools, such as parent surveys, provider surveys, semi-annual reports, and random IFSP reviews

									are used cyclically to validate timely service provision. This process has improved KDHE’s ability to determine if timely service provision is occurring in every local program in Kansas.
Require networks to update data on the state’s database quarterly	X	X	X	X	X	X	X	X	Updates to the database have been tied to funding. KDHE requires each local program to update the database in order to receive a portion of their allotted funding for a period. Payment advances are suspended for programs that do not complete database updates in a timely manner, and are not released until the database update is completed. These actions have produced an increased level of timely database updates among local programs.
Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the timeliness of services.	X	X	X	X	X	X	X	X	The three survey instruments are used as validation tools for data entered into the infant-toddler database. As described in the discussion section in this APR indicator, the results from the three surveys indicate that the perception among parents and providers supports the data that has been collected through the database.
Semi-annual report reviews will focus on timelines.	X	X	X	X	X	X	X	X	Semi-annual reports (SARs) have the biggest impact of any state-generated reports for local use. Networks have been trained on interpretation and use of data in these reports, which are produced in February and October. The data provided through the SARs is the most recent and relevant trend data available to local programs.
KDHE is developing a systematic procedure for logging and addressing complaints.	X	X	X	X	X	X	X	X	Data collected for this activity will be relocated to the procedural safeguards section of this report.
Data will be collected to determine if there is a need for further assistance for local networks	X	X	X	X	X	X	X	X	KDHE believes data on actual service provision is more relevant for improvement activities than data on timely services. Therefore, KDHE tracks every individual service provided in Kansas, not just children receiving a collection of services. Doing so allows state staff to identify shortages among professionals and service providers, and to determine disciplines and geographic areas of the state that are in most need of assistance.
State staff will produce more formal monitoring and noncompliance procedures which will outline the periodic data integrity checks and annual noncompliance review period. More standardized statewide management reports will be developed using the existing data system, instead of the current ad hoc process.						X	X	X	Written monitoring and compliance procedures will improve staff understanding of requirements and create consistency in actions taken by state staff. The monitoring and noncompliance procedures will be reviewed annually.

**2) Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.**

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

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

Data described in this indicator was collected from the entrance/exit parent survey and Federal Data Table 2 from December 1, 2004. Local networks are responsible for collecting their local data that is imputed into the state’s Federal Data Tables. Responses to entrance/exit parent surveys are cross-referenced with the network reports to ensure that parents and service coordinators are consistent in their reporting of service locations.

Local networks submit IFSPs with their semi-annual reports for state Part C staff review. Part of this review process requires networks to provide justification statements as to why services are not provided in the child’s natural environment. The state has changed its practice of allowing networks the option of selecting the IFSPs to be reviewed. At the next IFSP submission date (July 30, 2006), local networks will be required to submit IFSPs for children randomly selected by state Part C staff from the database.

*Baseline Data:*

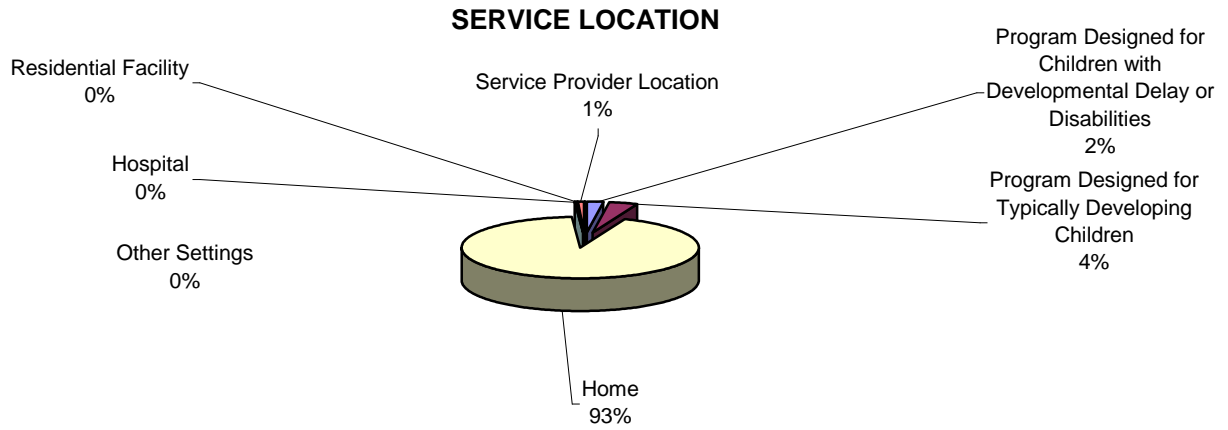
In 2004, 2947 children in Kansas had IFSPs. Of those children with IFSPs, 2856 received services in the home or in programs designed for typically developing children (96.9%).

According to entrance/exit parent survey results, services are provided in the child’s natural environment most of the time.

- 82.8% of parents responded that services were always provided in the natural environment.
- 10.3% of parents reported that services were frequently provided in the natural environment.
- 3.18% of parents reported that services are provided in natural environments about half of the time.
- 1.85% of parents reported that services are sometimes provided in the natural environment.
- 0.53% of parents reported that services were never provided in the natural environment.
- 1.32% of responses were missing/not legible.

According to Kansas’ December 1, 2004 Table 2, programs reported services in the following locations:

	Birth to One	One to Two	Two to Three	Total
Program Designed for Children with Developmental Delay or Disabilities	1	10	51	62
Program Designed for Typically Developing Children	10	33	74	117
Home	463	813	1463	2739
Hospital	1	0	0	1
Residential Facility	0	0	2	2
Service Provider Location	4	5	17	26
Other Settings	0	0	0	0
<b>Total:</b>	<b>479</b>	<b>861</b>	<b>1607</b>	<b>2947</b>



Information gathered for Federal Data Table 2 from December 1, 2004 defines service setting by race/ethnicity:

Program Setting by Race/Ethnicity	American Indian or Alaska Native	Asian or Pacific Islander	Black	Hispanic	White	Total
Program Designed for Children with Developmental Delay or Disabilities	1	0	8	6	47	62
Program Designed for Typically Developing Children	4	3	9	7	94	117
Home	10	56	246	330	2097	2739
Hospital	0	0	0	0	1	1
Residential Facility	0	0	0	0	2	2
Service Provider Location	0	0	3	2	21	26
Other Settings	0	0	0	0	0	0
<b>Total:</b>	<b>15</b>	<b>59</b>	<b>266</b>	<b>345</b>	<b>2262</b>	<b>2947</b>

*Discussion of Baseline Data:*

Further analysis on settings reveals the following data:

- Networks providing services in programs designed for children with developmental delay or disabilities: Butler County (1), Johnson County (1), McPherson McKIDS (10), Sedgwick County (30), Sunflower (15), and Wyandotte County (5).
- Networks providing services at a residential facility: Lakemary (2).
- Networks providing services at the service provider location: Butler County (1), Clay/Washington Counties (1), Douglas County (1), Geary County (1), McPherson McKIDS (2), Northwest Kansas (1), REACH (3), Reno County (3), Salina (11), Southeast Kansas (1), and Sumner County (1).

Kansas Infant-Toddler Services requires all 37 local early intervention networks to sign assurances that, “Comprehensive Part C early intervention services are available year-round on an interagency basis at no cost to parents.” The assurances must be signed in order to receive funding.

Data from the random parent survey, the provider survey, and the entrance/exit survey can be tracked to specific local networks for comparison to state means. Although the random survey and the provider survey are not in circulation yet, they will provide increased depth to parent responses, and outline service delivery from the providers’ perspectives.

In tracking results to specific networks from the entrance/exit parent survey, there is not a trend in any local network of inappropriate service delivery or IFSP development. Concerns appear to be sporadic and random across the state.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

State Part C staff expects that this indicator should currently be at 100%. Reasonable justifications should be provided in all IFSPs when services are not provided in natural environments. Some of the justifications continue to be inappropriate, such as parent choice, provider choice, scheduling difficulty, and funding. This issue will be annually reviewed with local coordinators during IFSP discussions and trainings.

*Year 1:* At or above 95% of children in Part C will have services in the natural environment.

*Year 2:* At or above 95% of children in Part C will have services in the natural environment.

*Year 3:* At or above 95% of children in Part C will have services in the natural environment.

*Year 4:* At or above 95% of children in Part C will have services in the natural environment.

*Year 5:* At or above 95% of children in Part C will have services in the natural environment.

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*Year 8:* At or above 95% of children in Part C will have services in the natural environment.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
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Kansas will promote evidence-based practice in early intervention.	X	X	X	X	X	X	X	X	36 of 37 local networks have completed the Evidence Based Practice Institute conducted by Dathan Rush and M'Lisa Sheldon. Kansas Inservice Training System (KITS) is contracted to provide technical assistance to the local networks on an ongoing basis to assist in a variety of topics. This includes long term, short term and ongoing consultation for the Part C systems. Kansas is involved with a Part C autism initiative. This provides the field with evidence based practices specific to autism. Kansas also has a training initiative in infant mental health, services to children with visual and hearing needs, and an assistive technology training enhancement initiative. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.	X	X	X	X	X	X	X	X	37 networks have completed Family Service Coordination (FSC) training with Mary Beth Bruder. Train the trainer has resulted in a FSC trainer at each local network. Development of online module has been on-going in 2010 and is estimated to be completed in the fall of 2011. Online module will be used by trainers for ongoing FSC training. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
Reviews of local NCIP processes and plans will focus on the use of data by local networks to direct future planning activities.	X	X	X	X	X	X	X	X	KDHE reviews of NCIP plans and processes have resulted in significant improvements in coordination and interaction at the local level during the improvement planning process. Local programs are working closely with their local ICC's and community stakeholders to develop data-driven improvement activities that balance their identified needs with resources.
Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the method of service provision.	X	X	X	X	X	X	X	X	The three survey instruments are used as validation tools for data imputed into the infant-toddler database. As described in the discussion section in this APR indicator, the results from the three surveys indicate that the perception among parents and providers reflects the data that has been collected through the database.
Semi-annual report reviews will focus on timelines.	X	X	X	X	X	X	X	X	Semi-annual reports have the biggest impact of any state-generated reports for local use. Locals

									have been trained on interpretation and application of data in these reports, which are produced February and October of every year. The data included in these reports is the most recent, and relevant, best format of trend data available to local programs.
Data will be collected to determine if there is a need for further assistance for local networks	X	X	X	X	X	X	X	X	In addition to data collected for federal data tables, KDHE collects settings information through the three surveys, semi-annual reports, improvement plans, and the infant-toddler database. Settings data are evaluated by state staff and justifications for services outside of natural environments are closely evaluated. The impact of these activities has been a consistently strong percentage of services provided in natural environments. The emphasis by KDHE on this practice has served as an educational tool for local program staff.

- 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.**

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

KDHE and KSDE (the lead agency for Kansas Part B 619) convened a group of stakeholders to advise and assist these lead agencies in developing a plan to collect and report data on this indicator. As a result of the stakeholders’ input, Kansas decided to use the Child Outcome Summary Form (COSF) developed by the Early Childhood Outcome Center to summarize and report Child Outcome data.

A survey was sent to Kansas Local Education Agencies (LEAs) and Part C Infant-Toddler Networks (C-ITN) to determine which curriculum-based assessments were currently utilized by early intervention and early childhood programs in Kansas. Eight of the most commonly used curriculum-based assessments were approved for use in completing the COSF. The Kansas approved assessments include:

- AEPS
- Carolina Curriculum for Infants and Toddlers/Preschoolers with Special Needs
- Child Observation Record
- Creative Curriculum
- Hawaii Early Learning Profile (HELP)
- Individual Growth and Development Indicators (IGDI)
- Transdisciplinary Play-Based Assessment (TPBA)
- Work Sampling System

At least one of the recommended assessments will be used in conjunction with information obtained through record review, interview, observation, screening, parent input, and additional tests to complete the COSF.

Kansas C-ITNs and LEAs not currently using one of the approved curriculum-based assessments were given a transition period option of using one of the following assessments from April 2005-April 2007.

- Weschler Primary and Preschool Scale of Intelligence
- Stanford Binet Differential Ability Scales
- Woodcock Johnson III
- Bayley Scales of Infant Development
- Batelle Developmental Inventory

This transition option was offered to give C-ITNs and LEAs time to choose one of the approved curriculum-based assessments and train staff on its use.

A Memorandum of Understanding was developed between KDHE and KSDE for collaboration on student data. Service responsibilities outlined include agreement for data field development, data transmission, priority use of data for the ECO indicator, data use and restrictions, and confidentiality. With parental permission, this agreement allows LEAs to use Part C exit data as their Part B entry data for those children who transition from Part C and are eligible for Part B special education and related services.

Via a General Supervision Enhancement Grant (GSEG) awarded to KSDE (Part B lead agency), a web application, the Outcome Web System (OWS) was developed for entering child outcome data by C-ITNs and LEAs. Through utilization of this system, Part C has the ability to match entry and exit COSF ratings for individual children using unique student identifier numbers. These identifier numbers are assigned through the Kansas Individual Data on Students (KIDS) Assignment System. The KIDS Authentication System is used for registration of Part C and B personnel who will enter the COSF ratings.

