



Annual Performance Report

**Part C of the Individuals with Disabilities Education Act (IDEA) for
Infants, Toddlers, and their Families.**

Year XVI (2003-2004)

Submitted by

cde



Approved by the
Colorado Interagency Coordinating Council (CICC)

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Annual Performance Report

**Part C of the Individuals with Disabilities Education Act (IDEA)
for Infants, Toddlers, and their Families.**

Year XVI (2003-2004)

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Approved by the
Colorado Interagency Coordinating Council (CICC)

TABLE
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Cluster Area CI: General Supervision	
Question:	Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?
Probes:	<ul style="list-style-type: none"> GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner? GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions? GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner? GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families? GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?
State Goal:	(for reporting period July 1, 2003 through June 30, 2004): Colorado will have an effective general supervision system that ensures the implementation of Part C of IDEA
Performance Indicator(s):	(for reporting period July 1, 2003 through June 30, 2004):
<p>General supervision activities will identify and correct non-compliance areas in local county-based Early Childhood Connections (Part C) systems.</p> <p>Data will be collected, analyzed, reviewed and reported twice yearly statewide and reviewed periodically with each county throughout the year.</p> <p>Data will be collected and submitted annually for the Federal 618 requirements and through annual funding applications.</p> <p>All complaints, mediations and due process proceedings will be resolved in a timely manner.</p> <p>Colorado's CSPD will assure there are sufficient personnel to meet the needs of children and families eligible under Part C of IDEA.</p>	

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Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 and Attachment 2 when completing this cell.*)

June 1, 2004

- CDE is implementing a compliance oriented system of monitoring for five communities 2004-05
- 4/6 LICCs document completion of compliance plan (one plan completed from previous reporting cycle); three LICCs were monitored for specific issue (significantly under state average % of referrals)
- 2/6 LICCs document progress of 90% or more on compliance plan with all systems issues completely addressed, remaining work is being addressed and monitored through annual workplan submitted to CDE and twice annual data submission, and IFSP reviews
- All communities report on targeted data points related to compliance to CDE two times per year (Dec. 1, 2003/June 1, 2004). Communities under continuous improvement plans may be required to report more frequently depending on individual circumstances
- Colorado's Part C system utilizes contracted providers for direct intervention, data is available on the # of personnel by discipline in the Part C system but not by FTE as contract providers work for multiple county systems and/or have fluctuating time in the system
- Local Part C coordinators begin to report an increasing need for and shortage of bilingual service providers in front range metro and mountain resort communities
- There was one mediation request filed and settled within the required timeline; one complaint was filed and investigated with no findings within the time required

June 1, 2003:

- CDE is implementing a compliance oriented system of monitoring for nine communities 2003-04; reports cite compliance deficiencies/agency responsible
- 10 community local interagency councils (LICC) are implementing continuous improvement plans to address compliance issues as identified through monitoring; one community compliance plan is currently under development by the local interagency council (11 total)
- 4/11 LICCs document completion of compliance plan; 4/11 LICCs document progress of 90% or more on compliance plan with all systems issues completely addressed remaining work is being addressed and monitored through annual workplan and IFSP reviews
- 3/11 LICCs document progress of 70% or more on original compliance plan; CDE assisted LICC in identifying the strategies that were not successful and develop revised or new strategies to address persistent issues. Systems issues are addressed and work is being completed monitored completion plans in place and areas addressed in the annual workplan submitted to CDE and twice annual data submission and IFSP reviews
- 100% (3 of 3) of significantly at risk LICCs monitored in 2002-3 restructured and in compliance
- 75% of all local Community Centered Boards (CCB) contract only with providers that provide services in accordance with Part C
- All communities report on targeted data points related to compliance to CDE two times per year (Dec. 1, 2002/June 1, 2003).
- Service coordination and county level administration staff is sufficient.
- CDE personnel data system (LEAs are responsible in Colorado for conducting all assessment/evaluation activities) reports every administrative unit has a designated Child Find Coordinator; the number of personnel by assignment, e.g. OT, PT, Nurse, etc., is available, but not what portion of their time is spent on Child Find activities
- Colorado's Part C system utilizes contracted providers for direct intervention, no data is available on the # or % FTE by discipline in the Part C system. Anecdotally, LICCs report experiencing direct service personnel shortages only on a temporary basis, not a chronic, continuous inability to retain sufficient numbers of direct service personnel
- There were no complaints filed, mediations undertaken nor due process hearings conducted between July 1, 2002 – June 30, 2003

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Part C Annual Performance Report
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2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

- Nine communities will be monitored and compliance plans developed as needed
- LICCs will demonstrate and document interagency response to compliance plan: periodic monitoring/reporting to CDE for on-going progress, semi-annual data collection/analysis, local IFSP reviews, annual reports and funding contract application
- MOU group is updated quarterly or more frequently if necessary regarding LICC progress on compliance plans
- Compliance plan reporting required in 2003-04 local interagency contracts
- Continue to utilize interagency procedures and enforcement methods established to address any future LICCs with persistent deficiencies (none currently identified)
- As of November 2003 the 4 remaining CCBs will have plans to revise their provider contracts as of July 1, 2004 to reflect compliance with Part C of IDEA
- 10 "Provider Incentive Grants" funded to target training and technical assistance to local private providers; approximately 200 local providers impacted; pilot period ends Oct. 2003; analyze results and disseminated and implement successful systems change and training strategies in 2004-05.

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3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

All the communities monitored completed or are in process of completing the development of the compliance plan; all communities monitored have submitted their Part C data on Dec. 1, 2003 and June 1, 2004 for analysis; all communities monitored and under Continuous Improvement Plan (CIP) compliance plans submitted annual funding plans and were reviewed for compliance or progress towards compliance; the submission of the community CIP along with the annual application for funds and/or progress report allowed CDE to integrate the community assurances for Part C implementation, CIP and funding to help direct the LICC to address Part C priorities

The state's implementation of the interagency monitoring approach using state personnel for monitoring team members has lead to more specific issues/non-compliance identification and interagency TA follow up and policy enforcement

CDE began to more fully use data system components to inform the monitoring process specifically to focus attention to issues identified through various sources (eg. twice annual Part C data, state IFSP matrix data, community workplans/annual applications for funds, year end reports). Data report developed to rank communities by compliance data points to focus monitoring at individual community level and across communities on identified statewide issues. Data validation through multiple means has allowed the state to specifically identify the presenting issue and focus compliance requirements and TA to address the cause of non-compliance or quality issues more readily. Based upon monitoring data sources, CDE began to investigate primary referral source identification rates, family understanding of rights and procedural safeguards when referred at NICU level, timelines for initial IFSP development, access to and inclusion of appropriate health and medical supports in IFSP development, use of all appropriate funding sources for services and transition timelines.

