

STATE OF COLORADO



Colorado Department of Human Services

people who help people

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Bill Ritter, Jr.
Governor

Karen L. Beye
Executive Director

April 5, 2007

U.S. Department of Education
ATTN: Janet Scire/Mail Stop 2600
7100 Old Landover Road
Landover, MD 20785-1506

Dear Ms. Scire:

Please find attached the revised State Performance Plan (SPP) and the 2005-2006 Annual Performance Report (APR) that are being submitted per the March 27, 2007 request from our OSEP Part C Project Officer, Jackie Twining-Martin. The changes made in the document are as follows:

SPP, Indicator 4, Pages 14-18

- 1) The language in the measurable and rigorous targets section for Indicator 4 has been modified to be in full alignment with the language used in the OSEP measurement. (Pages 14-16)
- 2) The baseline for 4B that was reported in the February submission of the SPP was removed. The sampling for this measurement was determined to be too small to set a baseline. (Pages 15-16)
- 3) A new process is in place to use the ECO Family Survey in Spring 2007 distributed statewide to all families with an IFSP who are actively receiving services. The results of this survey will be used to establish a baseline for 4B no later than September 30, 2007. (Page 15)
- 4) At this point, we are defining progress for 4B to be at least 1.25% above baseline for each year from 2007-2010. This will achieve the OSEP recommended improvement of at least 5% above baseline by 2010. (Pages 15-16)
- 5) In fall 2007, Division for Developmental Disabilities (DDD) staff, the Results Matter team and the Colorado Interagency Coordinating Council (CICC) will investigate the effectiveness of the ECO Family Survey and the NCSEAM tool, used by other states, to determine which will be implemented in Colorado in 2008. (Page 15, first bullet and page 18, *Revision 4.17 Improvement Activity*)
- 6) The cover page was modified to include the revision date of April 5, 2007.

APR, Indicator 4, Pages 12-18

- 1) The language in the measurable and rigorous target section for Indicator 4 has been modified to be in full alignment with the language used in the OSEP measurement. (Page 12)
- 2) The baseline for 4B that was reported in the February submission of the APR was removed. The sampling for this measurement was determined to be too small to set a baseline. (Pages 12-15)
- 3) A new process is in place to use the ECO Family Survey in Spring 2007 distributed statewide to all families with an IFSP who are actively receiving services. The results of this survey will be used to establish a baseline for 4B no later than September 30, 2007. (Pages 14-15)
- 4) In fall 2007, DDD staff, the Results Matter team and the CICC will investigate the effectiveness of the ECO Family Survey and the NCSEAM tool, used by other states, to determine which will be implemented in Colorado in 2008. (Page 15)
- 5) The *Improvement Activities* report for 4.2 was changed to read "Postponed due to change in lead agency."
- 7) *Revision 4.17 Improvement Activity* was modified to match the new dates noted in the revised SPP. (Page 17)
- 8) The cover page was modified to include the revision date of April 5, 2007.

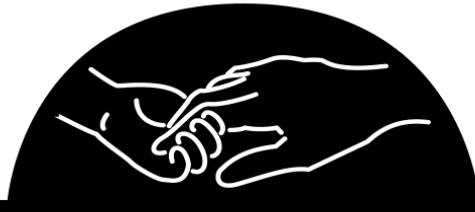
No other changes have been made to the SPP or the APR. If you have any questions, please contact me.

Sincerely,



Ardith Ferguson
Part C Program Coordinator

cc: Fred DeCrescentis, DDD
John Miles, DDD
Jackie Twining-Martin, OSEP



Early Childhood Connections
for Infants, Toddlers & Families

2005-2006 Annual Performance Report
Federal IDEA, Part C Services in Colorado

Submitted
January 31, 2007

Revised and Resubmitted
April 5, 2007

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Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The Colorado Department of Human Services, Division for Developmental Disabilities (DDD), was designated the new lead agency for Part C in Colorado on December 30, 2005. A transition Memorandum of Understanding was developed with the Colorado Department of Education, the previous lead agency, to continue administration of the FFY 2005 grant until July 1, 2006. CDHS/DDD developed the APR with broad stakeholder input from the Colorado Interagency Coordinating Council (CICC), the Memorandum of Understanding (MOU) Sub-Committee of the CICC (which consists of the four state agencies primarily responsible for early intervention services at the state level), and feedback from other key statewide interagency partners. The information used to document progress and slippage in federal fiscal year (FFY) 2005-2006 is based on reports from the former lead agency, the Colorado Department of Education (CDE) and their contracted providers.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services

FFY	Measurable and Rigorous Target
2005-2006	100% of IFSPs will have services initiated within the state's definition of timely receipt of services

Actual Target Data for 2005-2006: Progress being made, target is not fully met.

Using the information that was made available by the former lead agency, the Colorado Department of Education, 87% of IFSPs had services initiated within the state's definition of timely receipt of services. This is based on information collected by CDE in the fall of 2005. Colorado defines "timely" receipt of services as "services to begin as soon as possible but no later than 28 calendar days from the date the parent(s) consents to IFSP services."

APR Template – Part C (4)

1/24/07, revised 4/2/07

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Discussion of Improvement Activities:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
1.1	2005-2010 – Direct service provider recruitment activities including supporting local efforts through the federal Part C grant, sharing of resumes and staffing needs across programs via website, targeted recruitment of bilingual professionals and encouragement of regional provider groups for professionals in high demand/low availability disciplines.	Ongoing. Resumes and job openings are posted on the Division for Developmental Disabilities Early Childhood Connections website.
1.2	2006-2010 – On-going assessment and analysis of personnel needs to identify where personnel shortage exist, in what area of expertise and focus recruitment activities to address shortages.	n/a
1.3	2006-2007 – Establish a committee from the CICC and higher education personnel to develop strategic plan to incentivize professional training/education opportunities.	n/a
1.4	2005-2008 – Training and technical assistance on the transdisciplinary/primary service provider model 2005-06 in 7-10 communities.	Ongoing. The contractor (JFK/ENRICH team) provided a 2-day training for providers from five southern counties and technical assistance was provided to two metro communities on using the transdisciplinary/primary service provider model.
1.5	2008-2010 - Training and technical assistance on the transdisciplinary/primary service provider model in 6 remaining communities.	n/a
1.6	2005-2010 – Continuing statewide staff development support through regional training and technical assistance opportunities on preferred practices in transdisciplinary service delivery.	Ongoing. Several communities received technical assistance from the Part C Training Cadre.
1.7	2005-2010 – Continued training on utilizing the funding hierarchy for Part C services.	Ongoing. Five trainings were conducted by the contractor (Family Voices) and the Department of Health Care Policy and Finance on the funding hierarchy in various locations around the state with a total number of 283 attendees.
1.8	2006-2007 – Training and technical assistance to local data managers for completing new fields and requirements in the Part C database.	n/a
1.9	2006-2010 – Continued training on IFSP development with emphasis on services (documentation, funding hierarchy).	n/a
1.10	2006-2007 – Incorporate funding training and documentation of month/day/year of service start date into state web-based training materials and curriculum for Service Coordinator Core Training.	n/a
1.11	2006-2007 – Focused monitoring activity of CCBs bottom quartile for services initiation timelines.	n/a

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1.12	2005-2010 – Continued training on billing and exploration of “billing offices” for providers (individuals, groups) to lessen burden of participation in public system of EI.	Ongoing. The contractor (Family Voices) and the Department of Health Care Policy and Finance provided technical assistance to therapists who faced challenges billing Medicaid and private insurance.
1.13	2005-2006 – Develop and pilot parent training curriculum, train-the-trainer model and materials about IFSP process with emphasis on service delivery.	Completed. Training Cadre members developed the curriculum and, along with PEAK mentors conducted 12 parent workshops.
1.14	2006-2008 – Provide parent training regionally and disseminate materials statewide.	n/a
1.15	2006-2007 – Provide training to locally based parents who will conduct training on-going in their own communities.	n/a
1.16	2007-2010 – Local parents provide parent training modules with the support of the PEAK Parent Center mentor program.	n/a
1.17	2006-2007 – Establish state level interagency Task Force to conduct feasibility study for establishing a program for certification of direct service providers.	n/a

Explanation of Progress or Slippage for FFY 05-06: For the fiscal year 2005-2006, measurement of timeliness was based on anecdotal reporting. The rigorous measurement for this indicator is new for our state. Statewide data used to document progress and slippage has only been in place since July 2006 at which time Colorado’s Part C database was modified to begin measuring timeliness of services based on a 28-day timeline from completion of the IFSP to initiation of services. The modifications include a way to report separately the number of documented delays in initiating services attributable to family circumstances. The DDD, the new lead agency, conducted training for new data managers in June 2006 on the indicator and the new measurement. The baseline for Indicator 1 will be established from all current IFSPs utilizing December 1, 2006 Child Count data.

Additional Reporting on Table A, March 20, 2006 OSEP Compliance Letter

In July 2006, Colorado’s data system was modified to begin collecting data for measuring the initiation date of early intervention (EI) services identified on the initial IFSP and any additional EI services identified on subsequent IFSPs. Colorado defines the required time period as “as soon as possible but no later than 28 days from the date the parent(s) consents to IFSP services.”