The Kansas Inservice Training System (KITS), in conjunction with the Kansas Part C Coordinator and the Kansas Part B 619 Coordinator, provided training and technical assistance to administrators and service providers in outcome data collection, reporting and use. This training was initially provided through Interactive Distance Learning (IDL) using a training of trainers model, presentations at professional organization conferences, question and answer conference calls, and individual TA. Training materials which include, in part, a Power Point presentation, training video, Frequently Asked Questions (FAQs), ECO assessment crosswalks and *Outcomes Web System Users Guide* are available at <http://www.kskits.org>. There are also flash tutorials and a Help Desk phone number available for help with registering as a user and assignment of KIDS student identifier numbers. Trainings have been provided throughout the State on administering curriculum-based assessments (e.g. AEPS, HELP, Carolina). Three follow-up interactive regional trainings for team members from C-ITNs and LEAs were provided in February and March 2007.

Kansas is working with the Early Childhood Outcome Center on a pilot study. Twelve Kansas sites (6 Part C and 6 Part B) were selected for the pilot study. Drs. Dale Walker and Charles Greenwood from Juniper Gardens Children's Project (part of the OSEP funded Early Childhood Outcomes Center) designed the research study and will analyze and share the data from this study.

#### *Entry Data for FFY 2005 (2005-2006):*

The following information is entry data on each of the three outcome areas for all children, age birth to three years, who entered Part C Infant-Toddler Services from April 1, 2006 through September 30, 2006 and who were anticipated to be in Part C for at least six (6) months. Census data, not sampling data, is used to determine outcome ratings.

(a) The percent of children functioning at a level comparable to same-aged peers:

Outcome 1: 35% (449 children)

Outcome 2: 24% (314 children)

Outcome 3: 28% (365 children)

(b) The percent of children functioning at a level below same-aged peers:

Outcome 1: 65% (838 children)

Outcome 2: 76% (973 children)

Outcome 3: 72% (922 children)

The percentages were based on a total of 1,287 children.

The criteria for defining "comparable to same-aged peers" is a child who is rated a 6 or 7 on the Child Outcome Summary Form (COSF).

#### *Discussion of Baseline Data:*

Baseline data was available on 1,949 children at the time of the 2008 update to the SPP. Subsequent review of the OWS system in preparation for the 2009 report found additional records for the 2008 reporting time period were recorded by OWS after the submission of the 2008 APR and SPP, causing the total census and outcome experience to differ significantly from the reported information. This change in system data coupled with the results found for the 2009 reporting period have convinced Kansas' ITS staff the prior reported data was not fully representative of the population of children served by the program, and additional training, assessment experience, and guidance on use of the system also affected the results reported as baseline versus the reports seen for 2009. These activities have improved the quantity and quality of the data produced. Those results are discussed below, and a new baseline and targets for the upcoming reporting years are outlined.

The maximum length of time the children represented in the reported baseline data could have participated in Part C Infant-Toddler Services is 36 months since data collection began in April 2006. The data reflects urban and rural demographic regions within the state.

*Federal Fiscal Year:*

The initial data collection occurred in Federal Fiscal Year 2005 (2005-2006). Progress data includes FFY 2006.

*Measurable and Rigorous Target:*

<b>Summary Statements</b>	<b>Targets FFY 2009, as reported in 2008 (% of children)</b>	<b>Actual FFY 2009 (% of children – new baseline)</b>
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>		
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	68.48%	57.43%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	63.62%	56.23%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
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	70.76%	61.04%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	54.80%	47.34%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
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	73.23%	66.89%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	69.11%	63.34%

**Progress Data for Part C Children 2009**

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	11	.45%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	688	27.93%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	379	15.39%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	564	22.90%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	821	33.33%
<b>Total</b>	<b>N=2,463</b>	<b>100%</b>
<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	13	.53%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	793	32.20%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	491	19.94%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	772	31.34%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	394	16.00%
<b>Total</b>	<b>N=2,463</b>	<b>100%</b>

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	16	.65%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	530	21.52%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	357	14.49%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	746	30.29%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	814	33.05%
<b>Total</b>	N=2,463	100%

The 2009 reporting period data presented here shows a significant increase in the number of children meeting reporting criteria for this indicator. The 514 child increase is 26.37% more than the reported baseline. The 2008 OWS adjusted data, found while collecting data for this report, found 2,224 children, a 275 child increase (14%) over previous baseline reported figures, and 239 children less than the 2009 count. The outcomes summary statements for the 2008 adjusted data were significantly lower than the reported baseline summary statements. The 2009 summary statements percentages are lower than those found in the OWS adjusted data. Analysis of this data finds the following conclusions:

1. Reported baseline data was not fully representative of the population of children exiting Part C in Kansas, based upon the size differential in total children meeting reporting criteria.
2. Results for children entered after the 2008 baseline report was submitted were for children with more complex disabilities, different acuties, and more difficult evaluations, based upon the significant downward change in summary statement percentages over time.
3. Additional experience and guidance with this indicator and the state-developed OWS system was needed by local Part C staff evaluating the full spectrum of children receiving Part C services, which was received during the 2009 reporting period.

Due to these factors, Kansas is re-establishing the baseline and targets for this indicator with the 2009 reported data (above) as the baseline.

<b>Targets for Infants and Toddlers Exiting in FFY 2010, FFY 2011, and FFY 2012 Reported in February 2012, February 2013, and February 2014</b>			
<b>Summary Statements</b>	<b>Targets for FFY 2010 (% of children)</b>	<b>Targets for FFY 2011 (% of children)</b>	<b>Targets for FFY 2012 (% of children)</b>
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>			
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 turned 3 years of age or exited the program.	57.53%	57.63%	57.73%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age of exited the program.	56.33%	56.43%	56.53%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>			
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 turned 3 years of age or exited the program.	61.14%	61.24%	61.34%
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.	47.44%	47.54%	47.64%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>			
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 turned 3 years of age or exited the program.	66.99%	67.09%	67.19%
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.	63.44%	63.54%	63.64%

*Improvement Activities/Timelines/Resources:*

Improvement Activities	Timelines								Resources
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
1. Training and technical assistance to networks on improving data entry.	X	X	X	X	X	X	X	X	KITS, KSDE and KDHE staff
2. Analyze data and OWS data system to determine ongoing training needs and increase frequency of OWS interim data reviews to improve validity and reliability of the data collection system.	X	X	X	X	X	X	X	X	KITS, ECO Center, Juniper Garden Children’s Project, KDHE and KSDE staff
3. Develop a network level report function on all child entries and exits in the database for networks.			X						KSDE staff
<b>Note: The following activities were new for FFY2008 and implemented in 2009 for Indicator 3. Thus, status and past APR notations are not mentioned.</b>									
1. Develop and distribute specific guidance tools for using Outcomes Web Systems report functions to analyze and link results of data analysis to evidence-based program improvement activities.					X	X	X	X	KITS, KSDE and KDHE staff
<b>Justification:</b> The implementation of evidence-based program improvement activities is needed for improved child outcomes.									
2. Develop reports in the Outcomes Web System (OWS) to support networks and the state in data analysis.					X				KITS, KDHE and KSDE staff
<b>Justification:</b> Data drill down is needed for network program improvement.									
3. Target training and technical assistance on improving documentation of rating process on the Child Outcome Summary Form, and on data integrity.					X	X	X	X	KITS, KSDE and KDHE staff
<b>Justification:</b> There is need for continued targeted assistance for ongoing improvement to validity and reliability of data.									

- 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.**

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

State Part C staff utilized data from the Kansas Early Intervention Longitudinal Study (KEILS) in response to this indicator in past Annual Performance Reports to OSEP. However, with the development of the entrance/exit parent survey during the last year, it became evident that KEILS data was not correlating with the survey results. This was noted Kansas’ July, 2003-June 2004 Annual Performance Report.

Investigation into this issue revealed that parents generally responded, “Yes” to the question asked in the KEILS study, because they were generally happy with the services and service providers. The entrance/exit parent survey asks the questions in a more functional manner, and requests that parents recall how they found out this information.

When presented with a functional question, only about half of the respondents indicated that they knew their procedural safeguards. This was noted, and became the focus of technical assistance and training, which is ongoing. Families continue to have readily available access to the procedural safeguards, and are given copies of the information upon IFSP development and review. A parents’ rights brochure is also available through local networks and on the state’s website.

Entrance/exit parent survey data is collected on a continuous basis, with surveys distributed to all families with children in Part C programs immediately following the development of the initial IFSP, and again during the transition process. Respondents are tracked by unique identifier numbers on each survey, so representativeness is ensured through this process. However, KDHE primarily uses tracking data to evaluate performance at the program level, rather than the individual family level. Also, the results from the entrance/exit survey are periodically cross-tabulated with results from the randomly-selected parent survey (please see the Kansas sampling plan, which is on file with OSEP) to ensure the validity of responses. The respondents are representative of the state’s Part C population.

*Baseline Data:*

Entrance/Exit Parent Surveys include specific questions that address parent involvement. Responses to the following questions have been tracked:

A) Percent of families that know their rights:

Do you know whom to contact *outside of your local EI program* if you have a concern?

- 51.9% Yes (If yes, please describe how you found this information\_\_\_\_\_)
- 46.9% No
- 1.23% Missing

B) Parents know how to effectively communicate their children’s needs:

Please rate the following statement: *EI services have helped me find resources and speak out for the needs of my child and family.*

- 57.1% Strongly Agree
- 35.6% Agree
- 1.58% Disagree
- 0.95% Strongly Disagree
- 4.76% Not Sure

C) Help their children develop and learn:

In learning to meet my child’s needs, EI services have been...

- 84.3% Very Helpful
- 13.1% Somewhat Helpful
- 0.93% Neutral
- 0.62% Not Helpful
- 0.93% Not Sure

As a parent(s), how involved were you in developing your child’s plan?

- 83.7% I/we were involved in *every step* of the process.
- 14.4% I/we were involved in most steps in the process.
- 1.59% I/we were involved in about half of the process.
- 0.03% I/we were involved only at a few points in the process.
- 0.00% I/we were not involved in the process much.

On a scale from 1 to 10, please rate your expectations for your child’s future.

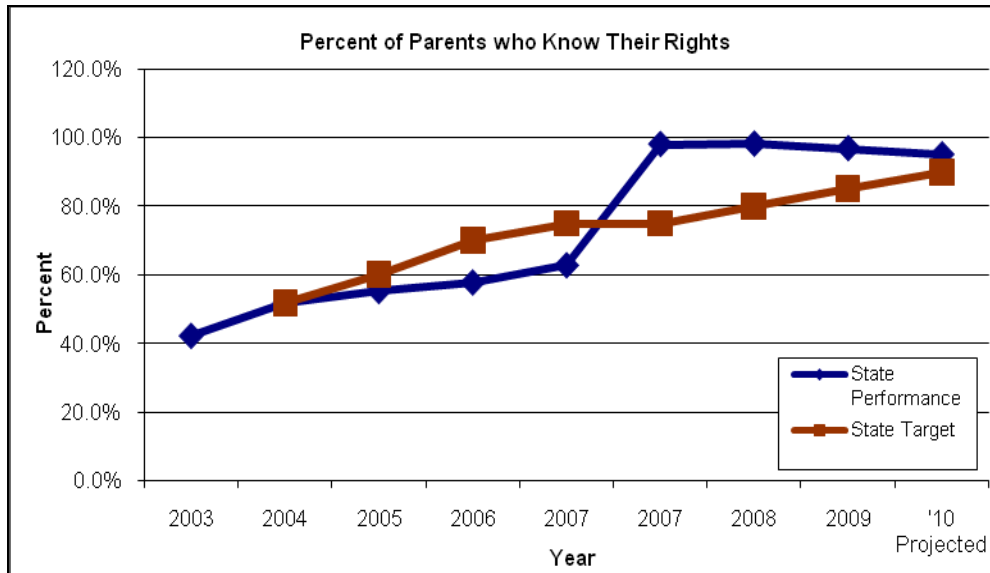
I worry about my not achieving his/her potential.	1	2	3	4	5	6	7	8	9	10	My child will achieve his/ her potential.
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Mean Score: 8.83; High: 10; Low: 1

*Discussion of Baseline Data:*

As stated in last year’s Annual Performance Report, KDHE has reworded the parent survey question regarding procedural safeguards. After considerable input from local programs, the State Interagency Coordinating Council, parents, and technical assistance providers, KDHE determined that the question was being asked in a way that placed a greater burden on an affirmative response than on a negative response.

KDHE believes that the three new questions<sup>1</sup> provide better insight into where the procedural safeguard bottleneck may exist. Rather than having a blanket statement, KDHE can now determine if 1) the 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.



In making this change, the percentage of affirmative responses increased significantly from previous data reports, as the chart above illustrates. *(Please note that the year 2007 is included twice, because responses from both versions of the procedural safeguards question were tabulated).*

Given the significant (35%) increase in affirmative responses following the change in the measurement tool, KDHE received approval to adjust the state target to “95% of parents will know their rights” for two years. KDHE is seeking to extend this target for the two additional years of this SPP.