At the direction of the state legislature Joint Budget Committee, the MOU agencies developed an agreement to assure that state EI funds went to support "families most in need" and agreed to adhere to the funding hierarchy defined in the State Plan for Part C Implementation to assure this was accomplished consistently across all local agencies. The MOU agencies will require all local contracts to adhere to the use of the funding hierarchy to pay for direct services; the Part C data system will be changed as of July 1, 2004 to begin tracking sources of payment by service

This and other state and national work lead CDE staff to partner with Part B/619 and state funded preschool staff to develop a General Supervision Enhancement Grant (GSEG) to develop an outcomes measurement system for 0-5 in Colorado's publically funded early childhood programs. This GSEG was funded in Oct. 2004

The state continues to work to address the accurate identification of total FTE utilized in this decentralized, contracted system of personnel for service delivery and verification of appropriate credentials; each local community submitted lists of personnel by discipline/credential but could not collect FTE as there is no local nor statewide system of documenting hours/contract staff nor is there sufficient resource to conduct this personnel survey from the state level

1 complaint was filed, investigated, determined not to be in violation; one mediation request was received and successfully settled for family and system; the two issues were not related (one was for substitute therapist coverage, the other for presence of an interpreter) and do not indicate any systemic trends at this time.

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4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Five communities will be monitored and compliance plans developed as needed; targeted compliance point(s) with implications for systemic issues will be identified and communities will be required to respond with compliance plan and timeline for completion
- LICCs will demonstrate and document interagency response to compliance plan: periodic monitoring/reporting to CDE and MOU partners for on-going progress, semi-annual data collection/analysis, local IFSP reviews, annual reports and funding contract application
- Part C data system will be reviewed for further refinement for data collection around compliance points and interagency coordination for funding
- Continue to provide funding and T/TA on the use of the primary provider model , eight additional communities will receive this T/TA and funds 2004-05

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Continue with the compliance oriented monitoring system and corrections through local compliance plan monitoring
- MOU group of agency partners will review the monitoring system and results during 2004-05 for further revisions and more effective use of all data sources
- Data system will become web-based
- Design and deliver service coordinator training via teleconference for data system focusing on funding information and documentation
- Continue focus in Service Coordination and IFSP training on family procedural safeguards
- Continue focus of training for Child Find personnel
- Maintain active materials dissemination/training notification procedures for list of 700 private providers and higher education, with emphasis on improving direct service preservice and inservice practices

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going): Resources: CDE staff with other interagency partners; \$139,000 for Evaluation, Monitoring and Data; contract training staff; Provider Incentive Grants: \$60,000; CSPD \$465,000 (inclusive of AT Project and Training Cadre)

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Cluster Area CII: Comprehensive Public Awareness and Child Find System	
Question:	Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?
Probes:	
<p>CC.I</p> <p>CC.II</p>	<p>Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?</p> <p>Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?</p>
<p>State Goal: (for reporting period July 1, 2003 through June 30, 2004): Colorado will have a comprehensive public awareness and child identification system that allows easy access and identifies all eligible infants and toddlers.</p>	
<p>Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004): The percentage of eligible infants and toddlers receiving early intervention will be comparable to state and national data for target population.</p>	

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1. **Baseline/Trend Data:** (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

December 2004 (from Part C database)

- 1.7% of total population 0-3 or 85% of expected 2% of total 0-3 population are identified statewide (3484 have an active IFSP on the one day count)
- 53% of all children in the system were 0-12 months at entry
- 17.3% of total 0-3 year olds in system are 0-12 months on the one day count
- 2.24% of 0 – 3 population are identified to the system throughout the year (4954)
- Referrals from physicians and hospitals (now collected together) increased by 17% from 2002 benchmark to 2004. NICU referrals to Part C increased 19% from 2002-3 (503 to 627); these referrals are included in the hospital/physician data set
- Use of the toll-free number system remains constant and is established in the state and included in the State's 211 system
- The number of Public Awareness products disseminated between July 2003-June 2004: (103,229 disseminated: 71% English, 29% Spanish)
 - Audience: CCB offices, Community agencies, Higher Education, Medical/Health Personnel, Parents, Part C offices, Service Providers, and School/education
 - Primary use: Training/Education, Medical/Health, Expos/Fairs/Events, Staff/Board , Families, Providers, Resource/Library/Stock, Child Find/Schools

June 2004

- 1.58% of total population 0-3 or 79% of expected 2% of total 0-3 population are identified statewide (3234 have an active IFSP on the one day count)
- 54% of all children in the system were 0-12 months at entry
- 17.0% of total 0-3 year olds in system are 0-12 months

June 2003

- 1.7 % of 182,200 children 0-3 are identified (3044 have an active IFSP on the one day count June 1, 2003)
- 2.56 % of 0 – 3 population are identified to the system throughout the year (4772 served of 182,200 children 0-3)
- 56% of all children in the system were 0-12 months at entry
- 17.6% of total 0-3 year olds in system are 0-12 months (WESTAT data: FY 2000 population: 0-12 months-60,823;Part C:696)
- Referrals from physicians increased by 15% from 2002 benchmark to 2003.
- Referrals from hospitals have increased 2 % from 2002 baseline to 2003
- Individual communities identify infants and toddlers eligible for Part C at a range of rates between 46 %-245%.
- Visits to the ECC website have increased from 1800 visits per month in November 2002 to 5600 visits per month in May 2003
- Toll-free number system evidenced a steady increase in the number of calls per month over the past year
- The number of Public Awareness products maintained the same rate of disseminated as between Jan 1 and Dec 1, 2002: (34,621 disseminated: 80% English, 20% Spanish)
 - Audience: CCB offices, Community agencies, Higher Education, Medical/Health Personnel, Parents, Part C offices, Service Providers, and School/education
 - Primary use: Training/Education, Medical/Health, Expos/Fairs/Events, Staff/Board , Families, Providers, Resource/Library/Stock, Child Find/Schools

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2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