To prepare the new EI programs for this indicator and the measurement of compliance, DDD staff conducted training to EI Coordinators in all the Community Centered Boards (CCBs) in May 2006. There are twenty CCBs statewide, each having designated service areas of one or more counties. CCBs serve as local fiscal agents under contract with the state to either provide or purchase EI services on behalf of children and families. CCBs are also responsible for providing service coordination services and meeting all federal Part C requirements and data collection.

According to the December 1, 2006 Child Count data 95.21% of early intervention services are provided within the required time period. This more accurate measurement shows an

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improvement from the previous measure of 87% that was based on an analysis of 65% of current IFSPs in 2004-2005.

The following revised targets and improvement activities to the SPP will address the deficiencies in meeting Indicator 1.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 1.18</i>	<i>Improvement Activity:</i> 2006-2007 – Desk audits and file reviews of the CCBs early intervention programs will occur using the December 1, 2006 Child Data Count to measure compliance with the 28-day timeline.	<i>Justification:</i> DDD is currently collecting data on the 28-day timeline during on-site surveys of files and through the Dec. 1, 2006 Child Count Data. Programs that are out of compliance will be required to submit a plan of correction. Programs in the bottom quartile will be required to participate in technical assistance and training activities.
<i>Revision 1.19</i>	<i>Improvement Activity:</i> 2006-2007– DDD will be changing the Part C database by July 2007, merging it into a web-based system that will provide an opportunity for real-time measurement.	<i>Justification:</i> DDD is currently collecting data on the 28-day timeline during on-site surveys of files and through the Dec. 1, 2006 Child Count Data. The change to a web-based database will combine two currently separate databases to reduce administrative duplication, improve the accuracy of data entry and allow for real-time monitoring of the 28-day timeline and provide a way to correct situations of slippage in a timely manner.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The DDD developed the information for this indicator with broad stakeholder input from the CICC, the CICC/MOU Committee and feedback from other key statewide interagency partners. The information used to document progress and slippage during FFY 2005-2006 is based on reports from the former lead agency, CDE, and their contracted providers.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services

FFY	Measurable and Rigorous Target
2005-2006	88% of services are primarily delivered in the families' home and community based settings

Actual Target Data for FFY 2005-2006: Target Exceeded

Based on the May 15, 2006 Child Count data, 95% of services were primarily delivered in the home and community based settings.

Discussion of Improvement Activities for FFY 2005-2006:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
2.1	2005-2010 – On-going technical assistance for communities implementing services in child and family's daily routines.	Ongoing. The curriculum for the IFSP training includes extensive information on the Routines-based interview process. The training was provided by state staff and cadre members.
2.2	2006-2007 – Focused monitoring of communities substantially below statewide average (approximately bottom quartile of CCBs) for services provided in child/ family's daily routines.	n/a

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2.3	2005-2008 – Training on transdisciplinary/primary provider model of service delivery to all areas of state (with emphasis on rural and mountain communities; continued training of additional teams in large metropolitan areas).	Ongoing. The ENRICH team provided a 2-day training for providers from five rural southern counties and technical assistance was provided to two metro communities on using the transdisciplinary/primary service provider model. A total number of 75 providers were served. Training to a mountain community was postponed.
2.4	2005-2006 – Provide training for direct service providers specific to supporting children with significant social/emotional concerns and create statewide cadre of resource specialists (resource areas including working with families impacted by homelessness, child abuse and neglect and substance abuse or exposure).	Completed. Three full-day trainings were held to address working with children with social emotional needs by a national consultant. A total of 300 professionals attended the workshops. Due to the change in lead agency the development of a cadre of resource specialists did not occur.
2.5	2006-2007 – Train the trainer model training for working with children with social/emotional needs.	n/a
2.6	2005-2010 – Develop and disseminate training and technical assistance through multiple methods (tiered training, establishment of cadre of regional consultants for ASD, resource banks) for direct service providers working with children on the autism spectrum.	Ongoing. The ASD Consultant through CDE provided technical assistance to the ECC office in at least one community in the metro area.
2.7	2005-2006 – Develop and pilot parent training curriculum, train-the-trainer model and materials about IFSP process, with an emphasis on service delivery in daily routines and activities.	Completed. Training Cadre members developed the curriculum and, along with PEAK Parent Mentors, conducted 12 parent workshops.
2.8	2006-2008 – Provide parent training regionally and disseminate materials statewide.	n/a
2.9	2006-2007 – Provide training to locally based parents who will conduct training on-going in their own communities.	n/a
2.10	2006-2010 – Focused monitoring activity with communities in the bottom quartile of CCBs providing service in natural environments compared to targets.	n/a
2.11	2007-2010 – Provide parent training modules.	n/a
2.12	2005-2010 – Revise and disseminate parent publication “Understanding Early Intervention”.	Completed in June 2006 and has begun to be distributed in FY 06-07. This document was renamed “Inspiring Futures”.
2.13	2005-2010 – Continue training for service coordination staff on service delivery in Service Coordination Core training.	Ongoing. Four Service Coordination Core Trainings were held with a total attendance of 120.
2.14	2005-2010 – Continue IFSP training for service coordination staff, direct service providers, Child Find staff on IFSP process with emphasis on service delivery.	Ongoing. Five IFSP trainings were held for a total of 150 professionals.
2.15	2006-2010 – Development and implementation of topic specific training modules on service delivery for service coordinators and administration.	n/a

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2.16	2005-2010 – Direct service provider recruitment activities including supporting local efforts through the federal Part C grant, sharing of resumes and staffing needs across programs and encouragement of regional provider groups for professionals in high demand/low availability disciplines.	Ongoing. Resumes and job openings were posted on the CDE website and sent out via the Part C coordinators' listserv.
2.17	2005-2010 – Provide training for parents and service providers at three times per year statewide “Parents Encouraging Parents” conference on IFSP process with an emphasis on services in typical routines and activities.	Ongoing. Two PEP conferences were held with a total of 18 parents in attendance.
2.18	2005-2010 – Provide “ABCs of Parent Leadership” training twice annually including on-going networking opportunities.	Ongoing. One training was provided.
2.19	2006-2007 – Establish state level interagency Task Force to a draft plan on the feasibility of establishing a program for certification of direct service providers.	n/a

Explanation of Progress or Slippage for FFY 05-06: Progress is due to the extensive efforts made through training and technical assistance to improve performance on this indicator throughout the state. Training and technical assistance to service coordinators and providers emphasized this goal and provided strategies for implementing services in the home and community settings. In March 2006, based on 12/1/05 data, nine letters of noncompliance were sent to Early Intervention Service (EIS) programs. Of the nine programs, one reached 100% compliance by May 15, 2006, six programs made progress, and two had slippage. The two that showed slippage were affected by changes in administrative management during the compliance time period.

The following revised targets and improvement activities to the SPP will address the actions needed to continue meeting Indicator 2.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 2.20</i>	<i>Improvement Activity:</i> 2006-2008 – Under the new lead agency, DDD, all Early Intervention Services (EIS) programs in the CCBs are fully monitored through an on-site survey on a two-year cycle.	<i>Justification:</i> In order to ensure general supervision that identifies and corrects noncompliance as soon as possible, more frequent, thorough on-site monitoring will be implemented.
<i>Revision 2.21</i>	<i>Improvement Activity:</i> 2007-2008 – The database will be modified to be web-based which will allow for closer monitoring of focus areas, such as the delivery of services in natural environments.	<i>Justification:</i> The new web-based system will reduce duplication of data entry, improve monitoring capabilities, and allow for real-time supervision.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Information for this indicator was provided by DDD staff, CDE, the Results Matter Work Group, ECO Center staff, contract staff through the University of Colorado Health Sciences Center/JFK Partners and local pilot communities. The Results Matter Work Group recognizes the Fremont County early childhood team for their commitment to studying effective strategies for measuring, reporting, and determining practical uses for child and family outcomes data.

Monitoring Priority: Early Intervention Services in Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Measurement:

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

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

If a + b + c + d + e does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with

IFSPs assessed)] times 100.

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

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

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

If a + b + c + d + e does not sum to 100%, explain the difference.

Actual Target Data for FY 2005-2006: Not applicable at this time, no data is available for FFY 05-06.

APR Template – Part C (4)

1/24/07, revised 4/2/07

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An initial baseline of child functioning at entry will be generated by September 1, 2007. Target data will be reported in the 2006-2007 APR. The assessments being used in Colorado do not yield the information shown in the measurement chart. The results of entry data for children who were assessed in 2005-2006 will be cross-walked using methodology being developed by the ECO staff to determine the results. That has not yet occurred given the length of time it has taken to develop the interpretive process with the publishers of the assessment instruments. In addition, the sample of children included in the initial target group was very small, only 16 children in one rural community. The target data that will be established in 2006-2007 will be based on a much larger sampling from all areas of the state.