KDHE believes that this target will more accurately reflect the performance relative to what is essentially a new baseline through the measurement tool. A 95% target is appropriate because it is rigorous and maintains the independence of parental responses on surveys.

In addition to the surveys, interviews with family service coordinators during site visits indicate a large amount of activities are taking place to assist families with their identified needs.

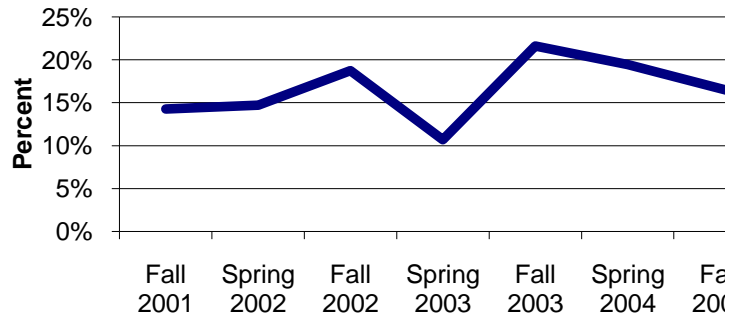
The results from the entrance/exit survey, particularly the first procedural safeguards question, were concerning to state Part C staff. As a result, procedural safeguards have been emphasized at regional meetings, and training/technical assistance has been provided to networks. Kansas Infant-Toddler services staff anticipate that parents will report significant improvement in their knowledge of procedural safeguards during the next survey tabulation.

<sup>1</sup> See Appendix 1: Entrance/Exit Parent Survey, for a complete version of the revised survey.

Federal Fiscal Year:

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

**TABLE V: Percent of Networks Reporting Complaints**



Measurable and Rigorous Targets:

Year 1: A) At least 60% of parents will know their rights.

B) At least 94% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) Kansas Infant-Toddler Services is working with the Early Childhood Outcomes group to develop a measure that gauges the effectiveness early intervention services in helping children develop and learn.

Year 2: A) At least 70% of parents will know their rights.

B) At least 95% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 97% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 3: A) At least 75% of parents will know their rights.

B) At least 96% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 97% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 4: A) At least 80% of parents will know their rights.

B) At least 97% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 97% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 5: A) At least 95% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 98% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 6: A) At least 95% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 98% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 7: A) At least 95% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 98% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Year 8: A) At least 95% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children’s needs.

C) 98% of families participating in Part C will report that early intervention services have helped the family help their children develop and learn

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Kansas will promote evidence-based practice in early intervention.	X	X	X	X	X	X	X	X	36 of 37 local networks have completed the Evidence Based Practice Institute conducted by Dathan Rush and M’Lisa Sheldon. Kansas Inservice Training System (KITS) is contracted to provide technical assistance to the local networks on an ongoing basis to assist in a variety of topics. This includes long term, short term and ongoing consultation for the Part C systems. Kansas is involved with a Part C autism initiative. This provides the field with evidence based practices specific to autism. Kansas also has a training initiative in infant mental health, services to children with visual and hearing needs, and an assistive technology training enhancement initiative. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.	X	X	X	X	X	X	X	X	37 networks have completed Family Service Coordination (FSC) training with Mary Beth Bruder. Train the trainer has resulted in a FSC trainer at each local network. Development of online module has been on-going in 2010 and is estimated to be completed in the fall of 2011. Online module will be used by trainers for ongoing FSC training. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
Reviews of local NCIP processes and plans will focus on the use of data by local networks to direct future planning activities.	X	X	X	X	X	X	X	X	KDHE reviews of NCIP plans and processes have resulted in significant improvements in coordination and interaction at the local level during the improvement planning process. Local programs are working closely with their local ICC’s and community stakeholders to develop data-driven improvement activities that balance their identified needs with resources.
Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the method of service provision.	X	X	X	X	X	X	X	X	The three survey instruments are used as validation tools for data imputed into the infant-toddler database. As described in the discussion section in this APR indicator, the results from the three surveys indicate that the perception among parents and providers reflects the data that has been collected through the database.
Semi-annual report reviews will focus on timelines.	X	X	X	X	X	X	X	X	Semi-annual reports have the biggest impact of any state-generated reports for local use. Locals have been trained on interpretation and application of data in these reports, which are produced February

									and October of every year. The data included in these reports is the most recent, and relevant, best format of trend data available to local programs.
Data will be collected to determine if there is a need for further assistance for local networks	X	X	X	X	X	X	X	X	In addition to data collected for federal data tables, KDHE collects settings information through the three surveys, semi-annual reports, improvement plans, and the infant-toddler database. Settings data are evaluated by state staff and justifications for services outside of natural environments are closely evaluated. The impact of these activities has been a consistently strong percentage of services provided in natural environments. The emphasis by KDHE on this practice has served as an educational tool for local program staff.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**5) Percent of infants and toddlers birth to 1 with IFSPs compared to national data.**

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

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

Local networks develop their own marketing and screening plans. Monthly screening is available through collaborative efforts with the infant-toddler lead agency, local health departments, mental health centers, family volunteers, school districts, Parents as Teachers, Early Head Start/Head Start, Social and Rehabilitation Services, the medical community, and others within their communities.

These entities also initiate direct referral for evaluation and/or early intervention services. Local health departments and other providers offer Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), known as Kan-Be-Healthy.

The hospitals in Kansas with Neonatal Intensive Care Units have developed a direct referral system to the community infant-toddler network which includes the infant-toddler lead agency, the infant’s physician, and the local health department.

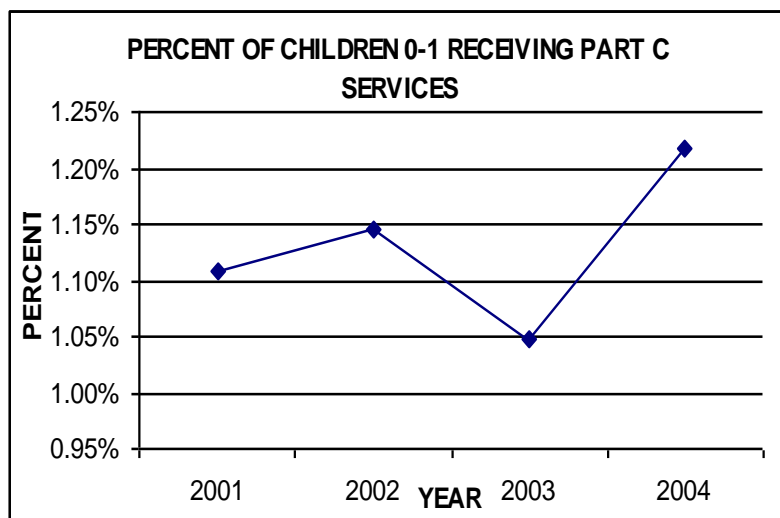
Other local efforts include the development of periodic follow-up screening for those infants and toddlers who are considered at risk for developmental delay; radio, television, and newspaper public service announcements in Spanish and English; information and developmental packets given to families of newborns; flyers and brochures posted throughout their communities; and poster displays at conferences and health fairs.

*Baseline Data:*

According to Federal Data Table 2 from December 2004, Kansas served 479 children age birth-to-one. This correlates to 1.23% of the live births in Kansas during the corresponding time period.

Compared to national average of 0.98% of children birth-to-one served, Kansas is 0.25% above the mean. States defined by OSEP as having broad eligibility standards serve a mean of 1.40% of children birth-to-one. Kansas falls below this mean by 0.17%. However, Kansas is above the median of broad eligibility states (1.12%) by 0.11%.

The State of Kansas has been defined by OSEP’s ranking criteria as having broad eligibility. Kansas’



level of developmental delay required for eligibility includes a 25% delay or 1.5 SD in one or more areas, a 20% delay or 1 SD in two areas, or clinical judgment. Kansas does not serve children determined at-risk.

*December 1 Snapshot Count and Percent Served*

Year	Live Births	Number of Children Receiving Part C Services	Percent
2001	39654	439	1.11%
2002	38955	446	1.14%
2003	39442	413	1.05%
2004	39353	479	1.22%

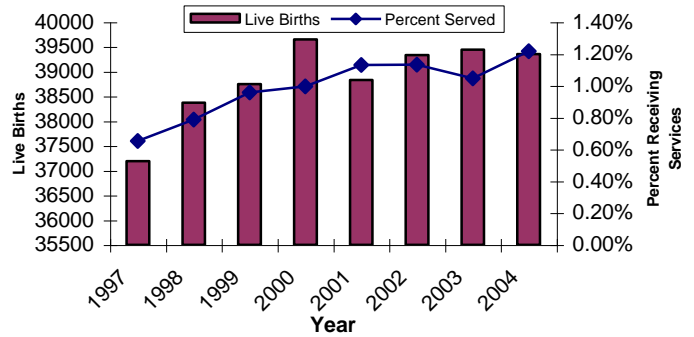
Local networks report their live birth data in the fall reporting period on semi-annual reports. For the birth to one population, the state's 36 networks in existence at the time the baseline was determined served the following percentages:

Network	Live Births	Birth to One Served	Percent of Live Births
Arrowhead West, Inc.	1349	14	1.04%
Butler County Infant/Toddler Services	704	15	2.13%
City of Atchison	167	1	0.60%
Clay/Washington Infant-Toddler	141	4	2.84%
Cloud/Republic Infant-Toddler Services	157	2	1.27%
Douglas County Infant-Toddler Services	1229	12	0.98%
Flint Hills Special Education Coop.	842	6	0.71%
Geary County Infant-Toddler Services	877	10	1.14%
Harvey County Infant Toddler Program	432	6	1.39%
Hays Interagency Coordinating Council	378	10	2.65%
Jewell/Lincoln/Mitchell County ICC	114	0	0.00%
Johnson County Infant-Toddler Services	7475	74	0.99%
Kid-Link/DSNWK	328	1	0.30%
Lakemary Center Infant Toddler Program	694	7	1.01%
Leavenworth County Infant-Toddler Services	970	7	0.72%
Marion County Early Intervention Services	134	3	2.24%
Marshall County Infant-Toddler Services	115	0	0.00%
MCKIDS	342	17	4.97%
Northeast Kansas Infant Toddler Services	793	12	1.51%
Northwest Kansas Education Service Center	395	7	1.77%
Osage County ICC Infant-Toddler Services	239	3	1.26%
Ottawa-Wellsville Infant-Toddler	237	9	3.80%
Parents and Children Together, Inc.	531	12	2.26%
Pottawatomie/Wabaunsee Infant-Toddler Program	366	4	1.09%
Prairie Band Potawatomie Indians	25	0	0.00%
REACH Preschool	461	9	1.95%
Reno County Early Intervention Program	806	12	1.49%
Infant Toddler Network of Riley County	632	3	0.47%
Russell Child Development Center Children and Families	1346	14	1.04%
Salina Regional Health Center Infant-Child Development	1065	40	3.76%
Sedgwick County Early Childhood Coordinating Council	7568	71	0.94%
Shawnee County Infant-Toddler Services	2460	33	1.34%
Southeast Kansas Birth to Three Program	2292	16	0.70%
Sumner County ICC	297	5	1.68%
Sunflower Diversified Service, Early Education Center	617	4	0.65%
Wyandotte County Infant-Toddler Services	2772	36	1.30%
<b>TOTAL</b>	<b>39350</b>	<b>479</b>	<b>1.22%</b>

TABLE XIV: Children under 12 Months Receiving Services

Year	Live Births	Children Under-12 Months Receiving Services	Percent of Total Under-12 Months Population
1997	37191	243	0.65%
1998	38372	302	0.79%
1999	38748	371	0.96%
2000	39654	395	1.00%
2001	38832	439	1.13%
2002	39338	446	1.13%
2003	39442	413	1.05%
2004	39353	479	1.22%

TABLE XIV(a): Percent of All Children <12 Months Receiving Services



Discussion of Baseline Data:

The number of children evaluated and determined eligible continues to increase in Kansas.

The number of children provided initial evaluations continues to increase and the proportion of those children found eligible holds steady. This indicates the referral and evaluation process throughout the state is being implemented accurately and uniformly.