- Communities determine if 2.0 % of 0 – 3 population is an appropriate guideline for identified infants and toddlers
- Referrals from physicians increase by 15 % from 2002 baseline
- Referrals from hospitals increase 5 % from 2002 baseline
- Individual communities identify infants and toddlers eligible for Part C at a rate more consistent with the statewide norm
- State determine if 2.5 – 3.0 % of 0 – 3 population is an appropriate guideline to be identified to the system throughout the year
- All eligible children are identified and have an active IFSP on the one day count June 1 (3644 expected at 2%)

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3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

The State's percentage of children identified throughout the year is around 2% of the total population and at the one day in time count date continues to be approximately 1.6 - 1.7% of expected and has been fairly constant in those ranges for three years. The State has established and widely publicized a toll free referral number, the system for contact at the local level has been consistent for many years. The last 3-4 years of emphasis and effort on hospital and physician referrals has increased the awareness and understanding of those primary referral sources and on-going education will continue with those entities. The implication appears to be that outreach to the general public may be sufficient (over 30% of materials go to community based agencies for dissemination, approximately 30% go to local Part C offices for distribution to families and interagency partners) but outreach to specific populations could be improved. The state will focus efforts in the next year on exploring that question in more depth.

The results of the pilot study of physician outreach efforts resulted in identification of two primary areas of concern: lack of acknowledgment of referral and follow up with outcome of referral. Each of the 4 communities involved in the pilot received feedback and technical assistance and in 3 monitored communities with low referral rates, focused interviews probed the underlying causes in this area. Those communities also received specific feedback and TA. Each community was required to submit an annual report on the public awareness activities, due Aug. 2004. These report results are being compiled to inform next steps and support the development of TA materials statewide.

Data on children leaving the NICU and returning to their local communities indicate approximately 25% of NICU identified families do not remain connected to the Part C system; initial investigation of this data show different exit status categories documented (e.g. unable to contact after multiple attempts, withdrawn by parent) and needs further follow up to determine specific causes and what strategies to address each issue

The state ICC formed a Special Purpose Committee (SPC) in Nov. 2003 to review and clarify the eligibility definition for established conditions which included ICC members and others from specific stakeholder groups with particular expertise. Clarification language was included in the 2004-05 State Plan. As a result of the SPC work, public awareness efforts between Feb. 2004 and Sept. 2004 focused on revision of the physician and hospital referral forms, education of those referral sources and public school child identification offices on referral and eligibility procedures, publishing the state's revised policy brief on eligibility and revising the "Welcome Packet" of general Part C information which is provided to each new family connected to the Part C system. Dissemination of materials has increased from 34,000 items in 2002 to over 100,000 items annually. This dissemination reflects the outreach achieved due to use of an electronic ordering system, regular periodic electronic "mailings" to an ever increasing number of audience types as well as total number of individuals. The state is planning a follow up look at communities that have lower referral and identification rates than the state average to determine ways to better target materials promotion as well as dissemination.

Colorado Departments of Education and Health concluded state level meetings and redefined the focus of CDE's contract with Public Health to assure the Developmental and Evaluation Clinics (D&E) coordinate better with the local school district child identification process and personnel. The D&E coordinator and the Part B/619 coordinators communicated the changes to the local coordinators across the state where D&E Clinics function.

Training on assessment practices continued during the year and reached over 1000 personnel statewide through community, regional and state training efforts

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4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- CDE staff will further analyze needs for Public Awareness efforts specific to populations with defined characteristics (e.g. children in Child Welfare system, children in underserved, hard to reach families)
- Participate in development of grant (submitted by the University of Southern Maine) on systems collaboration between Colorado Department of Human Service and Department of Education on children 0-3 in the Child Welfare system (awarded)
- Participate in the development of grant (submitted by the University of Hawaii) on strengthening communication between early intervention and physicians to increase referrals (not awarded)
- Follow up on physician outreach pilot study with enhanced TA materials statewide, TA to targeted communities
- CDE Part C staff participate in all regional Child Find meetings
- Support local ICCs to increase participation of Child Find personnel in Service Coordination Core/IFSP Training

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Increase public awareness activities of awareness, referral and feedback to specific population groups, ie. foster families, children in the Child Welfare system
- CDE's consulting pediatrician will review existing physician training curriculum (e.g. Caring for Infants and Toddlers with Disabilities (CFIT) or develop curriculum for continuing education to increase physician awareness, referral to and participation in EI programs. Continue interagency focus on communicating local responsibility in the state's Medical Home initiative
- Interagency participation (CDE, CDPHE, CDHS) in national OSEP funded institute for Research and Training on Service Coordination, specifically to address the integration of care coordination from Public Health into the Service Coordination system
- State and regional trainings for Child Find staff, Part C service providers on IFSP development
- Continue joint Part C and Part B monitoring in 5 communities
- Participate in funded grant (Oct. 2004) from the U.S. Department of Health and Human Services, on activities at state and local levels to increase collaboration between local early intervention offices, child find offices and county departments of social services
- Collaborate with Part B to disseminate video on assessment practices to all funded Part C interagency groups
- Continue communication with Child Find coordinators, Special Education directors through quarterly meetings, monthly electronic mailings, listserv and meetings

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6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going): CDE staff, Part B staff; Public Awareness \$85,000; Physician outreach \$25,000; CDE staff, data project contract staff, Part B staff; Child Identification/Service Coordination liaisons: \$280,000; Evaluation, data, monitoring: \$139,000; Procedural Safeguards:\$ 25,000

Cluster Area CIII: Family Centered Services

Question: Do family supports, services and resources increase the family’s capacity to enhance outcomes for infants and toddlers and their families?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

Supports and services will increase the family’s capacity to enhance their infant/toddlers developmental outcomes.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Families will be provided with the information, material and other supports and early intervention services to increase their capacity and confidence to support their child’s development.

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1. **Baseline/Trend Data:** (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

This is the first year of reporting this data. The state staff worked with two graduate students to develop the survey. The graduate students conducted the survey and completed the analysis.