Target data will include measurement of progress on all children who enter the Part C system on or after July 1, 2006 and who remain in services for at least 6 months. Colorado has four approved assessment tools: The Ounce; High/Scope Child Observation Record; Creative Curriculum Developmental Continuum; and Assessment, Evaluation, and Programming System for Infants and Toddlers (AEPS). One of the four approved tools will be used to assess each child within 8-10 weeks of entry into services, prior to each annual review of the IFSP and upon exit from the system. Early intervention providers involved in delivering IFSP services to the child and family will be responsible to complete the assessment at each checkpoint. Each IFSP team will identify a primary provider to assume responsibility to ensure the assessment is completed accurately and timely. Individual providers or local data entry personnel will enter data into the on-line system upon collection. State Early Childhood Connections staff has access to the on-line data ongoing and will use point-in-time information to ensure that data is being reported annually.

Discussion of Improvement Activities Completed for FFY 2005-2006:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
3.1	2005-2007 – Statewide communication in various formats to engage and communicate with multiple stakeholders about the child outcome initiative, “Results Matter”.	Ongoing. CDE staff were involved in 10 technical assistance calls with ECO; conducted 6 presentations to stakeholder groups (such as the Parent Leadership Task Force and Head Start); conducted site visits and gave presentations in 12 local communities; held 5 regional meetings with Part C staff to inform and disseminate Results Matter information, gave presentations at 2 state and 1 national conferences; and sponsored 13 orientation and training sessions on the specific tools for Results Matter. A total of 320 providers were trained on the tools in a total of ten days of instruction. CDE also provided information to providers and administrators through a statewide listserv.
3.2	2006-2010 – Provide statewide training and technical assistance for direct service providers and local Part C staff on the 4 assessment systems chosen by Colorado for child outcome reporting.	n/a
3.3	2006-2010 – Develop and train on database to collect on-going child outcomes data across the 4 assessment systems.	n/a

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3.4	2006-2010 – Collect, analyze data for use at the federal, state, and local levels to inform families, child-level planning, local program level training and technical assistance and results of services and state level training and technical assistance and results of services.	n/a
3.5	2007-2010 – Incorporate learnings from data analysis into state level planning for training, technical assistance and monitoring development; additional strategies to be developed as the state learns from the work initiated under “Results Matter”.	n/a

Explanation of Progress or Slippage for FFY 05-06: Not applicable at this time, the data available for FFY 05-06 is too small to set a baseline. Background: Fremont County is one of Colorado’s early childhood systems pilot communities and has long been known as a model of collaboration and innovation in early childhood systems work. The community has served as a learning laboratory for studying new and innovative practices, helping the state learn and understand how promising practices can be implemented effectively on a larger scale.

The collective experiences of the Fremont County early childhood system have informed the vision for Results Matter, Colorado’s child and family outcomes initiative. The Fremont County team volunteered to pilot the collection of entry data on child outcomes in FY 2005. Sixteen children were received early intervention services during that fiscal year. Fremont County chose to use The Ounce Scale as its tool for measuring child outcomes. The small number of children assessed with The Ounce Scale did not yield the information required for this reporting.

The following revised targets and improvement activities to the SPP will address the actions needed to meet Indicator 3.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 3.6</i>	<i>Improvement Activity:</i> 2006-2007 – The Results Matter Work Group will make recommendations on how best to set the baseline and targets for the 2008 APR based on progress from 2006-2007.	<i>Justification:</i> The information needed from ECO has been delayed until spring of 2007.
<i>Revision 3.7</i>	<i>Improvement Activity:</i> 2006-2007 – Training and technical assistance will be offered to all CCBs regarding the full implementation of Results Matter.	<i>Justification:</i> As the EIS programs responsible at the local level for implementing Results Matter, the CCBs’ staff needs to have the training that addresses the administrative, data, and management issues.
<i>Revision 3.8</i>	<i>Improvement Activity:</i> 2006-2008 – A system to enhance the statewide capacity to provide ongoing training on the four assessment tools will be established.	<i>Justification:</i> After the initial wave of training, the future issues related to staff turn-over, new providers, and potential changes in which tools are used will need to be addressed through ongoing training.
<i>Revision 3.9</i>	<i>Improvement Activity:</i> 2006-2010 – The Results Matter Work Group will involve key stakeholders (state DDD and CDE staff, CCBs, families, and provider groups) in order to identify necessary strategies to sustain the measurement system.	<i>Justification:</i> The Work Group needs a way to assess the ongoing technical assistance needs and how to ensure the accuracy of data that is being gathered.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Information for this indicator was provided by DDD, CDE, the Results Matter Work Group, ECO Center staff, contract staff through the University of Colorado Health Sciences Center/JFK Partners and local pilot communities. The Results Matter Work Group recognizes the Fremont County early childhood team for their commitment to studying effective strategies for measuring, reporting, and determining practical uses for child and family outcomes data. On March 27, 2007, the Office of Special Education Programs officer informed DDD staff that revisions were necessary to the 2005-2006 APR and the 2007 SPP for Indicator 4 to align the wording with the exact language used in the measurement criteria and to revise the baseline for 4.B. DDD staff and the Results Matter Work Group were informed of the required changes.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

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

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C time 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

FFY	Measurable and Rigorous Target
FY 2005-2006	<ul style="list-style-type: none"> A) 70% of respondent families participating in Part C report that early intervention services have helped the family know their rights. B) Baseline not yet established for percentage of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.

	<p>C) 70% of respondent families participating in Part C report that early intervention services have helped their children develop and learn.</p>
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Actual Target Data for FY 2005-2006: Target exceeded for 4A and C; baseline not yet set for 4B.

Due to the change in lead agency, a statewide distribution of the ECO Family Survey did not occur. Instead, two sources of data were used to begin to address a measurement for Indicator 4B and measure progress for 4A and C. The results of this sample, although too small to be statistically useful, included: 1) data collected by CDE from 14 families in Fremont County, and 2) data collected by DDD from a sampling of 25 families who were actively receiving services in the 2005-06 program year were combined and used to measure Indicator 4A and C.

A. Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.

Actual Target Data: 86% of the families reported that early intervention services have helped their family know their rights.

B. Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.

Actual Target Data: No baseline has been set due to the small number of the families involved in the initial data collection. Such a small number would not yield an accurate baseline for the state. A baseline using data from a spring 2007 distribution of the ECO Family Survey will be used to set a baseline no later than September 30, 2007.

C. Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.

Actual Target Data: 96% of the families reported that early intervention services have helped their family help their children develop and learn.

1) Fremont County Data

Background: Fremont County is one of Colorado’s early childhood systems pilot communities and has long been known as a model of collaboration and innovation in early childhood systems work. The community has served as a learning laboratory for studying new and innovative practices, helping the state learn and understand how promising practices can be implemented effectively on a larger scale. The collective experiences of the Fremont County early childhood system have informed the vision for Results Matter, Colorado’s child and family outcomes initiative. The Fremont County team volunteered to pilot the Early Childhood Outcomes Center (ECO) Family Survey in the 2005-2006 program year. The 12/16/05 version of the ECO survey was utilized with the following modifications:

The last two sections were reversed, so that the three questions under “Your Feelings About Early Intervention” became questions 13, 14, and 15 and the “Accessing Your Community” questions became numbers 16, 17, and 18.

- The format and layout of the questionnaire was changed
- Graphics were added to the survey
- A cover letter accompanied the survey

- See Appendix “A” Fremont County Part C Revised ECO Survey

37 families served in the Fremont County Part C system were surveyed. 14 of the 37 families completed the survey resulting in a return rate of 38%.

Fremont County Results

- A. *Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.*

Actual Target Data: 100% of Question 13 respondents reported that early intervention services have helped the family know their rights.

Discussion: The ECO survey utilizes a seven criteria Leichert scale as follows:

- 1 = Early intervention has not helped us know about our family’s rights
- 3 = Early intervention has done a few things to help us know about our rights
- 5 = Early intervention has provided good help so that we know our family’s rights
- 7 = Early intervention has done an excellent job of helping us know about our family’s rights

For reporting purposes, responses on the ECO survey scale of 3 and above were coded as affirmative responses for Measure “A”. The response rate for Questions 13 was 12 of the 14 families who submitted a completed survey. Two families did not respond to Question 13 (n=12). The Mean rating was 5.8, with the lowest response being 3 and the highest response being 7.

- B. *Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.*

Actual Target Data: Not applicable, baseline not yet set.

- C. *Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.*

Actual Target Data: 100% of Question 15 respondents reported that early intervention services have helped the family help their child develop and learn.

Discussion: The ECO survey utilizes a seven criteria Leichert scale as follows:

- 1 = Early intervention has not helped us help our child develop and learn
- 3 = Early intervention has done a few things so that we can help our child develop and learn
- 5 = Early intervention has done a good job of helping us help our child develop and learn
- 7 = Early intervention has done an excellent job of helping us help our child develop and learn

For reporting purposes, responses on the ECO survey scale of 3 and above were coded as affirmative responses for Measure “C”. The response rate for Questions 15 was 14 of the 14 families who submitted a completed survey. One family did not respond to Question 15 (n=13). The Mean rating was 5.6, with the lowest response being 4 and the highest response being 7.