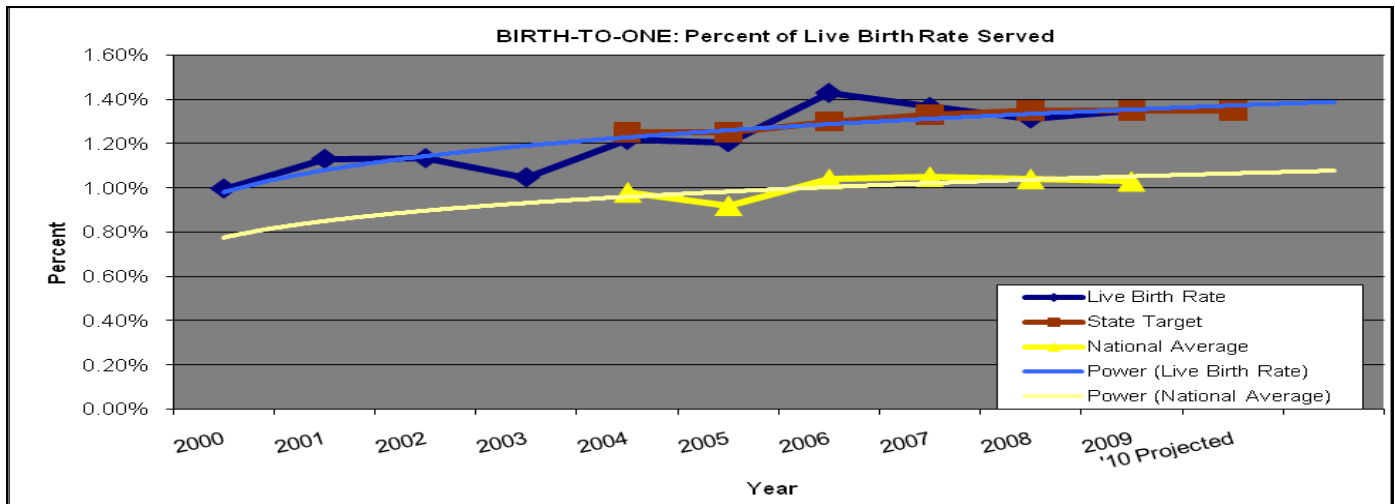
The number and percentage of children in NICU’s eligible for Part C services continues to remain steady over a 5-year period averaging 30% of all children in NICU’s.

Part C staff believes that the data demonstrates infants under the age of one are being identified and receiving services early. This indicator will be monitored with the expectation of increased percentages.

Kansas Infant-Toddler Services changed the database to analyze referrals from health professionals by breaking down categories to identify physicians versus health departments. Analysis of this data will assist us in determining more precise child find focus in relation to the health field.

Child-find targets were established at the end of a rapid growth in the number and percent of children served in Part C in Kansas. Five years ago, when Kansas determined its baseline and considered six-year targets, a series of trend data analyses were constructed to provide an estimate of moderate state growth, national trend data, and data from states with similar (broad) eligibility criteria.

Since the initial trend data reflected a decade of rapid growth, the effect on the trend line was exaggerated to project a higher percentage increase in the live birth rate served than what actually occurred. Kansas, in the initial State Performance Plan, sought to simply equal the national average at the end of the six-year period. The chart below graphically depicts Kansas’ original six-year targets, Kansas’ actual performance, and national performance. Also, it includes an updated trend line that projects Kansas and national performance in year six.



As the chart illustrates, Kansas' trend line for performance is slightly lower (about .05%) than the established year six target. Even so, this places Kansas approximately 0.25% above national performance, which was Kansas' original intent to match. Currently, Kansas is 0.26% above the mean and 0.33% above the median in this indicator, ranking 15<sup>th</sup> nationally. KDHE is requesting that OSEP reconsider the target for this indicator for year #5 and year #6 to be:

*Kansas Infant-Toddler Services will serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35% of the birth-to-one population.*

Kansas has proposed to OSEP that there be no increase in our birth-to-one percentage over the last two years of the State Performance Plan. This will allow KDHE to offer a realistic opportunity for some local programs that are struggling to achieve an ever-increasing target. The end result will be that Kansas' State Performance Plan baseline will remain at 1.23%, and the year six target will be modified to 1.35%, from the initial target of 1.38%.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.25%.

*Year 2:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.30%.

*Year 3:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.33%.

*Year 4:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

*Year 5:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

*Year 6:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

*Year 7:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

*Year 8:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Kansas will promote evidence-based practice in early intervention.	X	X	X	X	X	X	X	X	36 of 37 local networks have completed the Evidence Based Practice Institute conducted by Dathan Rush and M’Lisa Sheldon. Kansas Inservice Training System (KITS) is contracted to provide technical assistance to the local networks on an ongoing basis to assist in a variety of topics. This includes long term, short term and ongoing consultation for the Part C systems. Kansas is involved with a Part C autism initiative. This provides the field with evidence based practices specific to autism. Kansas also has a training initiative in infant mental health, services to children with visual and hearing needs, and an assistive technology training enhancement initiative. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.	X	X	X	X	X	X	X	X	37 networks have completed Family Service Coordination (FSC) training with Mary Beth Bruder. Train the trainer has resulted in a FSC trainer at each local network. Development of online module has been on-going in 2010 and is estimated to be completed in the fall of 2011. Online module will be used by trainers for ongoing FSC training. This has resulted in improvement in overall services as reflected in the consistently increasing trend lines in parent surveys and ECO results.
Reviews of local NCIP processes and plans will focus on the use of data by local networks to direct future planning activities.	X	X	X	X	X	X	X	X	KDHE reviews of NCIP plans and processes have resulted in significant improvements in coordination and interaction at the local level during the improvement planning process. Local programs are working closely with their local ICC’s and community stakeholders to develop data-driven improvement activities that balance their identified needs with resources.
Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the method of service provision.	X	X	X	X	X	X	X	X	The three survey instruments are used as validation tools for data imputed into the infant-toddler database. As described in the discussion section in this APR indicator, the results from the three surveys indicate that the perception among parents and providers reflects the data that has been collected through the database.
Semi-annual report reviews will focus on timelines.	X	X	X	X	X	X	X	X	Semi-annual reports have the biggest impact of any state-generated reports for local use. Locals have been trained on interpretation and application of data in these reports, which are produced February and

									October of every year. The data included in these reports is the most recent, and relevant, best format of trend data available to local programs.
Data will be collected to determine if there is a need for further assistance for local networks	X	X	X	X	X	X	X	X	In addition to data collected for federal data tables, KDHE collects settings information through the three surveys, semi-annual reports, improvement plans, and the infant-toddler database. Settings data are evaluated by state staff and justifications for services outside of natural environments are closely evaluated. The impact of these activities has been a consistently strong percentage of services provided in natural environments. The emphasis by KDHE on this practice has served as an educational tool for local program staff.

**6) Percent of infants and toddlers birth to 3 with IFSPs compared to national data**

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

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

The same process described under indicator #5 applies to this indicator.

*Baseline Data:*

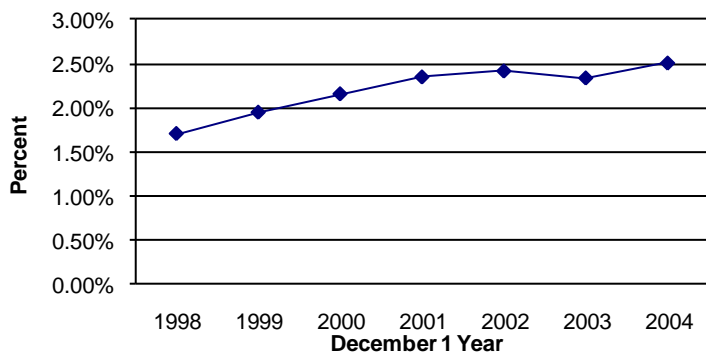
The State of Kansas has been defined by OSEP’s ranking criteria as having broad eligibility.

Compared to national average of 2.30% of children birth-to-three served, Kansas is 0.27% above the mean by serving 2.57%. States defined by OSEP as having broad eligibility standards serve a mean of 2.79% of children birth-to-three. Kansas falls below this mean by 0.22%. Kansas is also below the median of broad eligibility states (2.74%) by 0.17%.

Based on the December 1 Child Count, from 1998 to 2002, the number and percentage of children birth to three receiving early intervention services on December 1<sup>st</sup> increased each year. The number and percentage declined slightly in 2003, but increased again in 2004 by 0.17%.

Each of the 36 networks reports its individual child find efforts in semi-annual reports. Examples of local efforts include the following: media announcements, mass mailings, community newsletters, presentations to community resources such as civic groups, crisis center, library, expectant mother classes, SRS, homeless centers, physicians’ lunches, Part C staff serving on local early childhood task forces, participation in health fairs/parent universities, participation in community playgroups, fund raising efforts, membership in the chamber of commerce, and pre-service presentations or classes.

**Percent of Children Receiving Part C Services**



Year	Live Births	Number of Children Receiving Part C Services	Percent
1998	110802	1884	1.70%
1999	112547	2187	1.94%
2000	115259	2481	2.15%
2001	116774	2738	2.34%
2002	117234	2828	2.41%
2003	117824	2749	2.33%
2004	117750	2947	2.50%

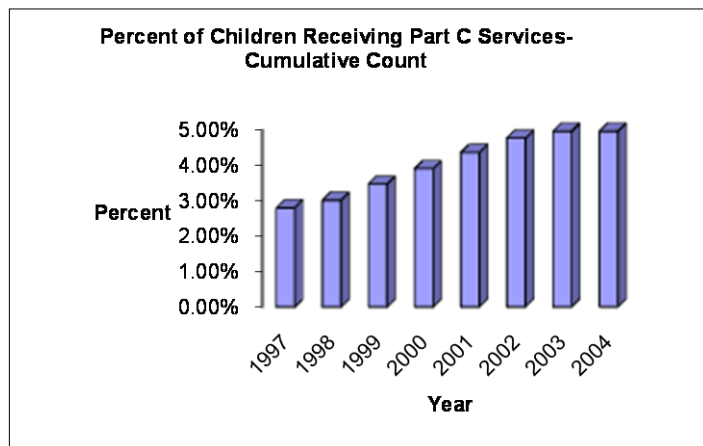
Networks report their live birth data in the fall reporting period on semi-annual reports. KDHE staff analyzes the percentage of children served in each network and works with networks locally if percentages fall below the state average. For the birth to three population, the state’s 36 networks in existence at the time the baseline was determined serve the following percentages:

Network	3-Year Live Births	Birth to 3 Served	Percent of Live Births
Arrowhead West, Inc.	3892	97	2.49%
Butler County Infant/Toddler Services	2182	68	3.12%
City of Atchison	476	16	3.36%
Clay/Washington Infant-Toddler	674	27	4.01%
Cloud/Republic Infant-Toddler Services	469	25	5.33%
Douglas County Infant-Toddler Services	3640	80	2.20%
Flint Hills Special Education Coop.	2458	29	1.18%
Geary County Infant-Toddler Services	2647	74	2.80%
Harvey County Infant Toddler Program	1295	37	2.86%
Hays Interagency Coordinating Council	1121	40	3.57%
Jewell/Lincoln/Mitchell County ICC	367	7	1.91%
Johnson County Infant-Toddler Services	21746	547	2.52%
Kid-Link/DSNWK	939	20	2.13%
Lakemary Center Infant Toddler Program	1972	56	2.84%
Leavenworth County Infant-Toddler Services	2836	76	2.68%
Marion County Early Intervention Services	395	9	2.28%
Marshall County Infant-Toddler Services	342	27	7.89%
MCKIDS	1046	46	4.40%
Northeast Kansas Infant Toddler Services	1329	65	4.89%
Northwest Kansas Education Service Center	2172	32	1.47%
Osage County ICC Infant-Toddler Services	697	42	6.03%
Ottawa-Wellsville Infant-Toddler	784	33	4.21%
Parents and Children Together, Inc.	1572	39	2.48%
Pottawatomie/Wabaunsee Infant-Toddler Program	1050	33	3.14%
Prairie Band Potawatomie Indians	75	2	2.67%
REACH Preschool	1453	53	3.65%
Reno County Early Intervention Program	2517	88	3.50%
Infant Toddler Network of Riley County	1920	33	1.72%
Russell Child Development Center Children and Families	4277	144	3.37%
Salina Regional Health Center Infant-Child Development	3242	127	3.92%
Sedgwick County Early Childhood Coordinating Council	22550	352	1.56%
Shawnee County Infant-Toddler Services	7409	232	3.13%
Southeast Kansas Birth to Three Program	6953	106	1.52%
Sumner County ICC	970	32	3.30%
Sunflower Diversified Service, Early Education Center	1813	73	4.03%
Wyandotte County Infant-Toddler Services	8470	180	2.13%
<b>TOTAL</b>	<b>117750</b>	<b>2947</b>	<b>2.50%</b>

*Discussion of Baseline Data:*

In addition to December 1 counts, Kansas Infant-Toddler Services also uses 6-month and annual cumulative counts to track the number of children served. Unlike the December 1 snapshot data, cumulative counts reflect the number of children served at any point during the year.

Cumulative count data is compiled by the state for comparison purposes, and is also disaggregated by network and by county. Network data is used to compare networks and trends in child-



find and service delivery. Data disaggregated by county provides further identification of the level of service networks provide to specific localities.

The tables that follow: 1) relate statewide cumulative counts to the number of live births in Kansas; 2) compare cumulative count data to December 1 count data; and 3) identify cumulative counts by county. They are distributed to local networks for their planning purposes. Local networks are expected to use the data from each of their counties to identify areas that may be under-served or over-served.