Two primary bodies of literature influenced the content of the family survey, the National Early Intervention Longitudinal Study (Hebbeler et al. 2003) and program evaluation and efficacy research completed by a number of researchers in the early intervention field. A proposed framework for measuring outcomes in early intervention (Bailey et al. 1998) was also consulted as the initial tool was being developed. It proposes eight questions to serve as a framework when determining the extent to which early intervention has accomplished the goals inherent in a family-centered approach. The dimensions analyzed include 1) family perceptions of the early intervention experience and 2) the impact early intervention has had on the family

The complete questionnaire and community specific reports are attached. 949 surveys were sent out, 186 returned for a 19% return rate. A summary of 5 questions reveal over 90% of families perceive the early intervention system as positively assisting them to support their child's development and their ability to make good decisions for their family relative to their child's needs

2. How would you rate the help and information your family has received through early intervention?

- | | | |
|----|-----------|-----|
| a) | Excellent | 66% |
| b) | Good | 28% |

3. How has the help and information received affected your family?

- | | | |
|----|---------------------|-----|
| a. | Much better off | 65% |
| b. | Somewhat better off | 27% |

4. The assistance provided by my service coordinator has helped me in making good decisions about resources, supports and services:

- | | | |
|----|-------|-----|
| a. | A lot | 64% |
| b. | Some | 30% |

6. Early intervention has helped our family to help our child learn and develop:

- | | | |
|----|----------------|-----|
| a. | Strongly agree | 65% |
| b. | Agree | 32% |

7. Early intervention has assisted our family in building a strong support system.

- | | | |
|----|----------------|-----|
| a. | Strongly agree | 33% |
| b. | Agree | 57% |

A more in-depth follow up telephone survey was completed with families who self identified (approximately 18% of total). Those results also indicated families perceived their experience with the early intervention system to positively impact their ability to understand and support their child's development and their family's ability to make good decisions for their family relative to their child's disability. This interview process provided more in-depth information about specific elements of the system that supported the family or not. This data was used to further inform the local systems monitored and included in their findings and compliance planning.

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2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

- The data from the targeted questions used in the CISR Parent Focus groups will be analyzed and a baseline established.
- Service Coordination leads will conduct surveys of service coordination staff and review 10% of IFSPs to determine how family information is gathered
- IFSP reviews will evidence family assessment data and documentation of family supports and services as they contribute to the enhanced outcomes of their child

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

The data from the parent surveys conducted in three of the monitored communities provided the state with baseline information. The survey, although informative both to state and local systems, did not provide enough information to determine specific outcomes information, issues or areas of strength. From this activity it was determined that the state still lacked a way to utilize this data fully because there were no system wide outcomes defined for families.

This and other state and national work lead CDE staff to partner with Part B/619 and state funded preschool staff to develop a General Supervision Enhancement Grant (GSEG) to develop an outcomes measurement system for 0-5 in Colorado's publically funded early childhood programs. This GSEG was funded in Oct. 2004. The information collected through this survey and the slightly modified survey being used in 2004-2005 monitoring, will be included into the work the state will be doing to adopt outcomes for families and children. The survey for 2004-2005 was made available to families online as part of the process to move the Part C database to an online system of data collection. Families can access this directly from home or community based computers or via a phone link to the computer format.

Service coordination leads focussed IFSP quality reviews on developing and writing family outcomes that are meaningful and embedded in family routines. This on-going community based TA has lead to increased inclusion of family based concerns/needs, priorities and outcomes in IFSPs. The IFSPs reviewed during monitoring and quality reviews at the local level show significantly more family assessment information being included in identifying outcomes and appropriate supports.

CDE trained 12 Assistive Technology (AT) specialists located around the state and provided on-going TA support throughout the year. Their focus of consultation in assessment and IFSP development is on increasing the participation of children in their family's everyday routines and activities. There has been an increasing use of their skills across the state in the past year. CDE hired and trained a cadre of service providers and/or family members who provided intensive training/TA around family centered service coordination approaches, service delivery, transdisciplinary-primary service provider model and IFSP development. This additional training resource extended the ability of CDE to reach and support skill development in all communities participating in the Provider Incentive Grant process. The feedback gained from this group has been instrumental in informing the MOU group as to the need for information and training for service coordinators, service providers and families re: use of all appropriate funding sources for services. This is being addressed by the MOU group.

CDE staff provided a training conference on implementation of primary service provider model and support based home visiting model. The dissemination of the training on video or CD to all communities has provided statewide access to strategies to conduct successful home visits utilizing family centered approaches. The response to this material and the results from analyzing the family feedback from the first round of Provider Incentive Grants/primary service provider model, has lead CDE to fund continuing primary serviced provider model support in the 10 communities and begin funding implementation of the model in 8 additional communities in 2004-05.

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<p>4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):</p> <ul style="list-style-type: none"> ▪ IFSP training will be conducted in 15 locations statewide by CDE training cadre (focus on family centered IFSP) ▪ Service Coordination leads will continue work on providing local TA and gathering information on how to develop family outcomes utilizing family assessment information and embedded in family routines to enhance the child outcomes ▪ Increase parent involvement/leadership in system to enhance authentic input, feedback and communication processes ▪ Increase electronic distribution of quarterly publication Resources & Connections to all contracted early intervention providers ▪ Coordinate work of Service Coordination Strategic Planning and GSEG; incorporate data from family survey into GSEG ▪ Fund 8 communities for implementation of primary service provider model approach to family centered service delivery
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):</p> <ul style="list-style-type: none"> ▪ GSEG activities of adoption of family outcomes including stakeholder awareness and involvement ▪ Training and technical assistance for families on use of all appropriate funding sources in IFSP services ▪ 3 Parent involvement/leadership trainings in collaboration with PEAK Parent Training and Information Center ▪ Formation of state level Parent Engagement Task Force jointly sponsored through CICC Parent Involvement Special Purpose Committee and Early Childhood State Systems Parent Engagement efforts ▪ Analyze family survey data from all monitored communities, Parent Involvement/Leadership training data, PEP trainings issues/feedback, parent feedback from Family Leadership and Family Support activities and Parent Engagement Task Force to inform next year's parent involvement and leadership plan
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going): CDE staff, contractors with PEAK Parent Center \$132,000; CSPD \$465,000; Evaluation, Data and Monitoring: \$139,000; Procedural Safeguards: \$25,000</p>

Cluster Area CIV: Early Intervention Services in Natural Environments

Question: **Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?**

- Probes:**
- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?**
 - CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to**

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	enhancing the development of the child?
CE.III	Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
CE.IV	Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
CE.V	What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goal: (for reporting period July 1, 2003 through June 30, 2004): Early intervention services and supports provided in the child and family’s daily routines, activities and places will be individualized and meet the unique needs of the child and family.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

All families have access to a service coordinator

All families have access to timely evaluation and assessment leading to the identification of the child and family needs relating to the child’s development

IFSPs will include all services necessary to meet their unique needs which will be based upon research and evidence and provided in a family-centered, culturally competent way.