- 2) Due to the change in lead agency, CDE decided not to distribute the statewide survey as defined in SPP 4.2. In order to increase the sampling number, DDD used data from 25 surveys to expand the information to report on Indicator 4. The sampling was determined to be too small to set a baseline for 4.B. In the spring 2007, the ECO Family Survey will be distributed statewide to all families with an IFSP who are actively receiving services. The results of this survey will be used to establish a baseline for 4B. no later than September 30,

2007. In the fall 2007, DDD staff and the CICC will investigate the effectiveness of the ECO Family Survey and the NCSEAM tool to determine which to use in the future.

CCB On-site Surveys Parent Interviews

Background: After the change in lead agency from CDE to DDD occurred, DDD implemented a monitoring process that includes interviews with a sampling of families. Between September-December 2006, four CCBs had on-site monitoring. The visits were conducted with one major metro area CCB, one rural, and two mid-sized programs (one in the southern area of the state and one in the northern). The family interview tool typically used by DDD was modified to include parts A, B, and C of Indicator 4 in order to help set a baseline and measure progress (See Appendix B).

CCB Family Survey Results: The family survey interview was conducted either by phone or through mailed written format if the family could not be reached by phone. The sampling included 94 families but only 25 (27%) of those who responded were included in the 2005-2006 data sampling. The data from families who had children who entered services after July 1, 2006 and will be included in the following year's data. The sampling used for this APR included families who had been in services for various lengths of time, were representative of the cultural and language diversity of the CCB, and were actively receiving services in FFY 2005-2006.

A. *Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.*

Actual Target Data: 72% of the families reported that early intervention services have helped their family know their rights.

B. *Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.*

Actual Target Data: Not applicable, baseline not yet set.

C. *Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.*

Actual Target Data: 92% of the families reported that early intervention services have helped their family help their children develop and learn.

Discussion of Improvement Activities Completed for FFY 2005-2006:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
4.1	2005-2010 – Continued training on understanding and communicating parental rights, communication strategies for families in required Service Coordination Core Training	Ongoing. Four Service Coordination Core Trainings were conducted with 120 people attending. "Introduction to Results Matter" presentations were delivered as part of ongoing trainings for service coordinators, providers, and administrators. Results Matter website page was launched.
4.2	2005-2006 – Conduct statewide survey of families currently in Part C and/or within one year of exit using current survey tool	Postponed due to change in lead agency. The ECO Family Survey was piloted with 100% of Part C families in Fremont County. Results Matter overview presentations were given throughout the state and included an

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		introduction to the family outcomes and the ECO survey. Due to the change in lead agency, the statewide survey of families did not occur during 2005-2006. A sampling totaling 25 who were actively receiving services prior to July 1, 2006 were surveyed using a modified tool.
4.3	2006-2008 – Continue work with the Early Childhood State Systems Team Parent Engagement Task Force to develop most effective and efficient methodologies for contacting and communicating with families to assure information is provided and families know their local and state level resources for support; disseminate information and technical assistance to CCBs.	n/a
4.4	2006-2007 – Conduct statewide survey of families currently in Part C or within one year of exit using the ECO Center family outcomes survey using a variety of methods to conduct the survey.	n/a
4.5	2008-2010 – Determine most appropriate data collection methodologies to use, and continue to gather data from families currently in Part C or within one year of exit using the most appropriate methodology.	n/a
4.6	2006-2010 – Develop and disseminate self-assessment materials for local communities including family input measures to CCBs.	n/a
4.7	2006-2010 – Collect, analyze data for use at the federal, state and local levels to inform family supports and training needs, local program level training and technical assistance needs and results of services to families and state level training and technical assistance needs and results of services.	n/a
4.8	2007-2010 – Incorporate learnings from data analysis into state level planning for training, technical assistance development and monitoring.	n/a
4.9	2005-2006 – Develop and pilot parent training curriculum, train-the-trainer model and materials about IFSP process, family rights and communication strategies.	Completed. Training Cadre members developed the curriculum and, along with PEAK mentors conducted 12 parent workshops. Results Matter information was disseminated.
4.10	2006-2008 – Provide parent training regionally and disseminate materials statewide.	n/a
4.11	2006-2007 – Provide training to locally-based parents who will conduct training on-going in their own communities.	n/a
4.12	2007-2010 – Local parents provide parent training modules with the support of the PEAK Parent Center mentor program.	n/a
4.13	2005-2010 – Provide training for parents and service providers at three times per year statewide “Parents	Ongoing. Two PEP conferences were held with a total of 18 participants.

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	Encouraging Parents” conference on IFSP process, family rights, communication strategies.	“Introduction to Results Matter” presentations were delivered as part of ongoing trainings for families, service coordinators, providers, and administrators.
4.14	2005-2010 – Provide “ABCs of Parent Leadership” training twice annually including on-going networking opportunities.	Ongoing. One training was provided. Information was provided as an introduction to the child and family outcomes initiative.
4.15	2005-2010 – Revise and disseminate parent publication “Understanding Early Intervention”.	Ongoing. This document was updated and renamed “Inspiring Futures”.
4.16	2006-2010 – Focused monitoring activity for local accountability to increasing the family report of early intervention supporting their family in achieving the 3 OSEP outcomes.	n/a

Explanation of Progress or Slippage for FFY 05-06: In the small pilot of the ECO family survey and the DDD sampling, existing targets were exceeded. Due to the change in lead agency, CDE staff work priorities shifted in order to respond to the changes. At that time, the CDE determined that the initial statewide family outcomes survey should be postponed until 2006-2007. In its place, the small pilot in Fremont County was implemented and the DDD used the process described above to survey additional families. Given the work that is being done in many other states with the ECO and the NCSEAM tools, consideration will be given to deciding which of these tools will be used in 2008. A baseline for Target 4B. will be set by September 30, 2007 after compiling the results of a statewide distribution of the ECO Family Outcome survey to all families who have an active IFSP. The following revised targets and improvement activities to the SPP will address the actions needed to meet Indicator 4.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 4.17</i>	<i>Improvement Activity 2007-2008 – The Results Matter Work Group and representatives from the CICC and Parent Leadership Task Force will review the ECO and NCSEAM tools and develop recommendations for DDD/ECC as to which tool to implement for measuring family outcomes.</i>	<i>Justification: More information is needed from reviewing what other states are learning as they use each of the tools to report data this year.</i>
<i>Revision 4.18</i>	<i>Improvement Activity 2006-2008 – The Results Matter Work Group will assist DDD/ECC to develop materials about child and family outcomes measurements that can be used when service coordinators present initial information on early intervention to families.</i>	<i>Justification: Service coordinators need resources to explain the new measurement processes.</i>

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<i>Revision 4.19</i>	<i>Improvement Activity 2006-2007 – A Parent Handbook will be developed that includes a section with information about Results Matter.</i>	<i>Justification:</i> The public awareness information for families needs to be expanded to include more information about the early intervention system, especially parental rights under Part C. Included in this will be a section on Results Matter.
<i>Revision 4.20</i>	<i>Improvement Activity 2006-2007 – A cultural competence workgroup will develop recommendations regarding the provision of culturally and linguistically appropriate supports and services in the context of families' procedural safeguards.</i>	<i>Justification:</i> This workgroup will review a draft of The Early Childhood Connections Program Parent Handbook, which will be used within local communities to familiarize families with Colorado's early intervention system, especially their procedural safeguards. Included in this will be a section on Results Matter.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The DDD developed the report for this indicator with broad stakeholder input from the CICC, the MOU Committee and feedback from the NICU Liaison Project, ABCD Project, and physician consultants. The information used to document progress and slippage is based on reports from the former lead agency, CDE, the Colorado Department of Public Health and Environment (CDPHE), and contracted providers.

Monitoring Priority: Effective General Supervision Part C/Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

FFY	Measurable and Rigorous Target
FY 2005-2006	Colorado's identification rate for infants 0-12 months will be .70%

Actual Target Data for FFY 2005-2006: Target Met

Colorado's identification rate for infants 0-12 months was .74% (according to the U.S. Department of Education, Office of Special Education Programs, Data Analysis System "Report of infants and toddlers receiving early intervention services in accordance with Part C, Table 8-4"). This is:

- A. in comparison to .89% for other states with a moderate eligibility definition similar to Colorado, and
 - B. in comparison to .95% for the national average.
- Target data adjustment: In September 2006, DDD proposed a change to the SPP for the targets of Indicators 5 & 6 in order to have a more precise and rigorous measurement. The revision was approved by Colorado's OSEP officer on August 31, 2006, the CICC/MOU Committee on September 5, 2006 and shared with the CICC on September 8, 2006. The revised SPP was posted on the Early Childhood Connections website in September 2006.