TABLE X: December 1 and Cumulative Counts

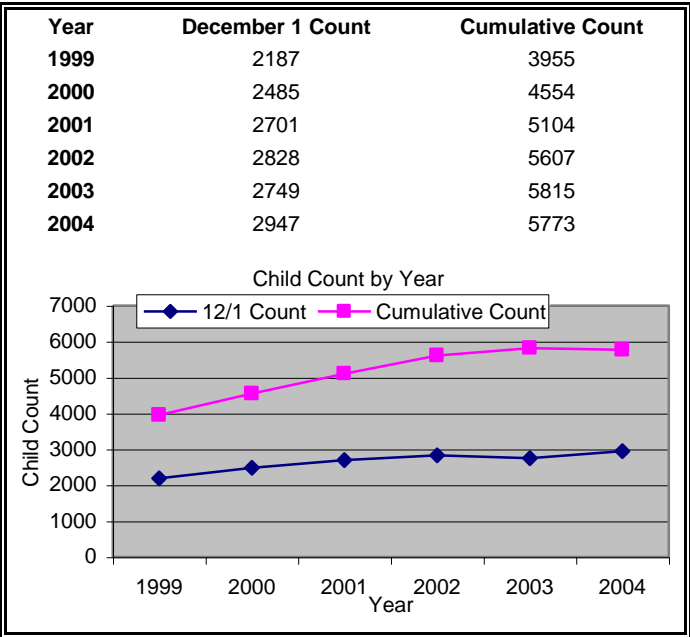


TABLE XI: Cumulative Count and Percent Served.

Year	Live Births	Number of Children Receiving Part C Services	Percent
1997	110802	3093	2.79%
1998	112087	3364	3.00%
1999	114311	3955	3.46%
2000	116774	4554	3.90%
2001	117234	5104	4.35%
2002	117824	5607	4.76%
2003	117523	5815	4.95%
2004	117523	5815	4.95%

As of 5/31/2005

County / Region
Allen
Anderson
Atchison
Barber
Barton
Bourbon
Brown
Butler
Chase
Chautauqua
Cherokee
Cheyenne
City of Atchison
Clark
Clay
Cloud
Coffey
Comanche
Cowley
Crawford
Decatur
Dickinson
Doniphan
Douglas
Edwards
Elk

CUMULATIVE COUNT: Birth-to-One		
1 Year Live Births	Cum. Ct. Birth - 1	Cum. % Live Births
183	0	0.00%
55	2	3.64%
55	1	1.82%
39	2	5.13%
371	3	0.81%
220	2	0.91%
131	2	1.53%
704	14	1.99%
35	0	0.00%
38	0	0.00%
265	3	1.13%
22	0	0.00%
167	0	0.00%
21	0	0.00%
81	1	1.23%
113	1	0.88%
108	2	1.85%
12	0	0.00%
461	9	1.95%
534	1	0.19%
28	0	0.00%
212	7	3.30%
76	0	0.00%
1229	12	0.98%
41	1	2.44%
22	1	4.55%

CUMULATIVE COUNT: Birth-to-Three		
3 Year Live Births	Cum. Ct. Birth - 3	Cum. % Live Births
514	12	2.33%
171	8	4.68%
171	6	3.51%
117	8	6.84%
1056	60	5.68%
621	10	1.61%
408	13	3.19%
2182	86	3.94%
112	2	1.79%
104	1	0.96%
846	19	2.25%
69	1	1.45%
476	19	3.99%
67	1	1.49%
265	17	6.42%
331	29	8.76%
318	9	2.83%
50	2	4.00%
1453	85	5.85%
1539	20	1.30%
82	4	4.88%
633	24	3.79%
240	2	0.83%
3640	116	3.19%
118	5	4.24%
89	3	3.37%

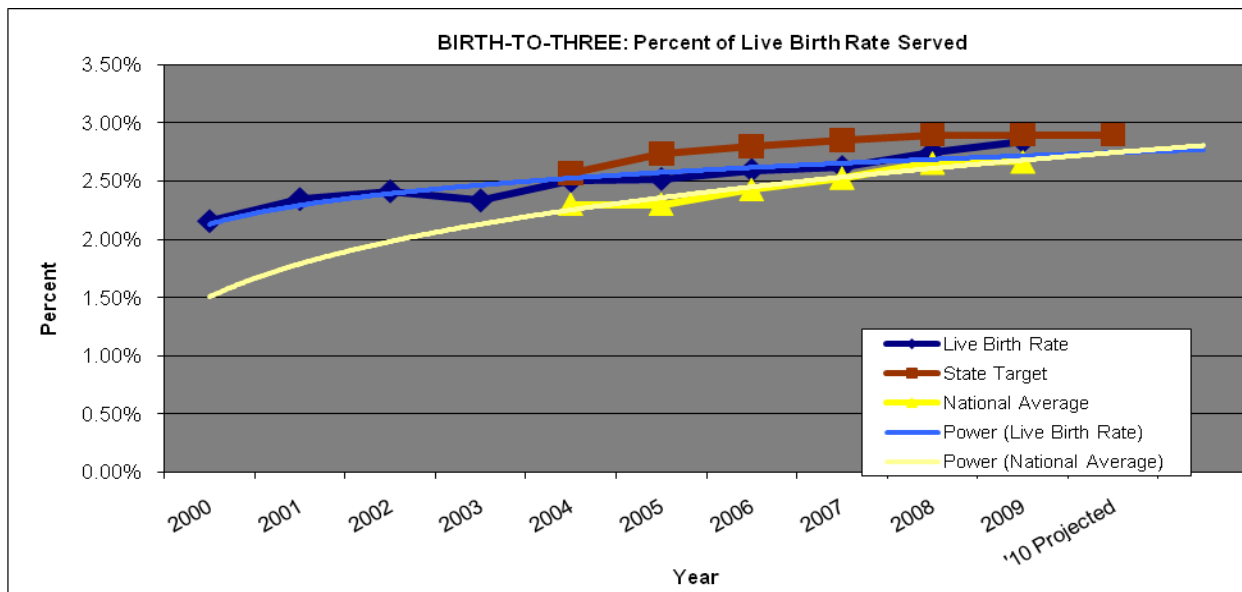
Ellis	359	11	3.06%	1069	62	5.80%
Ellsworth	45	0	0.00%	140	8	5.71%
Finney	751	11	1.46%	2359	157	6.66%
Ford	721	6	0.83%	1997	39	1.95%
Franklin	51	1	1.96%	153	6	3.92%
Franklin (Ottawa-Wellsville)	237	9	3.80%	784	49	6.25%
Franklin (Three Lakes)	51	0	0.00%	153	12	7.84%
Geary	877	16	1.82%	2647	136	5.14%
Gove	33	0	0.00%	91	1	1.10%
Graham	25	2	8.00%	61	6	9.84%
Grant	140	0	0.00%	452	12	2.65%
Gray	95	0	0.00%	280	6	2.14%
Greeley	6	0	0.00%	48	1	2.08%
Greenwood	81	2	2.47%	240	5	2.08%
Hamilton	40	0	0.00%	134	7	5.22%
Harper	69	1	1.45%	199	23	11.56%
Harvey	432	6	1.39%	1295	46	3.55%
Haskell	73	1	1.37%	205	5	2.44%
Hodgeman	31	0	0.00%	70	3	4.29%
Jackson	169	3	1.78%	440	26	5.91%
Jefferson	231	5	2.16%	651	40	6.14%
Jewell	26	0	0.00%	64	1	1.56%
Johnson	7475	76	1.02%	21746	925	4.25%
Kearney	62	2	3.23%	215	12	5.58%
Kingman	78	0	0.00%	256	10	3.91%
Kiowa	38	0	0.00%	116	6	5.17%
Labette	251	2	0.80%	825	27	3.27%
Lane	22	0	0.00%	56	4	7.14%
Leavenworth	970	7	0.72%	2836	126	4.44%
Lincoln	31	1	3.23%	108	2	1.85%
Linn	105	0	0.00%	330	10	3.03%
Logan	31	0	0.00%	93	3	3.23%
Lyon	557	2	0.36%	1619	25	1.54%
Marion	134	3	2.24%	395	13	3.29%
Marshall	115	0	0.00%	342	33	9.65%
McPherson	342	17	4.97%	1046	61	5.83%
Meade	68	0	0.00%	194	7	3.61%
Miami	435	4	0.92%	1183	62	5.24%
Mitchell	57	0	0.00%	195	8	4.10%
Montgomery	416	2	0.48%	1365	30	2.20%
Morris	61	0	0.00%	169	4	2.37%
Morton	35	0	0.00%	154	3	1.95%
Nemaha	131	3	2.29%	391	20	5.12%
Neosho	213	5	2.35%	616	34	5.52%
Ness	31	2	6.45%	94	6	6.38%
Norton	44	1	2.27%	150	6	4.00%
Osage	188	3	1.60%	544	40	7.35%
Osborne	37	0	0.00%	109	5	4.59%
Ottawa	66	2	3.03%	209	12	5.74%
Pawnee	61	0	0.00%	186	21	11.29%
Phillips	61	0	0.00%	179	6	3.35%
Pottawatomie	292	4	1.37%	825	38	4.61%
Prairie Band	25	0	0.00%	75	5	6.67%
Pratt	105	2	1.90%	334	18	5.39%
Rawlins	17	0	0.00%	59	3	5.08%
Reno	809	13	1.61%	2517	137	5.44%
Republic	44	1	2.27%	138	5	3.62%
Rice	119	1	0.84%	377	8	2.12%

Riley	632	3	0.47%	1920	57	2.97%
Rooks	59	0	0.00%	183	8	4.37%
Rush	19	0	0.00%	52	6	11.54%
Russell	82	0	0.00%	200	3	1.50%
Saline	742	30	4.04%	2260	149	6.59%
Scott	66	0	0.00%	196	12	6.12%
Sedgwick	7568	72	0.95%	22550	527	2.34%
Seward	531	12	2.26%	1572	53	3.37%
Shawnee	2460	34	1.38%	7409	349	4.71%
Sheridan	26	1	3.85%	84	3	3.57%
Sherman	72	0	0.00%	224	10	4.46%
Smith	36	0	0.00%	91	2	2.20%
Stafford	47	0	0.00%	141	7	4.96%
Stanton	36	1	2.78%	115	5	4.35%
Stevens	84	0	0.00%	261	9	3.45%
Sumner	297	5	1.68%	970	41	4.23%
Thomas	91	1	1.10%	293	8	2.73%
Trego	31	0	0.00%	95	3	3.16%
Wabaunsee	74	0	0.00%	225	8	3.56%
Wallace	21	0	0.00%	59	1	1.69%
Washington	60	3	5.00%	182	16	8.79%
Wichita	38	0	0.00%	99	4	4.04%
Wilson	111	0	0.00%	326	8	2.45%
Woodson	39	0	0.00%	108	5	4.63%
Wyandotte	2772	0	0.00%	8470	288	3.40%
<b>State Totals:</b>	<b>39286</b>	<b>453</b>	<b>1.15%</b>	<b>117335</b>	<b>4530</b>	<b>3.86%</b>

The local Network Continuous Improvement Plans, which are submitted with the grant applications, address service levels by county. If there are major discrepancies, an improvement plan must be outlined and approved by state staff.

As was the case with Indicator #5, birth-to-three targets were established at the end of a rapid growth in the number and percent of children served in Part C in Kansas. In the initial State Performance Plan, Kansas' goal was to achieve the national average by the end of the six year period. Now, four years into the plan, it is apparent that the national average will not meet the projected trend line from the 2006 SPP.

The chart below graphically depicts Kansas' original six-year targets, Kansas' actual performance, and national performance. Also, it includes an updated trend line that projects Kansas and national performance in year six.



As the chart illustrates, Kansas' trend line for performance puts the state very close to the national average trend line. No advantages or special circumstances exist in Kansas that lead KDHE to believe that we should significantly exceed the national average by significant margins, so Kansas proposed to OSEP and received permission to amend the targets for year #5 and year #6 to the following:

*Kansas Infant-Toddler Services will serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 2.90% of the birth-to-three population.*

As with Indicator #5, Kansas requested that there be no increase in our birth-to-three percentage over the last two years of the State Performance Plan. This again, will allow KDHE to offer a realistic opportunity for some local programs that are struggling to achieve an ever-increasing target by making the target static. The end result will be that Kansas' State Performance Plan baseline will remain at 2.57%, and the year six target will be modified to 2.90%, from the initial target of 3.00%. Kansas is also applying the year six target in years seven and eight.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in the state. Kansas' primary goal is to reach the national average of birth-to-three served, which was 2.74% in 2004.

*Year 2:* Kansas will focus on improving the live birth rate in networks that lag behind the state and national averages. By focusing on such networks, the percentage of live birth rate served should continue to increase. Infant-Toddler Services expects to serve 2.80% of the birth-to-three population in Kansas.

*Year 3:* Infant-Toddler Services expects to serve 2.85% of the birth-to-three population in Kansas.

*Year 4:* Infant-Toddler Services expects to serve 2.90% of the birth-to-three population in Kansas.

*Year 5:* Infant-Toddler Services expects to serve 2.90% of the birth-to-three population in Kansas.

*Year 6:* Based on past trends, Kansas expects to serve 2.90% of the birth-to-three population in the state.

*Year 7:* Based on past trends, Kansas expects to serve 2.90% of the birth-to-three population in the state.