Services will be primarily delivered in the daily routines, activities and places of the child and family unless documentation justifies why they cannot address/achieve outcomes in a natural environment

Children will demonstrate improved and sustained functional abilities.

TABLE
Part C Annual Performance Report
Status of Program Performance

1. **Baseline/Trend Data:** (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

Dec. 2004:

- 99.6% of children have an identified service coordinator (Part C state data system)
- 84% of all services on IFSPs are delivered in the child and family's natural environments (primarily in home, community or program for typically developing peers (Part C state data system)
- 96.8 % of IFSPs have some services being delivered in their home, community based setting or program for typically developing peers (Part C state data system)
- 98.3 % of services listed as needed on IFSPs were received (Part C state data system)
- 90.3% of children receive a multi-disciplinary evaluation in all five areas of development in the initial evaluation (Part C state data system)
- CISR onsite monitoring parent interviews: 95% of parents who participate in parent focus groups report that they are getting the services they need
- All Child Find offices report comprehensive child identification activities available 12 months of the year
- The local systems all have standard procedures for evaluators and service coordinator to meet with the family at end of evaluation session for IFSP development
- Part C data system documents 83% initial IFSP development within 45 days of referral *

June 1, 2003:

- 99.7% of children have an identified service coordinator (Part C state data system)
- All 2003-04 local interagency contracts require documentation of service coordination system, including resource allocation and responsibilities of each agency
- 76% of all services on IFSPs are delivered in the child and family's natural environments (primarily in home, community or program for typically developing peers (Part C state data system)
- 95.8 % of IFSPs have some services being delivered in their home, community based setting or program for typically developing peers (Part C state data system)
- 96.8 % of services listed as needed on IFSPs were received (Part C state data system)
- 93 % of children receive a multi-disciplinary evaluation in all five areas of development in the initial evaluation (Part C state data system)
- Approximately 95% of Child Find offices report that they have comprehensive child identification activities available 12 months a year (CDE Part B data)
- CISR onsite monitoring parent interviews: 95% of parents who participate in parent focus groups report that they are getting the services they need
- The percent of children having IFSP completed within 45 days of referral was 59.5 % (Part C state data system)
- The percentage of children participating in the Part C program, demonstrating improved and sustained functional abilities is data not currently collected.

DATA NOTE: 3/31/04 : CDE reviewed the child find/initial IFSP development procedures in 11 communities with compliance plans completed or in progress as of March 2004. In all 11 communities, the initial evaluation is completed by the LEA within 45 days of referral 95% of the time. The local systems all have standard procedures for the evaluators and service coordinator to meet with the family at the end of the evaluation session to share evaluation data, answer questions and begin IFSP development. The completion of the IFSP often includes a sequence of meetings to decide on all strategies and services across two distinct systems with different sets of providers. In Colorado, the system assigns LEAs eligibility responsibility and the Part C system has service delivery responsibility.

Data collected in the Part C state data system is on IFSP completion. 59.5% of initial IFSPs are completed within 45 days of referral; 91.6% of initial IFSPs are completed between 46-90 days from referral, the majority of those completed between 46-60 days of referral.

TABLE
Part C Annual Performance Report
Status of Program Performance

2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

- 100% of children have an identified service coordinator
- IFSP reviews in CISR and targeted onsite evidence timely early intervention services in natural environments
- 100 % of IFSP services are delivered in the child and family's natural environments or appropriately documented as to why not
- 100% of "Provider Incentive Grants" funded will target training and technical assistance to local private providers and develop transdisciplinary-primary service provider IFSP service delivery teams
- Survey results will indicate 100% of parents reporting that appropriate early intervention services in natural environments and informal supports are meeting the unique needs of their child(ren)
- 100% of IFSPs will document initial IFSP meeting held within 45 days of referral or have appropriate justification for extending the timeline for family reasons
- 100% of Child Find offices report that they have comprehensive child identification activities available 12 months a year
- 100 % of children receive a multi-disciplinary evaluation in all five areas of development in the initial evaluation

TABLE
Part C Annual Performance Report
Status of Program Performance

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

Colorado has maintained the system of service coordination that assures each eligible child a service coordinator and validates this data through the annual application for funds documentation of local capacity and caseloads, monitoring data, service coordination training/TA activities and IFSP reviews. In April 2004 an interagency group (CDE, CDPHE, CDHS) committed to participation with the OSEP funded Research and Training Center on Service Coordination for state level strategic planning on service coordination. The state involved 35 stakeholders in an initial planning session July 2004 and has since developed a plan and begun implementing the integration of CDPHE care coordination into the system of Part C service coordination at the state level and local levels.

Continued trainings (21 statewide) on IFSP process with a focus on identifying family needs through routines-based interviewing, developing outcomes based upon that information that are functional and meaningful to the family and identifying appropriate supports and services. Child Find, service providers, service coordinators, care coordinators and administrators are attending these community based trainings and monitoring data is showing an increase in family centered IFSP outcomes

The Provider Incentive Grants in 10 communities resulted in the transdisciplinary-primary service provider model being adopted as an option for families and incorporated into the annual funding application for those communities and planned to be funded in 8 additional communities for training and technical assistance for 2004-05

*Continued annual trainings on the Part C database assures accurate documentation and consistency of information. Through validation checks of data and training feedback, it was determined that data collected on initial IFSP development within 45 days of referral may not be reliable in Dec. 2004 report due to a data collection/reporting change and not enough time to provide training and assure complete, consistent and accurate data entry for this reporting period (change from data collected on IFSP completion date to initial IFSP meeting held date).

Increasing numbers of services are being provided in the child and family's daily routines and activities through a transdisciplinary-primary provider model; monitoring data and increased collaboration with child care provider training efforts has indicated that more support may be needed to increase the provision of services in child care settings and the capacity of the child care providers to support the participation of infants and toddlers in those settings; CDE is developing approaches to increase and enhance the training and TA available to child care providers through collaboration with other child care training initiatives

Family survey data indicates that over 90% of families perceive the services they receive help support them to enhance their child's development; family feedback from the primary service provider model implementation through the Provider Incentive Grants overwhelming indicates that they feel a coordinated team effort through a primary provider gives them superior service and meets their family and child's needs more effectively.