Discussion of Improvement Activities Completed:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
5.1	2005-2010 – NICU project service coordination liaison staff to support early referral and development of initial IFSP and family involvement in NICU settings statewide.	Ongoing. 627 infants and their families (in-state and out-of-state residents) were served through the NICU Liaison Project. Quarterly data reports were provided to hospitals with Level III NICUs, as well as local communities. The NICU Project's collaboration with hospital staff, along with programs such as March of Dimes and Bright Beginnings was ongoing. These collaborative efforts addressed such issues as family education in developmentally supportive care, family involvement within the NICU setting, and best practices for transition home upon discharge.
5.2	2006-2010 – Review information from TRACE Center website on evidenced based strategies to communicate with physician offices and integrate information into public awareness materials for local offices; disseminate the materials, provide technical assistance on outreach.	n/a
5.3	2005-2006 – Development of notification document for statewide procedure for early and comprehensive identification of children who are in the public health system (PHS) and are also eligible for EI.	Completed. Health Care Program for Special Needs (HCP) and Part C Notification Guidelines document was developed, distributed to Part C and HCP offices and posted on the website. A flow chart was also developed to diagram the process for identifying the role of HCP in the IFSP process. These two documents were reviewed on a technical call with local programs.
5.4	2005-2006 – Training on systems collaboration of HCP and local EI through early involvement of PHS staff in the IFSP process.	Completed. Five trainings were held around the state (Denver, Greeley, Durango, Glenwood Springs and Pueblo) with approximately 300 participants, including HCP and EI staff. The trainings emphasized several key elements of the IFSP process including identification of infants.
5.5	2005-2006 – Focused monitoring activities to identify successful outreach to medical and health system personnel for referrals and IFSP development status and need areas.	Completed. Extensive focused monitoring occurred on this topic. 42 files from hospital referral sources were reviewed. Phone interviews were conducted with eight communities and written surveys were collected from all other ECC offices. Data analysis was done to examine trends.
5.6	2005-2010 – Technical assistance to Child Find and early intervention referral systems on best practices for outreach to all populations, including child care	Ongoing. Training on the new requirements was provided to Part C staff and Child Find team members at

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	providers, families who are homeless and in the child welfare system (including drug affected, foster care and children in cases of substantiated abuse and neglect).	the 2005 Summer Symposium. In early 2006, a representative from the Colorado Coalition for the Homeless presented an in-service to the Part C staff regarding homeless issues for children in the state, including a review of the McKinney-Vento Act. The development of additional training curriculum was delayed due to the change in lead agency.
5.7	2005-2007 – Technical assistance on identification of babies by hospital personnel and initial IFSP development for infants in the NICU, hospital, or recently discharged infants.	Ongoing. Trainings were provided to four communities to address the IFSP development process within a NICU setting. Outreach and technical assistance was provided to all twelve of the Level III neonatal intensive care units statewide, regarding identification, referral and IFSP development. Responsibility for outreach and public awareness to level II neonatal intensive care units was transitioned from the NICU Project to local communities. Part C staff and HCP staff received technical assistance from Utah’s Project In Reach on their system for connecting families with infants in the NICU to local service coordinators and providers.
5.8	2006-2007 – Develop technical assistance publication on guidance for Primary Care Providers role in referral and their on-going involvement in IFSP process.	n/a
5.9	2006-2007 – Develop state level protocol for eligibility questions on specific established conditions through the advisement of a state advisory group.	n/a
5.10	2005-2010 – Update and develop public awareness materials for general public, specific populations, in multiple media formats.	Ongoing. The informational booklet, <i>Inspiring Futures</i> was developed and printed.
5.11	2005-2010 – Continue to review and refine physician outreach efforts through technical assistance support to local agencies.	Ongoing. Local communities enhanced their physician’s outreach efforts, utilizing informational packets developed and provided by the state. Cadre members provided technical assistance to several communities.

Explanation of Progress or Slippage for FFY 05-06: While the 2005-2006 target was achieved, Colorado remains below the national average and the average of other states that have a similar moderate eligibility criteria (New York, Rhode Island, Indiana, Illinois, Delaware, South Dakota, Puerto Rico, New Jersey, Kentucky, Alaska, Minnesota, Missouri). In an effort to explore ways to increase the early identification of infants under age one, CDE, the former lead agency, conducted an extensive focused monitoring of IFSPs of infants referred by hospital referral sources, primarily Neonatal Intensive Care Units (NICUs). Information from the focused monitoring showed that 1) families are twice as likely to “withdraw by parent” if referred by hospital rather than a non-hospital referral source; b) families referred by hospital sources are three times more likely to exit due to “repeated attempts to contact unsuccessful” than the population referred by other sources; and 3) 95% of referrals from hospital sources are of

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babies who are determined eligible for Part C. CDE identified that additional work needs to be done to determine why families who are referred from hospitals are less likely to remain connected to the Part C program at the local level after discharge.

Beginning in 2005-2006 in communities with Level II NICUs, the responsibility for Part C activities was shifted out of the NICU Liaison Project and into the local Early Childhood Connections programs for ensuring that outreach, referrals, and family support occurred in these local NICUs. The shorter hospitalization for infants and toddlers within these lower level units, along with the lower census and referral activity from these units were the primary basis for this shift. It is believed that this change will result in closer relationships between the Part C program staff and the hospitals' NICU teams. Local service coordinators have more direct access to resources in the family's community and the CCBs have collaborative relationships with interagency partners to ensure improved collaboration.

HCP through the Colorado Department of Public Health and Environment received approximately 3000 notifications of children birth through two years of age from Colorado Responds to Children with Special Health Care Needs (CRCSN), Colorado's Birth Defects Registry. These notifications result in HCP contacts with families through a letter or phone call to determine the family's need for community services. In addition, two local county Public Health offices provide nursing follow-up to high-risk infants not initially eligible for Part C services through the use of standardized developmental screening tools. Approximately 25% of those infants are referred on to the Part C system during the first year of life.

For FFY 05-06, of the referrals of children, birth through one year of age at time of referral, 39% were from hospitals and 12% were from physicians. Through collaborative efforts among state partners including the Department of Public Health and Environment, Department of Human Services, and the Department of Health Care Policy and Financing, the HCP Medical Home Initiative is engaging primary care and specialty practices in the implementation of developmental screening through the Commonwealth ABCD Initiative. The goal of this initiative is intended to integrate developmental and behavioral screenings and surveillance in primary care practices.

The following revised targets and improvement activities to the SPP will address the deficiencies in meeting Indicator 5.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 5.13</i>	<i>Improvement Activity:</i> 2006-2007 – DDD staff will work with a consultant to explore and define the needs of infants and toddlers with disabilities and their families in the Southern Ute and Ute Mountain Ute Indian Tribes within the State of Colorado and determine resources to meet those needs.	<i>Justification:</i> There is a need to explore existing resources that are used, underutilized or untapped to support the access to services for families in the two Tribal Nations.
<i>Revision 5.14</i>	<i>Improvement Activity:</i> 2006-2007 – A workgroup (including CICC representatives and other key stakeholders) will address Colorado's definition of developmental delay and categorical eligibility	<i>Justification:</i> After the Part C Regulations are published, Colorado will need to have a "rigorous" definition of developmental delay. In addition, there needs to be more technical assistance to child identification teams on the diagnoses included in the categorical eligibility category.

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<p><i>Revision 5.15</i></p>	<p><i>Improvement Activity:</i> 2006-2007 – DDD staff will work with staff in Child Welfare to develop statewide training for local communities to support the establishment of local interagency agreements that define a referral process for children identified under CAPTA.</p>	<p><i>Justification:</i> Training and technical assistance are needed at the local level to help Part C and Child Welfare staff to meet the requirements under CAPTA and Part C. Some communities already have a level of collaboration while others do not.</p>
<p><i>Revision 5.16</i></p>	<p><i>Improvement Activity:</i> 2006-2010 – DDD staff will participate as an interagency partner on the grant <i>Colorado Systems Integration Model for Infants</i> to develop a pilot program for identification, assessment, treatment, and legal/policy issues for infants who had prenatal substance-exposure and their families.</p>	<p><i>Justification:</i> In response to CAPTA requirements to address the needs of infants who had prenatal substance-exposure, this grant will pilot best practices in the Denver metro area and then expand to other areas of the state. It will also inform legal and public policy work for this population.</p>
<p><i>Revision 5.17</i></p>	<p><i>Improvement Activity:</i> 2006-2007 – The ABCD conference will be broadcast as a webinar to remote sites to provide technical assistance for local programs and pediatric practices.</p>	<p><i>Justification:</i> The ABCD initiative will meet the need to increase child identification and physician outreach by integrating developmental and behavioral screenings and surveillance in primary care practices.</p>
<p><i>Revision 5.18</i></p>	<p><i>Improvement Activity:</i> 2006-2010 – A scorecard that addresses specific active and inactive public awareness and outreach activities as identified by TRACE Center will be utilized to assess the current activities of programs and make recommendations for improvement.</p>	<p><i>Justification:</i> The scorecard will assist with the technical assistance efforts for those communities that fall in the bottom quartile on this indicator.</p>

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The DDD staff developed the report for this indicator with broad stakeholder input from the CICC, the CICC/MOU Committee and CDE Child Find staff. The information used to document progress and slippage is based on reports from the former lead agency, CDE and their contracted providers.