*Year 8:* Based on past trends, Kansas expects to serve 2.90% of the birth-to-three population in the state.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Semi-annual report reviews will focus on diversity in referral sources and screenings. Networks that show some concern in this area will be offered technical assistance.	X	X	X	X	X	X	X	X	KDHE tracks referrals by source in every local program through semi-annual reports. KDHE uses this data, in conjunction with local stakeholders, to identify areas of concern or unique circumstances that impact referrals. Local programs that serve a low birth-to-one percentage are often closely evaluated for child-find activities. Among these activities, a review of referral sources is conducted, and often provides insight into areas of strength and areas of concern in a local child-find system. Local programs have been trained in to use this data to identify relationships within local communities that should be strengthened, and to explain how partnerships or extraordinarily strong relationships produce higher than expected percentages in some source categories.
Increase the frequency of screening training and activities for all children.	X	X	X	X	X	X	X	X	Although not formally measured by OSEP, KDHE has established a correlation between the number of screenings completed by a program and the birth-to-one percentage served. However, KDHE has experienced some difficulty in measuring screenings statewide. When the state began to focus on this activity, most local programs were only reporting screenings performed by Part C staff in their communities. Three subsequent years of educating local programs that they should be reporting ALL screenings, including those performed by collaborative partners, has resulted in an increase from 7278 reported annual screenings to more than 31,000 reported annual screenings. Because of the educating process and the subsequent change in reporting by local programs, this increase overstates the actual increase in the number of screenings performed. However, as screening training continues and all programs report all screenings, KDHE believes that the data will continue to reflect improved collaborative efforts in screenings in local programs, although to a lesser extent than the numbers reported above.

**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.**

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

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

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

State Part C staff track the development of IFSPs within 45-day timelines through the database and semi-annual reports. Local networks enter the date that IFSP development was completed, and if it extends beyond 45 days, a reason for delay should be included.

When state Part C staff review semi-annual reports, every IFSP developed outside of the 45-day timeline is reviewed and a reason for delay is determined. If the report reviewer cannot determine a reason for a delay, then KDHE sends notification to the local network that a reason must be given. Typical reasons have been categorized, and are included in the baseline data below.

*Baseline Data:*

From July 1, 2004 to December 31, 2004, 1216 IFSPs were developed within the 45-day timeline and 201 IFSPs were not developed within the timeline. From January 1, 2005 through June 30, 2005, 1281 IFSPs were developed within the 45-day timeline and 347 IFSPs were not developed within the timeline.

For the entire reporting period, 2497 of 3045 IFSPs (82%) were developed within the 45-day timeline.

Of the 548 IFSPs not developed within the 45-day timeline, the following justifications were provided:

Category	Reason for Delay	Quantity	Percent
Child in Foster Care	Child advocate not appointed	1	0.18%
Child in Foster Care	Child scheduled to move	2	0.36%
Child in Foster Care	Difficulty locating parent	29	5.29%
Illness	Child illness	22	4.01%
Illness	Part C staff illness	2	0.36%
Family Choice	Family delayed or rescheduled	213	38.87%
Family Choice	Family missed scheduled contact	79	14.42%
Family Choice	Family chose other services	2	0.36%
Family Choice	Family not responding to contact attempts	8	1.46%
Family Moved	Family moved-location not determined	1	0.18%
Family Moved	Family moved-services began after 45 days	2	0.36%
Error	Part C staff error	21	3.83%
Part C Staff Availability	Part C staff scheduling difficulties	13	2.37%
Part C Staff Availability	Unable to find interpreter	1	0.18%
Re-evaluation Needed	Eligibility determined after re-evaluation	18	3.28%
Holiday Break	Holiday break	4	0.73%
In Process	In process at time of report (within 45 days)	130	23.72%

**Total**

**548**

**TABLE XVII: Evaluation and Assessment Timelines**

<b>Screenings:</b>								
<i>Comparison between the number of screenings per reporting period:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	3073	3248	5014	5055	5485	6656	7278	11275
<i>Percentage of screenings from the same reporting period in the previous year:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	-	-	163.16%	155.63%	109.39%	132.75%	145.15%	223.05%
<b>Evaluation Referrals:</b>								
<i>Comparison of total referrals for evaluation lper reporting period:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	2082	2316	2234	2490	2179	2625	2487	2724
<i>Percentage of total referrals for evaluation from the same reporting period in the previous year:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	-	-	107.30%	107.51%	97.54%	117.50%	111.32%	109.40%
<b>Evaluation Sources:</b>								
<i>Percentage Referred by Source:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
Doctor/Physician					15.89%	19.06%	20.73%	19.44%
Hospital					9.32%	8.60%	5.58%	6.64%
Health Department					1.90%	1.86%	2.41%	2.35%
Newborn Hearing Screening					0.02%	0.04%	0.12%	0.15%
Audiologist					0.10%	0.11%	8.00%	15.00%
WIC					0.35%	0.84%	0.64%	0.70%
Parents/Family/Friends					23.41%	24.34%	26.40%	28.94%
Education, PAT					23.76%	25.22%	21.41%	22.12%
NICU					10.83%	7.87%	8.32%	8.88%
SRS					0.80%	1.71%	5.30%	3.96%
Other					13.43%	9.47%	8.72%	6.60%
<i>Total referred but not evaluated:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	330	305	406	377	402	512	641	744
<i>Percentage of referrals that were not evaluated:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	15.85%	13.17%	18.17%	15.14%	18.45%	19.50%	25.77%	27.31%
<i>Reasons for not completing evaluations:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
Family Declined	46.06%	54.10%	47.78%	42.18%	34.83%	28.71%	24.96%	24.06%
Moved	9.39%	9.84%	9.85%	11.41%	9.20%	5.86%	5.15%	3.63%
Could Not Locate Family	26.97%	25.90%	29.56%	32.63%	20.90%	13.21%	19.81%	17.61%
In Process	0.00%	0.00%	0.00%	0.00%	0.00%	46.68%	44.77%	50.13%
Other	17.58%	11.15%	12.81%	14.06%	35.07%	3.91%	2.96%	3.90%
<b>Timelines:</b>								
<i>Percentage of referrals not meeting two-day timeline:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	1.20%	0.65%	0.31%	0.08%	1.06%	0.00%	0.00%	0.00%
<i>Percentage of IFSPs not developed within the 45-day timeline:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	15.93%	14.19%	11.55%	15.68%	10.45%	11.77%	14.18%	21.31%

*Discussion of Baseline Data:*

Data reported indicates that IFSPs are being developed within 45-day timelines in most instances. Justifications for most late IFSPs are appropriate; however, Kansas Infant-Toddler Services recognizes that some justifications are not appropriate. Staff errors, staff availability, and holiday breaks are not appropriate and will continue to be addressed.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Part C staff has determined, based on the baseline data, that 41 children did not have IFSPs due to systemic problems. These should be completely eliminated in the first year, which would improve the state's percentage to 100%.

*Year 2:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 3:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 4:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 5:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 6:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 7:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 8:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Evidence based practice training, combined with IFSP training, is projected to result in helping local networks work more efficiently with families.	X								Each of the initiatives focuses on IFSP development at varying levels. Improved understanding of the IFSP process and the statutes that support it projected to assist in reducing the timeframe in which IFSPs are conducted.
State level staff will work independently with local networks to conduct technical assistance and collaborative efforts as identified or needed.	X	X	X	X	X	X	X	X	KDHE and KITS work with local networks on individual improvement plans to assist with the improvement of their local determinations. Topics are identified through site visits, monitoring or self assessment by the local network.
State staff will produce more formal monitoring and noncompliance procedures which will outline the periodic data integrity checks and annual noncompliance review period. More standardized statewide management reports will be developed using the existing data system, instead of the current ad hoc process.						X	X	X	Written monitoring and compliance procedures will improve staff understanding of requirements and create consistency in actions taken by state staff. The monitoring and noncompliance procedures will be reviewed annually.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

Indicators:

- 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.**

Overview of Issue/Description of System or Process:

IFSPs must include steps that support the transition of a child from Part C to 1) preschool services under Part B, to the extent those services that may be available are appropriate; or 2) other services that may be available, if appropriate.

The steps in transition planning include the following:

- Discussions with, training of, or instruction for parents regarding future placements, and other matters related to the child’s transition.

- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting.
- With parental consent, the transmission of information about the child to the local educational agency, to ensure the continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented.
- Consideration of the financial responsibilities of all appropriate agencies.
- Decisions about the responsibility for performing or sharing evaluations of children.
- Development and implementation of an IFSP or an IEP.
- Mechanisms to ensure the uninterrupted provision of appropriate services to the child, including the summer months. The Part B program IFSP or IEP team shall determine extended school year services during the summer for three-year-old children.
- Convening of a meeting to develop a transition plan.

Other transitions that should be considered and planned for include 1) Neonatal intensive care unit to home, 2) Home to center-based services, and 3) Any occurrence that has a major impact on the child and family.

*Baseline Data:*

- A) 100% of eligible children in infant-toddler services that are transitioning have a transition plan.
- B) 100% of the LEA’s are notified of possible Part B eligibility in the plan.
- C) 100% of transition conferences are held no more than nine months and no less than 90 days before exiting Part C services.

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 (If yes, what services?) \_\_\_\_\_
  - a. Do you intend to use these services?  Yes  No
- No

Data gathered and compiled indicates that 81.9% of parents report that they have been made aware of other services that are available. Of those who were aware of other services, 72.5% intended to use them.

Slightly more than 2% of the children exiting Part C do so without referrals or eligibility previously determined.

EXIT STATUS	2000		2001		2002		2003		2004	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Completion of IFSP	283	16%	347	18%	436	21%	583	21%	570	26%
Part B Eligible	948	55%	993	52%	1067	51%	1428	52%	1064	49%
Exit to other programs	73	4%	57	3%	65	3%	53	2%	39	2%
Exit with no referrals	41	2%	54	3%	52	2%	70	3%	64	3%
Eligibility not determined	21	1%	21	1%	13	1%	77	3%	44	2%
Deceased	18	1%	25	1%	30	1%	17	1%	13	1%
Moved out of state	199	11%	199	11%	216	10%	167	6%	126	6%
Withdraw by parent	95	5%	126	7%	160	8%	244	9%	143	7%
Contact unsuccessful	58	3%	71	4%	69	3%	133	5%	91	4%
Totals:	1736	100%	1893	100%	2108	100%	2772	100%	2154	100%

*Discussion of Baseline Data:*

Nearly every coordinator reported some kind of cooperative planning or implementation of services with the Parents as Teachers Program for community playgroups, parent training, and information or provision of services.

The Part C site visit review process has been revised as part of the change to the state’s monitoring process. In instances where the local NCIP indicates a specific network may need assistance, the site visit is strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process.

Part C and Part B developed a collaborative data system to track children from the time they exit Part C to Grade 5. This includes children with or without a referral to Part B.

Transition plans are being completed and included in the IFSP’s but are often not individualized. Reviews of IFSP’s reveal plans that look much the same for every child.

A review of IFSP’s for 2003-2004 submitted for semi-annual reports indicates that of 36 networks, only one network did not include a transition outcome.

IFSP’s are requested of each of the 36 networks once a year with the submission of their spring semi-annual report. For the past six years, each network has been asked to submit at least one IFSP that includes a child who is in the age three transition period. Consistently, IFSP’s show transition planning and verification that the 90-day meeting is conducted. In addition, NCIP reviews will support this information, or in some cases, may result in site visits.

File review by Part B shows evidence of the 90-day meetings with documentation that Part B and Part C staff were present along with all members required by law. Site visit interviews of all local partners include discussions with Part B staff and reports that 90 day meetings occur and that a plan for transition is in place in networks between Part B and Part C.

The majority of children eligible for Part B receive special education when they reach their third birthday. Also, there has been extensive training of both family and professionals around this topic. Follow-up findings indicate that the trainings were successful in improving transitions for families.

The data is limited concerning the appropriateness of services for children not eligible for Part B after exiting early intervention.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

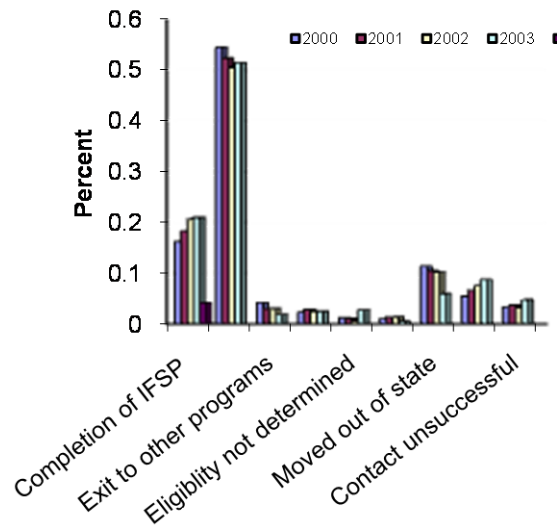
- Year 1: A) 100% of children exiting Part C will have an IFSP with transition steps and services.
- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 2: A) 100% of children exiting Part C will have an IFSP with transition steps and services.
- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 3: A) 100% of children exiting Part C will have an IFSP with transition steps and services.
- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 4: A) 100% of children exiting Part C will have an IFSP with transition steps and services.
- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.