Data was being collected on individual IFSP child outcomes in monitored communities. In fall 2003, nationally disseminated information indicated that this approach may not be the most valid way to approach child outcome measures. In light of that information and other state and national work, CDE Part C and Part B/619 staff along with state funded preschool staff along with SRI International staff wrote for and received a GSEG to address child outcomes in Oct. 2004. The state has adopted the ECO Center's Child Outcomes statements. GSEG activities to date have included extensive stakeholder meetings on these Outcomes for all children 0-5 in the publicly funded programs, review of other state's early learning standards, indicator development and measurement systems investigation and crosswalking to the Outcomes.

Continued assessment of the data on children receiving multidisciplinary evaluation (90%) needs to be done; initial indications reveal this group may be the very young children coming from hospital settings receiving initial multidisciplinary evaluations in that setting but not having LEA child find evaluation (this may be a function of how data is reported on this subgroup). This data will be further investigated through discussions with local data managers, monitoring interviews and IFSP reviews to determine the basis for this discrepancy beginning in April 2005

TABLE
Part C Annual Performance Report
Status of Program Performance

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- 100% of IFSPs will document accurate referral date, assessment date and initial IFSP development within 45 days of referral or have appropriate justification for extending timeline for family reasons
- 100% of Provider Incentive Grant communities will target training/TA to local service providers and develop transdisciplinary-primary service provider models; all previous grant communities will maintain transdisciplinary-primary service provider model option through team support, TA
- 100% of children receive and have documented multidisciplinary evaluation in all five areas of development
- All service providers have access to electronic distribution of information on training opportunities and best practice information
- Services are provided in child care settings as appropriate to the needs of the child and family identified on the IFSP and child care providers have the support to assure the participation of the child in their setting
- Survey of families will indicate they all receive the services they need to meet the unique needs of their child(ren) in their daily routines, activities and places
- CDPHE care coordination will be integrated into Part C service coordination system at state level with procedures developed for local implementation

TABLE
Part C Annual Performance Report
Status of Program Performance

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- 3 database trainings to assure accuracy of collecting and reporting referral date and initial assessment date and IFSP meeting
- Quarterly service coordination lead meetings for ongoing TA and data gathering
- Regular electronic distribution of information and training opportunities for best practices to service providers
- 15 community based IFSP trainings delivered by the training cadre
- Three 4 day Service Coordination Core Trainings delivered by the training cadre
- MOU group will review and revise the descriptions used to define the 16 federal and 1 state early intervention services
- GSEG activities for stakeholder involvement in early learning standards adoption, child outcome indicator development and measurement tools training
- AT cadre support through ongoing TA calls, training opportunities; train 6 additional AT specialists in regions across the state
- Funding hierarchy survey and develop trainings for families, service coordinators and service providers on use of all appropriate funding sources for services on IFSP
- Annual training institute to focus on relationship based intervention strategies and supports
- Dissemination of electronic information and training materials/opportunities, including Resources & Connections and CDE’s monthly Electronic Mailing
- Support providers to attend Ounce Scale training in collaboration with child care training initiative; support early intervention providers becoming local child care quality trainers
- Develop publication to assist service coordinators and families with understanding and discussing transdisciplinary-primary service provider model

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going): CDE staff; contract with Family Voices for use of funding resources \$10,000; CSPD \$465,000; Provider Incentive Grants \$60,000; CDE staff, budget Evaluation, Data and Monitoring \$139,000; Procedural Safeguards: \$25,000

Cluster Area CV: Early Childhood Transition

Question: Do all children exiting Part C receive the transition planning necessary to support the child’s transition to preschool and other appropriate community services by their third birthday?

State Goal: (for reporting period July 1, 2003 through June 30, 2004): Planning for all children exiting Part C will be completed by at least 90 days before the child’s third birthday and support their transition to preschool or other appropriate services at age 3.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004): All IFSPs will contain an appropriate transition plan completed at least 90 days prior to the child's third birthday. All Part C LICCs will notify the LEA or appropriate entity at least 9-12 months prior to the child turning three or as soon as the child enters the Part C system after their second birthday and include the appropriate resources in all meetings for transition planning.</p>
<p>1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. <i>Use Attachment 1 when completing this cell.</i>)</p> <p>Dec. 2004</p> <ul style="list-style-type: none"> ▪ All local communities have written transition agreements and procedures for notifying LEA of upcoming transitions at least 6 months in advance of child's third birthday ▪ 48% of all children exiting Part C have a written transition plan in place at least 90 days prior to their third birthdate (Part C data system) <p>Dec. 2003</p> <ul style="list-style-type: none"> ▪ 100 % of 11 Part C LICCs monitored notify the LEA of upcoming transitions at least 6 months prior to the child's third birthday and notify them of the transition planning meetings in time to schedule attendance. ▪ 86% of the eligible children have completed transition plans no later than 3 months prior to their 3rd birthday (Part C state data system) <p>June 2003</p> <ul style="list-style-type: none"> ▪ 76% of all funded Part C local community Interagency Councils have written transition agreements on file with CDE; 100% of LICCs have a timeline for completing the written agreement ▪ 71% of the eligible children have completed transition plans no later than 3 months prior to their 3rd birthday (Part C state data system) ▪ 100 % of Part C LICCs monitored notify the LEA of upcoming transitions at least 6 months prior to the child's third birthday and notify them of the transition planning meetings in time to schedule attendance ▪ 96% of IEPs evidenced timely Part B services during monitoring review 2001-2002 (CDE data did not discriminate if child with IFSP prior to initial
<p>2. Targets: (for reporting period July 1, 2003 through June 30, 2004):</p> <ul style="list-style-type: none"> ▪ 100% of children exiting Part C will have transition plans in place no later than 90 days prior to their 3rd birthdate

TABLE
Part C Annual Performance Report
Status of Program Performance

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

The percentage of timely transition plans was incorrectly calculated in the APR 2002-03, using planning initiation dates instead of plan completion dates to calculate % of timely transition plans

In the majority of communities/school districts where timelines are not met it is the result of the LEA not determining eligibility for Part B services between 3-4 months prior to the child's third birthday in order to allow for the transition plan to include what Part B services may be appropriate and the Part C system personnel not completing a written transition plan without that information. In some communities, the local Part C service coordination system was not notifying the LEA of upcoming transitions in a timely way or were not entering the transition plan date correctly in the Part C database.