Monitoring Priority: Effective General Supervision Part C/Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

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

FFY	Measurable and Rigorous Target
FY 2005-2006	Colorado's identification rate of infants and toddlers 0-3 years will be 1.8%

Actual Target Data for FFY 2005-2006: Target Met

Colorado's identification rate for infants and toddlers birth to 3 was 1.85% (according to the U.S. Department of Education, Office of Special Education Programs, Data Analysis System "Report of infants and toddlers receiving early intervention services in accordance with Part C, Table 8-3c"). This is:

- A. in comparison to 2.72% for other states with a moderate eligibility definition similar to Colorado, and
 - B. in comparison to 2.34% for the national average.
- Target data adjustment: In September 2006, DDD proposed a change to the SPP for the targets of Indicators 5 & 6 in order to have a more precise and rigorous measurement. The revision was approved by Colorado's OSEP officer on August 31, 2006, the CICC/MOU Committee on September 5, 2006 and shared with the CICC on September 8, 2006. The revised SPP was posted on the Early Childhood Connections website in September 2006.

Discussion of Improvement Activities Completed

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
6.1	2005-2010 – NICU project service coordination liaison staff to support early referral and development of initial IFSP and family involvement in NICU settings statewide.	Ongoing. 627 infants and their families (in-state and out of state residents) were served through the NICU Liaison Project. Quarterly data reports were provided to level III hospitals, as well as local communities. The NICU Project's collaboration with hospital staff, along with programs such as March of Dimes and Bright Beginnings was ongoing. These collaborative efforts addressed such issues as family education in developmentally supportive care, family involvement within the NICU setting, and best practices for transition home upon discharge.
6.2	2005-2010 – Technical assistance to Child Find and early intervention referral systems on best practices for outreach to all populations, including child care providers, families who are homeless and in the child welfare system (including drug affected, foster care and children in cases of substantiated abuse and neglect).	Ongoing. Training on the new requirements was provided to Part C staff and Child Find team members at the 2005 Summer Symposium. HCP and Part C staff conducted trainings in five communities that emphasized the overall health needs of infants and toddlers and how community agencies may collaborate to meet the needs of children in Child Welfare, childcare settings, and other circumstances. The development of additional training curriculum was delayed due to the change in lead agency.
6.3	2005-2006 – Publish joint Department of Human Services/Education agency letter directing all children in substantiated cases of abuse and neglect be referred by Child Welfare agencies to the local early intervention system and accompanying web-based training and TA paper of procedures for both systems.	Ongoing. Due to lead agency change, this activity did not take place. It is being addressed in FY 2006-2007 by the new lead agency.
6.4	2005-2007 – Participate in grant funded by the U.S. Department of Health and Human Services (Oct. 2004) to investigate, promote collaboration between the Child Welfare System, Early Intervention and Early Care and Education System and disseminate best practices data statewide.	Completed. The grant concluded and national presentations were given.
6.5	2006-2010 – Review information from TRACE Center website on evidenced based strategies to communicate with physician offices and integrate information into public awareness materials for local offices; disseminate the materials, provide technical assistance on outreach.	n/a
6.6	2006-2007 – Train-the-trainer model training for those working with children with social/emotional needs.	n/a
6.7	2006-2007 – Develop technical assistance materials to	n/a

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	identify and support toddlers with social/emotional needs who qualify under Part C.	
6.8	2006-2007 – Develop technical assistance publication on guidance for Primary Care Providers role in referral and their on-going involvement in IFSP process.	n/a
6.9	2005-2006 – Develop state level interagency policies and procedures for state and local public awareness and outreach efforts to families who are homeless and in the child welfare system (including drug affected, foster care and children in cases of substantiated abuse and neglect).	Ongoing. Due to lead agency change, this activity did not happen. It is being addressed in FFY 2006-2007 by the new lead agency.

Explanation of Progress or Slippage for FFY 05-06: While Colorado’s target was achieved, the state is still below the national average and below the average of states with similar eligibility definitions when the one day in time count data continues to be used as the point in time for measurement. The former lead agency, CDE, performed extensive activities to increase hospital and physician referrals. This focus is continuing under the new lead agency, the DDD. CDE also used the website, toll-free number and printed public awareness materials as effective tools for increasing general public awareness. The Colorado Departments of Education and Public Health collaborated on the Diagnostic and Evaluation Clinics (D&E) to coordinate with local school district child identification processes and personnel.

For FFY 05-06, of the referrals of children birth through two years of age, 14% were from hospitals and 24% were from physicians. Through collaborative efforts among state partners including the Department of Public Health and Environment, Department of Human Services, and the Department of Health Care Policy and Financing, the HCP Medical Home Initiative is engaging primary care and specialty practices in the implementation of developmental screening through the Commonwealth ABCD Initiative. The goal of this initiative is intended to integrate developmental and behavioral screenings and surveillance in primary care practices. The eligibility criteria that were revised in the 2004 State Plan were widely disseminated to referral sources and Child Find teams. Where there was a low identification rate, communities were required to develop plans to bring their rate closer to the state average.

The following revised targets and improvement activities to the SPP will address the deficiencies in meeting Indicator 6.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 6.10</i>	<i>Improvement Activity:</i> 2006-2007 – A workgroup (including CICC representatives and other key stakeholders) will address Colorado’s definition of developmental delay and categorical eligibility	<i>Justification:</i> After the Part C Regulations are published, Colorado will need to review existing eligibility criteria to determine if we have a “rigorous” definition of developmental delay. At that time we may review the child identification targets to see if they continue to be appropriate. In addition, there needs to be more technical assistance to child identification teams on the diagnoses included in the categorical eligibility category.
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<i>Revision 6.11</i>	<i>Improvement Activity:</i> 2006-2007 – DDD staff will work with staff in Child Welfare to develop statewide training for local communities to support the establishment of local interagency agreements that define a referral process for children identified under CAPTA.	<i>Justification:</i> Training and technical assistance are needed at the local level to help Part C and Child Welfare staff to meet the requirements under CAPTA and Part C. Some communities already have a level of collaboration while others do not.
<i>Revision 6.12</i>	<i>Improvement Activity:</i> 2006-2007 – DDD staff will work with a consultant to explore and define the needs of infants and toddlers with disabilities and their families in the Southern Ute and Ute Mountain Ute Indian Tribes within the State of Colorado and determine resources to meet those needs.	<i>Justification:</i> There is a need to explore existing resources that are used, underutilized or untapped to support the access to services for families in the two Tribal Nations.
<i>Revision 6.13</i>	<i>Improvement Activity</i> 2006-2007 – The ABCD conference will be broadcast as a webinar to remote sites to provide technical assistance for local programs and pediatric practices.	<i>Justification:</i> The ABCD initiative will meet the need to increase child identification and physician outreach by integrating developmental and behavioral screenings and surveillance in primary care practices.
<i>Revision 6.14</i>	<i>Improvement Activity</i> 2006-2010 – A scorecard that addresses specific active and inactive public awareness and outreach activities as identified by TRACE Center will be utilized to assess the current activities of programs and make recommendations for improvement.	<i>Justification:</i> The scorecard will assist with the technical assistance efforts for those communities that fall in the bottom quartile on this indicator.
<i>Revision 6.15</i>	<i>Improvement Activity</i> 2006-2007 – The Mental Health Workgroup of the CICC will complete a technical assistance paper to assist child find and service coordinators to identify social emotional concerns through the initial multidisciplinary assessment and evaluation and how to access appropriate services.	<i>Justification:</i> The information contained in this paper will assist communities to identify social emotional delays and access services. The technical assistance paper will be distributed system-wide and incorporated into training for service coordinators and providers.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The DDD developed the report for this indicator with broad stakeholder input from the CICC, the CICC/MOU Committee and CDE Child Find staff. The information used to document progress and slippage is based on reports from the former lead agency, CDE, and their contracted providers.

Monitoring Priority: Effective General Supervision Part C/Child Find

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

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

Measurement:

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

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
FY 2005-2006	100% of children have an evaluation and an initial IFSP meeting within 45 days of referral

Actual Target Data for 2005-2006: Progress being made, target is not fully met

The total percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within 45 days is 78.6% (n=3,080). According to the May 15, 2006 Child Data Count, 3,920 children had an active IFSP. Of these, 2,651 (67.6%) IFSPs were timely. 429 (11%) IFSPs were untimely due to exceptional family circumstances. Accounting for IFSPs late for family reasons (allowable by OSEP), the total number of IFSPs with an evaluation and assessment completed in a timely manner is 3,080 or 78.6%. Another 840 (21.4%) were late because of systems issues.

Discussion of Improvement Activities Completed

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
7.1	2005-2010 – Continued required Service Coordination Core Training with module on IFSP process, including evaluation process and timelines.	Ongoing. Four Service Coordination Core Trainings were conducted with 120 participants. Evaluation and IFSP information is covered in the curriculum.