**Infants and Toddlers Exiting Part C Programs**



C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 5: A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 6: A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 7: A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

- Year 8: A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

*Improvement Activities/Timelines/Resources:*

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
State Part C staff and KITS will facilitate collaboration with local early intervention programs and their partners to create Memoranda of Understanding with regard to a variety of topics, including transition.	X	X	X	X	X	X	X	X	Local programs with the assistance of KITS and KDHE have developed MOU's resulting in improved collaborative work in the local communities.
The State agencies will update the state Memoranda of Understanding, and share the changes with the state ICC.	X	X	X	X	X	X	X	X	Many local programs have completed MOU's. The process is ongoing for other agencies to complete the Memoranda of Understanding.
General School Enhancement Grant through the Kansas State Department of Education will allow us to do web-based training for service coordination and early intervention and the transition process	X	X	X	X	X	X	X	X	ARRA funds will allow for the completion of the General School Enhancement Grant through the Kansas State Department of Education.
State Part C staff will participate on the planning committee of the									Staff participates in KDEC planning resulting in transition focus at every KDEC conference.

Kansas Division of Early Childhood conference committee, to ensure that transition is addressed.	X	X	X	X	X	X	X	X	
Kansas will promote evidence-based practice in early intervention.	X	X	X	X	X	X	X	X	36 of 37 local networks have completed the Evidence Based Practice Institute conducted by Dathan Rush and M’Lisa Sheldon. Kansas Inservice Training System (KITS) is contracted to provide technical assistance to the local networks on an ongoing basis to assist in a variety of topics. This includes long term, short term and ongoing consultation for the Part C systems. Kansas is involved with a Part C autism initiative. This provides the field with evidence based practices specific to autism. Kansas also has a training initiative in infant mental health, services to children with visual and hearing needs, and an assistive technology training enhancement initiative.
In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.									37 networks have completed Family Service Coordination (FSC) training with Mary Beth Bruder which focuses on transition as a critical element. This has resulted in improvement as reflected in the anecdotal reports from the local communities. Data reflects continually meeting targets for transition.
State Part C staff will facilitate a collaborative training opportunities with other agencies.	X	X	X	X	X	X	X	X	Part C collaborates with KSDE, PAT, Head Start to provide information to all State agencies to share with the local programs in reference to transition. Regional meetings and an Early Childhood Leadership Summit were recently used as a forum for transition discussion across agencies resulting in increased understanding of roles in transition.
To avoid slippage, KDHE will work in collaboration with Part B and KITS to revise the, “Transition from Part C to Part B” technical assistance packet to reflect changes in IDEA and state regulations.						X	X		Training using the modules in conjunction with Part B will stress the importance of partnerships in the implementation of effective transition policies, procedures, and practices.

## **Monitoring Priority: Effective General Supervision Part C / General Supervision**

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### **Indicators:**

- 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.**

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

In the effort to further increase utilization of the self-assessment data by local programs, a new Network Continuous Improvement Plan (NCIP) has been disbursed to the local networks. The NCIP includes the following network-specific information:

- 1) Timelines (see APPENDIX I) and guidelines.
- 2) Kansas' most recent Part C Annual Performance Report, which provides local networks with a "big picture" perspective on how KDHE uses the data that is collected locally.
- 3) The current network grant, including the local budget and narrative on expenditures, assurances, key communicators, and LICC members.
- 4) The current community service plan, describing how the local networks fulfill all IDEA obligations.
- 5) The most recent year's semi-annual reports, including KDHE's comments regarding local network performance.
- 6) The most recent Federal Data Tables from local networks.
- 7) Samples of the two parent surveys used by KDHE to collect network data, identify concerns, compare performance, and gauge parental perceptions (Appendix II).
- 8) Statewide live-birth data, broken down into networks for comparison purposes.
- 9) Comparative analysis of local network live birth rates relative to local network funding (Appendix I).
- 10) Cost analysis of early intervention networks in Kansas, with consideration given to geographic area, cumulative count, and staffing levels (Appendix V).
- 11) The Local NCIP, which imitates OSEP's Annual Performance Report, is tailored to provide data and a plan from the local level. The data included in the preceding sections of the binder is utilized in completing the NCIP locally. Local networks are expected to use their data to define their current situation, identify strengths and weaknesses, and develop a plan to improve, analyze results, and create new goals—very similar to the Kansas Annual Performance Report submitted to OSEP (Appendix III).

This new process reflects the OSEP model with the elimination of the on-site program review except in those cases where local programs, based on data, appear to have significant problems or challenges. This model was implemented in July of 2004, and has included introductory training and consultation with individual networks.

In addition to the work done directly by the lead agency, Kansas has a unique system of accountability through its system of local control. Each of the 36 networks in Kansas signs assurances that they will comply with IDEA. The Part C Coordinators in each network monitor for compliance at the local level among their providers and take individual action when necessary and make system-wide changes when necessary. This includes such activities as monitoring IFSP's, forms, service delivery, personnel certification, service delivery location, procedural safeguard compliance, child find activities, and referrals.

Further accountability and cross-referencing of network data is available through the newly implemented parent survey. Results from the surveys can be tracked to each of the 36 local networks and compared to state aggregate data and OSEP targets.

Each year KDHE asks that networks submit application to receive an award to recognize exemplary practice. The recipients receive recognition at a statewide conference, media recognition in the home network and \$1000 for a project within the Network.

The Kansas Division for Early Childhood awards mini grants each year to networks that submit a plan for best practice activities.

#### *Baseline Data:*

- A) 100% of noncompliance issues were corrected within one year. Kansas Infant-Toddler Services identified three findings of noncompliance in the priority areas, and corrections were made within the year. These included: 1) Assistance provided to a network to ensure that appropriate services were provided to eligible children and families. 2) Technical assistance provided to a network regarding noncompliance in qualified staff. 3) Technical assistance provided to a network that was noncompliant with regard to natural environments.

- B) Kansas Infant-Toddler Services identified four findings of noncompliance not included in the above monitoring priority areas. All four were identified through the Network Continuous Improvement Plan process and corrected within one year.
- C) This measure is not currently applicable.

*Discussion of Baseline Data:*

Of particular interest is the data attached to item #4 in TABLE I. The question on the entrance/exit parent survey reads:

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

Yes (If yes, please describe how you found this information) \_\_\_\_\_

No

Only 51.9% of the respondents indicated that they knew whom to contact outside of their local program if they have a concern. Improved communication between parents and providers is needed with regards to procedural safeguards. Furthermore, inconsistencies in parents’ knowledge of their rights were identified through the comments on the entrance/exit survey.

An extensive program review system is administered through the lead agency. The baseline model consists of: 1) the annual grant application and contract assurances, 2) the local early intervention network annual self-assessments, 3) semi-annual reports, 4) federal data tables, 5) accountability guidelines, and 6) a detailed self-improvement plan. This system includes a variety of data and validation sources, which is collected from parents, service providers, and Part C coordinators.

In addition to the work done directly by the lead agency, Kansas has a unique system of accountability through its system of local control. Each of the 36 networks in Kansas signs assurances that they will comply with IDEA. The Part C Coordinators in each network monitor for compliance at the local level among their providers and take individual action when necessary and make system-wide changes when necessary. This includes such activities as monitoring IFSP's, forms, service delivery, personnel certification, service delivery location, procedural safeguard compliance, child find activities, and referrals.

Each year KDHE asks that networks submit application to receive an award to recognize exemplary practice. The recipients receive recognition at a statewide conference, media recognition in the home network and \$1000 for a project within the Network. The Kansas Division for Early Childhood awards mini grants each year to networks that submit a plan for best practice activities.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005. The following chart identifies the indicators in this plan that have associated compliance issues:

Issues Pertaining to Compliance Indicators:

Indicator 1	0
Indicator 7	39
Indicator 8	0
Indicator 9	3
Indicator 10	0
Indicator 11	0
Indicator 14	0

Issues Regarding Other Indicators:

Indicator 2	0
Indicator 3	Not Applicable (New Indicator)
Indicator 4	0
Indicator 5	0
Indicator 6	0
Indicator 12	0
Indicator 13	0

*Measurable and Rigorous Targets:*

- Year 1: a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.
- b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.
- c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.
- Year 2: a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 3:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 4:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 5:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 6:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 7:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

*Year 8:* a) 100% of noncompliance related to monitoring priority areas in indicators will be corrected within one year of identification.

b) 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.

c) 100% of noncompliance identified through other mechanisms will be corrected within one year of identification.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
State Part C staff will monitor services delivered locally, and ensure that they are provided by qualified staff.	X	X	X	X	X	X	X	X	Site visits, database monitoring, reports to KDHE and KSDE and IFSP review are all methods used by staff to ensure qualified staff. Instances of noncompliance have been found and local programs have been directed to create improvement plans to correct.
State Part C staff will organize a team of stakeholders to revise and update the state’s Part C procedure manual.	X	X	X	X	X	X	X	X	Procedure manual is completed and accessed on the KDHE website for local programs, parents and other interested stakeholders.
KDHE will redesign the state’s website so that the procedure manual is available to the public for the first time.			X	X	X	X	X	X	The redesigned website has been active for an entire year, and includes the state’s revised procedure manual, important contacts, numerous statewide and local data reports, and links to other relevant sites. KDHE has not measured the impact of the redesigned website to determine its level of usage, and no data is available on the number of “hits,” and compared to the previous website. However, anecdotal evidence from Part C program staff within local programs has been generally positive, and a significant amount of relevant information is easily accessible to the public for the first time.
Networks that perform at levels below state targets will be required to address concerns in their Network Continuous Improvement Plans.	X	X	X	X	X	X	X	X	This process has been ongoing since the inception of the state’s Network Continuous Improvement Plan process, and the NCIP review team has noted that major improvement in planning and addressing deficiencies in local programs has occurred. Local programs have greatly improved their use of data in identifying areas of concern, and are proactively developing plans to address them prior to KDHE offering technical assistance.
State staff will produce more formal monitoring and noncompliance procedures which will outline the periodic data integrity checks and annual noncompliance review period. More standardized statewide management reports will be developed using the existing data						X	X	X	Written monitoring and compliance procedures will improve staff understanding of requirements and create consistency in actions taken by state staff. The monitoring and noncompliance procedures will be reviewed annually.

system, instead of the current ad hoc process.									
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**10) Percent of written, signed complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.**

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

A parent or an agency providing services shall notify KDHE of a complaint received by a local lead agency leading to mediation, due process hearing, or both.

Local networks need to assure, either independently or through their local lead agency, that the procedural safeguards are followed and enforced.

*Baseline Data:*

KDHE received its first ever written, signed complaint from a parent in the state on June 23, 2005. The complaint came from a parent in Wyandotte County, regarding autism services. It was resolved on July 12, 2005. Therefore, 100% of signed, written complaints have been resolved within the 60-day timeline.

*Discussion of Baseline Data:*

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. For example, a parent called to complain that a network was not offering physical therapy, as indicated in the child’s IFSP. Investigation confirmed this. KDHE initiated a non-compliance citing, and TA was provided and resulted in the provision of appropriate services with qualified staff.

The Procedure Manual, Section XIII, 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 II:

**Complaint Categories and Codes**

Code #	Area of Concern
1	Service Frequency/Intensity
2	Service Location
3	Service Type
4	Choice of Service provider
5	Natural Environments
6	Gap in Service due to Move/Absence
7	Provider Scheduling
8	Provider Interaction with Family (Siblings/Parents)
9	Need for Additional Resources/Funding
10	Questions Regarding Provision of Funding for Service

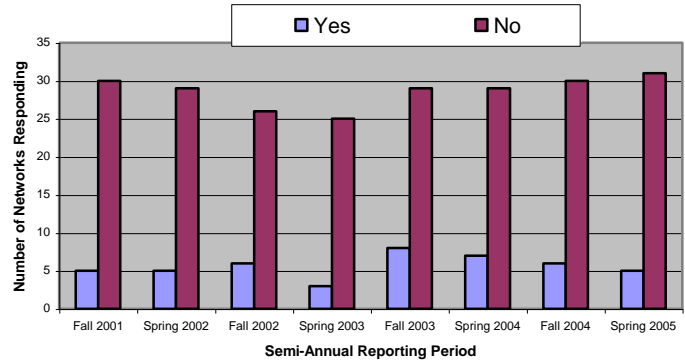
C	Compliance Issue
S	Complaint Investigated by KS Infant-Toddler Services

State staff review the following on a yearly timeline for compliance/systemic issues: 1) Annual grant applications and contract assurance that describe how Part C services will be provided; 2) Semi-annual reports must be submitted by networks which track the number and sources of referrals, timelines, children in program, public awareness activities, trainings, and self-evaluation activities; 3) Federal data table information is collected from all networks.

In addition to the two parent surveys, a provider survey will provide detailed data from the service delivery perspective. The data compiled from provider surveys can be compared to parent responses, to ensure that there is not a disconnect among providers and parents with regards to service delivery.

Nine networks currently have technical assistance plans with the TA provider. One plan has been completed. In addition, six networks have requested and received short-term technical assistance consultation. Of the nine networks with TA plans, all were identified through monitoring activities.