In September 2004, OSEP acknowledged the state's correction of all non-compliance findings from 2001 monitoring except for timely transition plans for children exiting the Part C system. OSEP required the state to develop and submit a plan by December 2004 to correct this remaining non-compliance by June 2005. The state complied with a written plan for timely transition in December 2004. All local Part C interagency councils and corresponding school districts out of compliance with the transition plan timelines were notified of their status and required to jointly submit a transition plan by January 2005. All communities submitted their plans and in the mid-point progress check, data analysis as well as telephone and email correspondence indicated significant progress was made towards coming into compliance with timelines.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- 100 % of IFSPs will document timely transition plans in place for all children exiting Part C

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Training and technical assistance to Part C and school districts via telephone conference calls, website materials
- CDE will publish policy clarification (Info Brief) on transition planning and plan timelines
- CDE staff (Part C and Part B/619) conduct TA meetings to discuss requirements and issues and assist with strategies with school district Special Education directors, Part C/Early Intervention coordinators and directors, and Child Find coordinators
- CDE will check Part C database for progress in transition plan compliance March 2005, if necessary will provide community specific TA if progress towards compliance is not documented (all communities documented progress at the data check point)
- Service Coordination Core Training will emphasize transition planning and timelines
- Service Coordination leads will emphasize transition planning and timelines

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going): CDE staff, data contractor, Part B 619 and evaluation staff; FY 2003 budget: CSPD \$465,000 Evaluation, Data, Monitoring \$139,000; Procedural Safeguards: \$25,000

Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data

(Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Complaints under 34 CFR §§303.510-303.512

(Cell 1) July 1, 2003 - June 30, 2004: The preferred reporting period is July 1, 2003 through June 30, 2004 (07/01/03 – 06/30/04). If data are not available for this time period, indicate the dates of the twelve-month period for the data reported (e.g., 09/01/03 – 08/31/04).

(Cell 2) Number of Complaints: Report the total number of written complaints received by the Lead Agency during the reporting period.

(Cell 3) Number of Complaints with Findings: Of the complaints received during the reporting period (Cell 2), report the total number of complaints for which written decisions with findings of non-compliance were made. This count should include complaint dispositions that occurred after June 30, 2004, but before the *closing date for dispositions* of this report (see below, definition for “complaints pending”). Written decisions with findings include citations confirming the validity of any portion of the complaint and requiring correction by the agency(ies) against which the complaint was filed. Do not report here complaint investigations completed that had no substantiated findings of non-compliance (see Cell 4).

(Cell 4) Number of Complaints with No Findings: Of the complaints received during the reporting period (Cell 2), enter the total number of complaint investigations completed for which there were no substantiated findings of non-compliance made, including complaint dispositions that occurred after June 30, 2004, but before the *closing date for dispositions* of this report (see below, definition for “complaints pending”).

(Cell 5) Number of Complaints not Investigated - Withdrawn or No Jurisdiction: Of the complaints received during the reporting period (Cell 2), report the total number of formal written complaints that were not investigated as the result of the complaint being withdrawn by the complainant, or a complaint determined not within the jurisdiction of the Lead Agency complaints process under 34 CFR §§303.510-303.512 (e.g., a written complaint received that came down to a personnel issue not related to the provision of early intervention services, or a complaint regarding an issue that had previously been decided through a due process hearing). States should include all complaints not investigated for these reasons whether or not the decision not to investigate occurred after June 30, 2004, but before the *closing date for dispositions* of this report (see below, definition for “complaints pending”).

(Cell 6) Number of Complaints Set Aside Because Same Issues Being Addressed in a Due Process Hearing: Of the complaints received during the reporting period (Cell 2), report the number of complaint investigations in which extensions were granted for one or more issues in deference to a due process filing under 34 CFR §303.512(c).

(Cell 7) Number of Complaints with Decisions Issued within 60 Calendar Days: Of the complaints received during the reporting period (Cell 2), report the total number of complaint investigations completed on time within the standard 60-day timeline. States should include all complaint investigations completed within 60 days of filing (those with substantiated findings and those without such findings) whether or not completed after June 30, 2004, if they were completed before the closing date for *dispositions* of this report (see below, definition for “complaints pending”).

(Cell 8) Number of Complaints Resolved beyond 60 Calendar Days, with a Documented Extension: Of the complaints received during the reporting period (Cell 2), report the number of complaint investigations completed on time where timelines were extended (e.g., an extension resulting from deferral to a due process filing under 34 CFR §303.512(c), or an extension granted under 34 CFR §303.512(b), where “exceptional circumstances exist with respect to a particular complaint”)

Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data

(Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

(Cell 9) Number of Complaints Pending as of: ___/___/___ (enter closing date for dispositions): Of the complaints received during the reporting period (Cell 2), report the total number of complaint investigations still pending as of the closing date for this report. The closing date for disposition of complaints filed during the reporting period may be set by the state, but generally will be 60 days following the closing date of the twelve-month reporting period.

Calculation Notes: (Cell 2) should equal (Cells 3+4+5+9). Total investigations (Cells 3+4) minus Complaints resolved on time (Cells 7+8) should equal the number of complaints completed late (after timelines and/or extensions expired).

Ib: Mediations

(Cell 1) July 1, 2003 - June 30, 2004: The preferred reporting period is July 1, 2003 through June 30, 2004 (07/01/03 – 06/30/04). If data are not available for this time period, indicate the dates of the twelve-month period for the data reported (e.g., 09/01/03 – 08/31/04).

(Cell 2) Number of Mediations - Not Related to Hearing Requests: If the State provides mediation under conditions other than those required under IDEA, report the total number of mediations held (at least initial sessions) during the reporting period that were not preceded by a hearing request. The state should count mediations regardless of the length of the mediation session(s) or whether they resulted in a mediation agreement. A mediation that involved multiple sessions should be counted as a single mediation. A mediation that failed and was followed by a due process request should be counted as not related to a hearing request. If the state makes mediation available only after a due process request has been filed, enter “NA” in this cell.