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7.2	2005-2007 – Develop IFSP matrix database and manual and train service coordination managers on using the tool for monitoring IFSP compliance locally and conducting local program self-assessment.	Ongoing. Three trainings on the matrix occurred with 48 participants.
7.3	2005-2007 – Update procedures for state Child Find Manual for initial IFSP development and provide technical assistance with Child Find coordinators, staff through regional meetings on evaluation, assessment and initial IFSP meeting procedures.	Ongoing. Due to the change in lead agency and potential changes in Child Find, the procedures will be updated after the procedures and responsibilities have been finalized by the legislature.
7.4	2006-2007 – Pilot Service Coordination “Tool Kits” (including “Tool Kit” on evaluation and assessment and IFSP) for OSEP funded project on service coordination (lead institution University of Connecticut).	n/a
7.5	2006-2007 – Focused monitoring for compliance with initial evaluation and IFSP meeting within the 45 day timeline on communities not meeting that requirement (data analysis, IFSP review, local interviews).	n/a
7.6	2005-2007 – Provide training and technical assistance for Child Find teams on best practices on the evaluation and assessment of infants and toddlers.	Ongoing. Due to the change in lead agency this did not occur until Fall 2006 at a statewide Child Find Coordinators meeting.
7.7	2005-2010 – Provide technical assistance to LEA Special Education directors to support Child Find efforts.	Ongoing. CDE, the former lead agency, held regional Child Find teleconference calls on transition and the transdisciplinary primary service provider model.

Explanation of Progress or Slippage for FFY 05-06: In the State Performance Plan, the baseline data using the December 1, 2004 Child Data showed that 60.7% of all eligible children received a multidisciplinary evaluation and initial IFSP within the 45 day timeline. By May 2006 that percentage had increased to 67.6% without adjusting for family reasons. Due to changes in the data system, the May data can be examined with the exclusion of IFSPs that were late due to documented family reasons. Accounting for IFSPs due to family reasons, the percentage rate for FFY 2005-2006 is 78.6%. This progress is the result of closer monitoring of communities compliance on this indicator and an improved data collection system.

In March 2006, based on December 1, 2005 data, CDE issued thirty-two letters of noncompliance to EIS programs. Of those, twenty communities made improvement and twelve showed some slippage. Of those communities that showed slippage, ten went through the process of dissolving at the end of the fiscal year after the lead agency change was announced, and one had gone under new management for other reasons during the year data was collected. The disruption that occurred due to the changes in the administration of local programs may have had a short-term adverse affect on their performance. DDD anticipates that long-term, this target will be met.

In addition, CDE staff conducted focused monitoring on files for infants who were referred by hospital sources. The results showed that 1) timelines for completion of IFSPs is about the same whether the child was referred by hospital source or not; 2) IFSP planning did not appear to be aligned with discharge planning, and IFSPs were not developed on a timeline that would support families during the transition from hospital to home, and 3) IFSPs were developed on average 26 days prior to discharge and reviewed on average 4-5 months after the initial plan was developed. The CDE staff and NICU Project also implemented changes to streamline referrals from NICUs to local communities by increasing the amount of eligibility information

provided to local communities at the time of referral. This improved the timely processing of referrals by the local Child Find teams.

Additional Reporting on Table B, March 20, 2006 OSEP Compliance Letter

In January of 2006 it was announced that the Lead Agency for Part C would be changing to the CDHS/DDD. After a statewide tour by the DDD Director to collect input from all local communities, it was determined that there was administrative duplication between the ECC offices that were developed by CDE using a pass through grant process, and the CCB system operated by CDHS/DDD. As a result, many of the local ECC offices implementing Part C began the process of closing down and shifting responsibilities to the local agencies that would take over implementation of Part C in July 2006. Additionally, CDE, as the former lead agency for Part C, had previously leveraged its authority with their administrative units (i.e., school districts and Board of Cooperative Education Services) to require the administrative unit Child Find teams to conduct Part C evaluations without the use of federal Part C funds or any direct state funding. Even though the concern from the administrative units about the unfunded mandate for Child Find for infants and toddlers existed prior to the change in lead agency, the change brought to the forefront the absence of state statutory responsibility for Child Find and funding. In Colorado, CDE and its administrative units are only responsible for public education for children ages 3-12 years. As a result, the participation of some of the local administrative units in Part C Child Find efforts were disrupted by uncertainty as to who was responsible for the birth through two years of age multidisciplinary evaluations. Collaborative interagency relationships that previously enabled evaluation procedures to run smoothly were negatively affected as local personnel and the state administration changed

Due to the change in lead agency and the shift of responsibility at the local level, DDD has focused on preparing the new EIS programs, the CCBs, for this indicator and the measurement of compliance. DDD staff conducted training to Early Intervention (EI) Coordinators in all the CCBs in May 2006. In addition, training was conducted for the CCBs' data managers in June 2006. The new data system was launched a month later with the capability to account for late initial IFSPs due to family reasons. Monthly technical assistance briefs have been distributed to the EI coordinators, the 45 days timeline has been discussed in quarterly meetings and on technical assistance calls. Data managers have also received training and technical assistance through conference calls and a data interpretive guidelines manual. During the four on-site monitoring surveys that occurred between September and December 2006, file reviews were conducted to measure compliance with this indicator. All four CCBs were out of compliance on Indicator 7 and have submitted or will be submitting a plan of correction.

Regarding the system of comprehensive child identification, throughout the Fall of 2006, the DDD has been working closely with CDE and the Colorado Legislature to remedy the Child Find problem through the potential development of legislation that would provide statutory language to define the interagency responsibilities and funding for Child Find. Until that solution is reached, DDD continues to assume the responsibility to ensure that all infants and toddlers receive a timely multidisciplinary evaluation and, if eligible for services, the development of an IFSP within 45 days.

According to the December 1, 2006 Child Count data 81% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and initial IFSP were conducted within the required time period.

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The following revisions and improvement activities to the SPP will address the deficiencies in meeting Indicator 7.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07:

<i>Revision 7.8</i>	<i>Improvement Activity: 2006-2008 – DDD, as the new lead agency, has implemented a schedule of on-site monitoring of each CCB's early intervention program every two years. Four communities have plans of corrections that they are working on to develop strategies for improvement. Six additional programs will be surveyed between January and June 2007.</i>	<i>Justification: In order to ensure general supervision that identifies and corrects noncompliance as soon as possible, more frequent thorough monitoring is needed.</i>
<i>Revision 7.9</i>	<i>Improvement Activity: 2006-2007 – Based on December 1, 2006 Child Data Count, desk audits will be conducted on all indicators, determinations will be made and compliance plans will be issued in the winter of 2007 to those CCBs who show noncompliance in any area.</i>	<i>Justification: Due to the complete shift of responsibility for Part C from 32 ECC program offices to 20 CCBs in July 2006, the old compliance plans were not monitored for progress.</i>
<i>Revision 7.10</i>	<i>Improvement Activity: 2006-2007 – The database will be made web-based by July 2007.</i>	<i>Justification: The new web-based system will reduce duplication of data entry and inconsistencies that occurred with maintaining two data systems, improve monitoring capabilities, and allow for real-time supervision.</i>

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: The DDD staff developed the report for this indicator with broad stakeholder input from the CICC, the CICC/MOU Committee and CDE Child Find staff. The information used to document progress and slippage is based on reports from the former lead agency, CDE and their contracted providers.

Monitoring Priority: Effective General Supervision Part C/Effective Transition

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FY 2005-2006	<ul style="list-style-type: none"> A. 100% of all children exiting Part C will have transition plans with steps and services B. 100% of potentially Part B eligible children will have LEA notification in time to plan to attend transition planning documented in the child record C. 100% of potentially Part B eligible children will have a transition conference in a timely manner to allow for a smooth transition

Actual Target Data for 2005-2006: Target met for 8B based on information provided by CDE in June 2005, target not met for 8A & C.

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- A. May 15, 2006 – The total number of children who had an IFSP with transition steps and services is 2,103. Of those, 1,864 or 88.6% had their plan completed 90 days prior to the third birthday. May 15, 2006 data collected shows 188 or 8.9% untimely transition plans were due to systems issues. Therefore, the assumption may be made that the remaining 309 (14.6%) late plans were due to family reasons.
- B. June 2005 – 100% of local interagency groups had written interagency agreements with procedures to notify the LEA of children potentially eligible for Part B in time to plan to attend transition planning. This was to be an added field in the Part C database starting December 2, 2005, but as of May 15, 2006 no data was available.
- C. May 15, 2006 – The total number of children who had a transition conference is 2,103. Of those, 1,864 or 88.6% had their conference completed 90 days prior to the third birthday. May 15, 2006 data collected shows 188 or 8.9% untimely transition conferences were due to systems issues. Therefore, the assumption may be made that the remaining 309 (14.6%) late conferences were due to family reasons.

Discussion of Improvement Activities Completed

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
8.1	2004-2005 - Training and technical assistance from Part C state staff provided to 3 local interagency groups to develop the continuous improvement plan to come into compliance with IDEA transition groups within one year from the citation (January 2006).	Completed. One community never submitted a compliance plan and due to changes in the lead agency, the EIS program no longer exists. A second community did submit a plan, but due to changes in the lead agency, the EIS program no longer exists. A third community submitted a plan and the EIS program remained unchanged after the lead agency change. The new lead agency conducted an on-site visit in September 2006 that resulted in a plan of correction submitted a month later.
8.2	2004-2010 – Continued training on transition requirements for service coordinators in required Service Coordination Core Training.	Ongoing. Four Service Coordination Core Trainings were held with a total attendance of 120.
8.3	2005-2010 – Parent training module on IFSP process, including transition, developed and implemented statewide through regional training.	Ongoing. Training Cadre members developed the curriculum and, along with PEAK mentors, conducted 12 parent workshops.
8.4	2005-2006 – Technical assistance through documents, web-based resources from lead agency; website page on state transition policy, procedures and resources.	Completed. A new section on transition was added to the website that included policy, procedures, guidelines, sample transition plans, articles and presentations, and information about Part B of IDEA.
8.5	2005-2007 – Develop IFSP matrix tool and manual and train service coordination managers on using the tool for monitoring IFSP compliance locally and conducting local program self-assessment.	Ongoing. Three trainings on the matrix occurred with 48 participants.
8.6	2005-2006 – Regional topical meetings for Child Find coordinators with follow up technical assistance on	Completed. A teleconference call on transition was held in Fall 2005.