**TABLE IV: Local Networks Reporting Grievances**



100% of LICC’s report that procedural safeguards are in place; that parents have access to any records about their child and family; that parents are given written informed consent for initial evaluation/early intervention services; that parents are part of the team making decisions regarding changes of services; and that parents give informed consent for the release of information among participating agencies.

Families have readily available access to the procedural safeguards and are given copies of the information upon IFSP development and review, but the safeguards are rarely utilized and evidently not well understood among parents.

An improved understanding among parents of their procedural safeguards must occur. Parents are receiving the information, but not applying it to situations of concern.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Kansas Infant-Toddler Services has placed an added emphasis on procedural safeguards over the past year, and will continue to do so in the coming years. Therefore, state Part C staff expects to see an increase in parental complaints, since parents should be more aware of their rights.

*Year 1:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 2:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 3:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 4:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 5:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 6:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 7:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 8:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
Training and technical assistance in procedural safeguards will be conducted on an ongoing basis	X	X	X	X	X	X	X	X	KDHE offers enhanced training and technical assistance on procedural safeguards. Parents are asked through survey if they understand their rights. Parents rights information is readily available via the KDHE website and through our PTI, Families Together Inc. KDHE received the first administrative complaint which could have been a result of public awareness of this process.
Parents' Rights brochures are distributed throughout the state and are available on the KDHE website.	X	X	X	X	X	X	X	X	Increased focus on information to parents is a possible factor in the percentage of parents who knew their rights improving from 42.6% to 63% in FFY 2007.
Families Together, the parent training information center for Kansas, will provide parent resources and training for families of children with disabilities.	X	X	X	X	X	X	X	X	Increased focus on training and information to parents is a possible factor in the percentage of parents who knew their rights improving from 42.6% to 63% in FFY 2007
Parent and provider surveys will continue to be distributed.	X	X	X	X	X	X	X	X	Surveys were distributed to both parents and providers during the current reporting period, and results for the various measures have been reported throughout this document. KDHE is encouraged that, in most cases, parents and providers are in strong agreement in responses to the surveys. KDHE believes that agreement across stakeholder groups, in conjunction with data reported in the infant-toddler database, is an important verification tool in assessing the quality of data being reported by local programs.
A toll-free phone line called Make A Difference Network is available for families to connect with state resources.	X	X	X	X	X	X	X	X	Toll free line allows equal opportunity and access to KDHE personnel and resources.
KDHE will develop online parent support modules to improve parent and provider relationships.						X			KDHE has contracted with The Beach Center on Disabilities to develop a series of online modules for services providers and parents designed to improve parent provider relationships and parents' understanding of procedural safeguards.
KDHE will post information on the website, including the complaint form, detailing the protocol for a signed, written complaint.						X			KDHE received one signed, written complaint, and it was resolved within the timeline. The website will offer the forms and a step by step process as to how to file a complaint assuring transparency and availability.

**11) Percent of fully adjudicated due process hearing requests that were adjudicated within the applicable timeline.***Overview of Issue/Description of System or Process:*

An impartial person shall be appointed by KDHE to implement the complaint resolution process. That person must have knowledge about the provisions of due process hearings, and the need of, and services available for, eligible children and their families. The impartial appointee also 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 appointee also provides a record of the proceedings, including a written decision to the participants and to KDHE.

*Baseline Data:*

To date, only one written complaint has been received. The parent indicated that the problem was not being resolved at the local level, and that mediation a due process hearing was requested at the same time. The mediation was delayed due to staff error at the state level and parent request. The complaint never reached due process, because it was resolved in mediation.

*Discussion of Baseline Data:*

Although not considered formal complaints, phone calls are logged and tracked to monitor timeliness and outcomes.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

*Year 1:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 2:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 3:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 4:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 5:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 6:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 7:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 8:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

Improvement Activities/Timelines/Resources:

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
State Part C staff and other resources will address procedural safeguards.	X	X	X	X	X	X	X	X	The Parents' Rights brochure is being revised to broaden the scope while retaining ease of reading. Procedural safeguards material has been revised and is being prepared for printing and distribution. Due process hearing steps are being reviewed for compliance with current federal and state law. Process steps, either in narrative or flow chart form, will be posted to the web site after any needed changes are formally adopted by KDHE. No due process hearings were requested during this report's timeline.

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

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

Kansas Infant-Toddler Services has adopted the state's Part C due process procedure.

The participating agency shall, on request, provide an opportunity for a hearing to challenge information in records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

If, as a result of the due process hearing, the participating agency decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or family, it must amend the information accordingly and inform the parent in writing.

If, as a result of the due process hearing, the participating agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy of other rights of the child, it must inform the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.

Any explanation placed in the records of the child under this section shall:

- a. be maintained by the agency as part of the records of the child as long as the record or contested portion is maintained by the agency; and
- b. be disclosed to the party if the record of the child or the contested portion is disclosed by the agency to any party.

(34 CFR 300.620)

A due process hearing regarding record content must be conducted according to the procedures of FERPA, Section 99.22.

(34 CFR 300.621)

*Baseline Data:*

The due process hearing request was resolved via agreements made at the resolution session. Mediation successfully resolved the issue.

*Discussion of Baseline Data:*

Since due process hearings have not occurred, discussion is limited to the procedure that will be followed in any potential due process hearing request.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Not Applicable. We have had no requests for resolutions.

*Improvement Activities/Timelines/Resources:*

- 1) Infant-Toddler Services' emphasis on a better understanding of procedural safeguards is expected to result in an increase in communication from parents. State Part C staff will continue to follow the protocol as described in the state's Part C procedure manual.
- 2) The state's technical assistance contract, through Kansas Inservice Training System, will address procedural safeguards.

**13) Percent of mediations resulting in mediation agreements.***Overview of Issue/Description of System or Process:*

Mediation is offered to parents as an option but does not delay or extend any 30-day due process procedure. Mediation proceedings are completed or at impasse within 7 calendar days of the local lead agency's receipt of the complaint. If at impasse or the time has elapsed, the complaint is forwarded to KDHE within 8 days from the time KDHE was initially notified of the complaint.

Mediation is requested by the parent or the agency and must have the agreement of both parties prior to entering into the process.

KDHE procedures state:

Whenever a hearing is requested, parties must be offered the choice to resolve their disputes through a mediation process. Mediation may also be offered and accessed at any time to resolve a dispute. If mediation is requested, KDHE shall promptly appoint a qualified and impartial mediator who is trained in effective mediation techniques. The mediator shall promptly schedule a meeting to be held within 14 days, unless otherwise requested by the parent, at a mutually convenient time and place.

KDHE will ensure that the mediation process is:

- voluntary on the part of the parties;
- is not used to deny or delay a parent's right to a due process hearing or any other rights afforded under 34 CFR Sec. 303.400 – 303.460 and 303.510-303.512; and
- Is conducted by a qualified and impartial mediator.
  1. KDHE shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
  2. KDHE shall bear the cost of the mediation process.

3. Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties.
4. A parent may proceed with the hearing process while engaged in mediation. A parent may also request mediation at any time during the hearing process.
5. An agreement reached by the parties to the dispute in the mediation process must be set forth in a written mediation agreement.
6. Discussion that occurs during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding. The parties to the mediation process will be required to sign a confidentiality pledge prior to the commencement of the process.

KDHE mediation procedures are established and implemented in accordance with the requirements in 20 U.S. C. 1415(e).

*Baseline Data:*

A mediation agreement was created, so 100% of mediations resulted in mediation agreements.

*Discussion of Baseline Data:*

As discussed in previous sections, an improved understanding of procedural safeguards may possibly lead to an increase the number of mediation requests in future years.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Not Applicable. We have had no requests for mediations.

*Improvement Activities/Timelines/Resources:*

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
KDHE will train mediators in state and federal guidelines, and will improve the network’s conflict resolution skills, emphasizing the use of mediation						X	X	X	KDHE had a mediator training for a total of seven mediators in 2010. Additional training is being provided to the networks in 2010 and 2011 on use of the mediation process and general conflict resolution.
KDHE will develop online parent support modules to improve parent and provider relationships.						X	X		KDHE has contracted with The Beach Center on Disabilities to develop a series of online modules for service providers designed to improve parent provider relationships and parents’ understanding of procedural safeguards.

**14) State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.***Overview of Issue/Description of System or Process:*

There is an extensive program review process that is coordinated at the state level and includes a variety of data and validation sources (See TABLE VIII). KDHE collects the data in this table annually from every local network.

**TABLE VIII: Local network validation sources****Grant Section**

- Face sheet is complete
- Face sheet is signed by Lead and Fiscal Agency(s) and ICC Chair(s)
- Encompasses the same geographical area as last year (renewal app.)
- Budget page is complete
- Budget math is correct
- Administrative costs are 5% or less
- Budget is sound and appropriate
- Part C grant award total is accurate
- Budget narrative includes explanation of local funding
- Budget narrative justifies Part C funding requests
- Assurances are signed by lead and fiscal agencies and local ICC Chair
- List of 5 key communicators is included
- Current ICC members, what they represent, and executive board members are indicated
- Individualized Network Plan (INP) includes required components
- (INP) plan describes interagency participation and collaboration
- Description of network service area is included
- Information is included regarding how parents and agencies were involved in writing the grant
- Description of Local ICC coordination is attached

**Semi-Annual Report Section**

- Semi-Annual report data is up-to-date
- All parent complaints have been resolved
- Examples of child-find and public awareness activities were provided
- Informational materials are presented in a variety of formats and languages to target select groups
- Semi-Annual Report includes an update of progress on (INP) objectives
- Copy of LICC meeting minutes are included
- Family participation should be evident in LICC minutes
- A description of trainings that have been completed (including the involvement of parents, family members, and partners as participants or presenters) is attached

**Federal Data Table (Collection) Section**

- The local network's portion of the Infant-Toddler Database is updated

**Other Materials**

- Entrance/Exit parent survey results are available
- Randomly selected parent survey results are available
- Provider survey results are available
- Growing Together updates have been submitted

In the effort to further increase utilization of the self-assessment data by local programs, this component of the program review system has been strengthened and paired with a detailed written self-improvement plan. This change is designed to strengthen the data collection portion of program reviews for local and state use. The process also assists networks by restructuring the review system to have a more meaningful impact on the local network outcomes, strengthening follow-up, and tailoring technical assistance programs to networks with specific needs.

This new process reflects the OSEP model with the elimination of the on-site program review except in those cases where local programs, based on data, appear to have significant problems or challenges.

The NCIP incorporates local network data collection with analysis and collaborative planning to create a comprehensive local improvement plan. By following the procedures set forth in the NCIP, local networks:

- 1) Analyze the current situation, based on objective data collected from a variety of sources.
- 2) Identify strengths and weaknesses.
- 3) Envision their community's ideal model of Part C service delivery.
- 4) With significant community input, plan a future course of action.
- 5) Forecast the anticipated impact of the plan.
- 6) Evaluate the results of the implemented plan with the forecast.
- 7) Identify progress and additional needs.
- 8) Repeat the process, realizing continuous improvement throughout.

Analysis of the resources used to guide activities indicates a need to update the Procedure Manual to reflect current practice and to incorporate the changes to IDEA from reauthorization. Part C funding supports a statewide web based data collection system that is used by the 36 local networks to report data to KDHE for state/federal reports. Additionally, KDHE and KSDE have developed a collaborative database to analyze transition and longitudinal information.

From the 36 local NCIP plans submitted to KDHE, Part C staff will compile the data and create a more holistic picture of current service delivery and planning for the state of Kansas. The compiled report will be incorporated into the Annual Performance Report submitted to OSEP.

A randomly distributed parent survey, which is more detailed and contains cross-reference data included in the entrance/exit survey, has been developed and will be distributed to a randomly selected sample.

*Baseline Data:*

100% of the reports requested by OSEP are submitted by KDHE in a timely manner. These reports include: Federal Data Tables, Annual Performance Reports, and the State Performance Plan.

*Discussion of Baseline Data:*

The Part C database is updated by local networks on a quarterly basis. Funding to local networks is withheld by KDHE if the local data systems are not updated quarterly. The data from the local networks is compiled in the state's system and reported to OSEP according to federal timelines.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

*Year 1:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 2:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 3:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 4:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 5:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 6:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 7:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 8:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Improvement Activities/Timelines/Resources:*

Improvement Activities/Timelines/Resources									
Improvement Activities	Timelines								Impact of Activities
	FFY year(s) when activities will occur								
	05	06	07	08	09	10	11	12	
State Part C staff will continue to contract with the data software designer to improve the state's system. Requests for additions and clarifications to the data system by KDHE will be ongoing. The goal of making the system increasingly user-friendly will be continuous.	X	X	X	X	X	X	X	X	JNI Software maintains the state's infant-toddler database. As described in this section, the database is designed with the local input personnel in mind, and the contractor is very responsive to local programs that request changes, clarifications, and modifications to the database. The contractor has a high degree of knowledge regarding the Part C program, which eases the process of making relevant changes. All modifications that are completed on a statewide level or that involve data collected by KDHE are approved through the state lead agency prior to implementation.