(Cell 3) Number of Mediations - Related to Hearing Requests: Enter the total number of mediations held (at least initial sessions) during the reporting period when the mediation involves the same parties (e.g., parents and school personnel) and was offered in conjunction with or after the filing of a due process request. The state should count mediations regardless of the length of the mediation session(s) or whether the mediation resulted in a written mediation agreement during the reporting period. A mediation that involved multiple sessions should be counted as a single mediation.

(Cell 4) Number of Mediation Agreements - Not Related to Hearing Requests: Of the “Number of Mediations - Not Related to Hearing Requests” (Cell 2), report the total number of mediation agreements completed, including those completed prior to the end of the *closing date for dispositions* of this report specified by the state (see below, definition of “mediations pending”). The State should count agreements that address all or any part of the issues raised in the mediation. The number entered into this cell of the table is a subset of Cell 2, the reported number of mediations not related to hearing requests.

(Cell 5) Number of Mediation Agreements - Related to Hearing Requests: Of the “Number of Mediations - Related to Hearing Requests” (Cell 3), report the total number of mediation agreements completed, including those completed prior to the end of the *closing date for dispositions* of this report specified by the state (see below, definition of “mediations pending”). The State should count agreements that address all or any part of the issues raised in the mediation.

(Cell 6) Mediations Pending as of: ___/___/___ (enter closing date for dispositions): Of the mediations held (at least initial sessions) during the reporting period (Cells 2+3), report the total number of mediations still pending (e.g., no agreement reached) as of the closing date for this report. The closing date for disposition of mediations initiated during the reporting period may be set by the state, but generally will be 60 days following the closing date of the twelve-month reporting period.

Calculation Notes: Cell 4 is a subset of Cell 2; Cell 5 is a subset of Cell 3. Total mediations held should equal (Cells 2+3). Total mediation agreements should equal (Cells 4+5). No report of total mediations requested or offered can be inferred from these numbers nor is it a required report element.

Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data

(Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ic: Due Process Hearings

(Cell 1) July 1, 2003 - June 30, 2004: The preferred reporting period is July 1, 2003 through June 30, 2004 (07/01/03 – 06/30/04). If data are not available for this time period, indicate the dates of the twelve-month period for the data reported (e.g., 09/01/03 – 08/31/04).

(Cell 2) Number of Hearing Requests: Report the total number of hearing requests received during the reporting period, regardless of whether a hearing was held or the request withdrawn during or after the reporting period. This includes hearings requested and not held because the issue was resolved through mediation. For states with two tiered hearings systems, a case that goes to both levels of hearing should be counted in the year of the first tier request as one hearing.

(Cell 3) Number of Hearings (fully adjudicated): Of the total number of hearing requests received during the reporting period (Cell 2), enter the number of due process hearings held (fully adjudicated) during that period or prior to the *closing date for dispositions* of this report (see below, definition for “hearings pending”).

(Cell 4) Number of Decisions Issued within Hearing Timeline (45 days if Part B procedures under 34 CFR §303.420(a) are adopted; 30 days if Part C procedures under 34 CFR §303.420(b) are established): Of the total number of hearing requests received during the reporting period (Cell 2), report the number of due process hearings resulting in decisions that were issued within timelines.

(Cell 5) Number of decisions within Timeline Extended under 34 CFR §300.511(c): Of the total number of hearing requests received during the reporting period (Cell 2), report the number of due process hearings resulting in decisions with timelines extended under 34 CFR §300.511(c). The State may not extend the hearing timeline if it elects to establish Part C hearing procedures under 34 CFR §303.420(b).

(Cell 6) Number of Hearings Pending as of: ___/___/___ (enter closing date for dispositions): Of the total number of hearing requests received during the reporting period (Cell 2), report the number of due process hearings still pending as of the date for dispositions included in this report. The closing date for disposition of hearings requested during the reporting period may be set by the state, but generally will be 60 days or more following the closing date of the twelve-month reporting period.

Calculation Notes: Cells 3, 4 and 5 are each a subset of Cell 2. Cell 5 is a subset of Cell 4. Cell 4 is a subset of Cell 3. Cell 3 minus Cell 4 will equal the number of decisions issued late. Cell 2 minus (Cells 3+6) should equal the number of due process hearing requests not fully adjudicated because they were withdrawn, judged not subject to full adjudication, settled through mediation, or otherwise no longer pending.

Part C ATTACHMENT 1
Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data
 (Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints								
(1) July 1, 2003 - June 30, 2004	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Set Aside Because Same Issues being Addressed in a Due Process Hearing	(7) Number of Complaints with Decisions Issued within 60 Calendar Days	(8) Number of Complaints Resolved beyond 60 Calendar Days, with a Documented Extension	(9) Number of Complaints Pending as of: ___/___/___ <i>(enter closing date for dispositions)</i>
TOTALS	1		1					0

Ib: Mediations					
(1) July 1, 2003 - June 30, 2004	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: ___/___/___ <i>(enter closing date for dispositions)</i>
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	1		1		0

Ic: Due Process Hearings					
(1) July 1, 2003 - June 30, 2004 (or specify alternate period: ___/___/___ to ___/___/___)	(2) Number of Hearing Requests	(3) Number of Hearings Held <i>(fully adjudicated)</i>	(4) Number of Decisions Issued within Hearing Timeline <i>(45 days if Part B procedures under 34 CFR §303.420(a) are adopted; 30 days if Part C procedures under 34 CFR §303.420(b) are established)</i>	(5) Number of Decisions within Timeline Extended under 34 CFR §300.511(c) ¹	(6) Number of Hearings Pending as of: ___/___/___ <i>(enter closing date for dispositions)</i>
TOTALS	0				0

¹ The State may not extend the hearing timeline if it elects to establish Part C hearing procedures under 34 CFR §303.420(b).

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period²

Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C					
Federal* (Specify)					
	6,386,000		Collaboration, local implementation, training, data, monitoring, public awareness, central directory, 2/3 of service coordination, parent involvement		
State* (Specify)					
	6,918,000		Direct services, 1/3 of service coordination, some administration		

² When completing this table refer to the General Instructions.

* Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period²

Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Local* (Specify)					
	CDE does not collect this type of data	(5% local match requirement to state EI \$)	CDE does not have a way to collect this type of data	CDE does not have a way to collect this type of data	
Private Insurance, Fees	CDE has not collected this type of data			The state EI system began to collect data from this source Sept. 2004	
Other(s) Non-Federal (Specify)					
Total Early Intervention Support	13,404,000				