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	transition.	
8.7	2006-2007 – Regional topical meetings for service coordination managers with follow up technical assistance.	n/a
8.8	2006-2007 – Pilot Service Coordination “Tool Kits” (including “Tool Kit” on transition) for OSEP funded project on service coordination (lead institution University of Connecticut).	n/a
8.9	2006-2008 – Focused monitoring activities (file reviews, interviews and family focus groups) on transition planning, plan development and timelines statewide.	n/a
8.10	2006-2010 – Training and technical assistance specifically on transition processes for specific circumstances (i.e. NICU to home, early exit from Part C).	n/a
8.11	2007-2008 – State will re-evaluate strategies for transition improvement and plan future activities depending on the results of the local self-assessment.	n/a

Explanation of Progress or Slippage for FFY 05-06: Although improvement is still needed in this area, the results of this measurement for FFY 2005-06 were likely affected by the change in lead agency in Colorado. In January of 2006, it was announced that the lead agency for Part C would be changing to the CDHS/DDD. After a statewide tour by the DDD Director to collect input from all local communities, it was determined that there was administrative duplication between the local Early Childhood Connections offices that were developed by CDE using a pass through grant process, and the CCB system operated by DDD. As a result, many of the local ECC offices implementing Part C began the process of closing down and shifting responsibilities to the local agencies that would take over implementation of Part C in July 2006. Additionally, many of the staff who managed the local Part C database left their positions without being able to thoroughly train their successors, and the integrity of the statewide data may have temporarily suffered. Lastly, prior to May 2006, the Part C database did not contain a field for the reason of a late transition plan. Data was reported based on file review and correction of error reports. The database now requires a reason for a late transition plan that may have contributed to the difference.

Based on monitoring that was conducted in the Fall 2005, trends were noted that included: a) situations in which the Local Education Agency (LEA) was not determining eligibility for Part B services early enough before the child’s third birthday in order to allow for the transition plan to include what Part B services may be appropriate; b) the Part C team members were not completing the written transition plan in the absence of that information; and c) an additional factor in some communities was that the Part C service coordinators were not notifying the LEA soon enough to begin planning.

In March 2006, CDE issued noncompliance letters to three EIS programs. One program did not follow through on submitting a plan of correction and, due to the change in lead agency, no longer exists. A second program did submit a plan of correction but also no longer exists due to the change in local administration after the lead agency change. However, DDD will work with the CCBs in these two areas to ensure compliance. A third program did submit a plan and the EIS program remained unchanged after July 1, 2006. DDD conducted an on-site visit to this program in September, which resulted in a plan of correction submitted to DDD in October 2006. Transition timelines have improved in that community.

The following revised targets and improvement activities to the SPP will address the deficiencies in meeting Indicator 8.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 8.12</i>	<i>Improvement Activity:</i> 2006-2008 – DDD, as the new lead agency, has implemented a schedule of on-site monitoring of each CCB’s early intervention program every two years. Four communities have plans of corrections that they are working on to develop strategies for improvement. Six additional programs will be surveyed between January and June 2007.	<i>Justification:</i> In order to ensure general supervision that identifies and corrects noncompliance as soon as possible, more frequent thorough monitoring is needed.
<i>Revision 8.13</i>	<i>Improvement Activity:</i> 2006-2007 – Based on December 1, 2006 Child Data Count, desk audits will be conducted on all indicators, determinations will be made and compliance plans will be issued in the winter of 2007 to those CCBs who show noncompliance in any area.	<i>Justification:</i> Due to the complete shift of responsibility for Part C from 32 EIS program offices to 20 CCBs in July 2006, the old compliance plans were not monitored for progress.
<i>Revision 8.14</i>	<i>Improvement Activity:</i> 2006-2007 – The database will be made web-based by July 2007.	<i>Justification:</i> The new web-based system will reduce duplication of data entry, improve monitoring capabilities, and allow for real-time supervision.
<i>Revision 8.15</i>	<i>Improvement Activity:</i> 2006-2007 – DDD staff will work together with CDE Part B staff to address challenges occurring across systems that are contributing to late transition plans.	<i>Justification:</i> Collaboration across Departments will ensure that both Part C and Part B are fulfilling the responsibilities of timely transition required.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Data for this indicator was provided from the former lead agency, CDE.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2005-2006	A. 100% of early intervention services (EIS) programs will be monitored on all SPP monitoring priority area B. 100% of corrections will be completed as soon as possible but in no case later than one year from identification

Actual Target Data for 2005-2006: Target Met for A.; Target Not Met for B.

- A. 100% of EIS programs were monitored on all SPP monitoring priority areas. There were a total of forty-four compliance letters issued in March of 2006 based on December 1, 2005 Child Count data – thirty-two letters based on Indicator 7, nine letters based on Indicator 2, and 3 letters based on Indicator 8.
- B. For Indicator 2 (n=9), one (11%) program reached 100% compliance, six (67%) program made improvement and two (22%) programs showed slippage.

For Indicator 7 (n=32), twenty (62.5%) programs made improvement and twelve (37.5%) showed some slippage.

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For Indicator 8 (n=3), one (33%) program showed progress and two (97%) programs experienced slippage.

Discussion of Improvement Activities Completed in 2005-2006:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
9.1	2005-2010 – Monitor all communities on all SPP priority areas through statewide database and follow up investigation by specific item or community following analysis.	Ongoing. All EIS programs were monitored on the SPP priority areas and were required to provide improvement plans to address the areas of non-compliance.
9.2	2005-2010 – Utilization of Part C state database to incorporate all required data elements for Federal and state reporting purposes.	Ongoing. The database has been updated to include new reporting requirements.
9.3	2005-2010 – Continue 3-4 Part C database trainings per year for local data managers.	Ongoing. One training was provided by CDE in the fall of 2005 and one was held by the DDD in June 2006 for the new data managers.
9.4	2005-2006 – Development of the Monitoring database to support focused monitoring process.	Due to the change in lead agency, this did not occur.
9.5	2005-2006 – Develop, conduct and analyze data from focused monitoring activities on referral and IFSP process in NICUs.	Completed.
9.6	2005-2007 – Develop IFSP review matrix tool and manual. Train service coordination managers on using the tool for monitoring IFSP compliance locally and conducting local program self-assessment.	Ongoing. Three trainings on the matrix occurred with 48 participants.
9.7	2006-2008 – Develop and provide technical assistance on community self-assessment strategies.	n/a
9.8	2005-2010 – Assist communities in developing Continuous Improvement Plans (CIP) for areas of non-compliance identified through any monitoring activity.	Ongoing. All EIS programs were monitored on the SPP priority areas and were required to provide improvement plans to address the areas of non-compliance.
9.9	2005-2010 – Monitor the completion of local CIP at quarterly intervals to assure progress towards 100% compliance. Provide technical assistance when plan amendment is necessary.	Ongoing. Due to the change in lead agency this activity was postponed and will occur in 2006-2007 after December 1, 2006 data has been analyzed.
9.10	2005-2010 – Annually disseminate list of possible state sanctions for situations of non-compliance extending beyond one year. Apply appropriate sanctions as determined by state MOU interagency group.	Ongoing. No sanctions were issued in 2005-2006.

Explanation of Progress or Slippage for FFY 05-06: Due to the change in lead agency, follow-up plans to monitor compliance plans were put on hold. Records of the compliance plans were transferred to the new lead agency. Areas of noncompliance were:

Indicator 2/Services in natural environments: Between December 1, 2005 and May 15, 2006 one EIS program reached 100% compliance, six programs made improvement and two programs showed slippage. Of the two EIS programs that showed slippage, one program went through the process of dissolving at the end of the fiscal year. The disruption that occurred due to the changes in the local programs may have had a short-term adverse affect on their performance.

Indicator 7/Timely multidisciplinary assessment and IFSP: Twenty programs made improvement and twelve showed some slippage. Of those programs that showed slippage, ten went through the process of dissolving at the end of the fiscal year and one had gone under new management for other reasons during the year data was collected. The disruption that occurred due to the changes in the local programs may have had a short-term adverse affect on their performance.

Indicator 8/Timely transition planning: One program showed progress and two programs experienced slippage. Of the programs showing slippage, one underwent new management during the year that data was collected which may have affected their performance. The second program that showed slippage is also under a compliance plan for the FFY 2006-2007.

The following revised targets and improvement activities to the SPP will address the deficiencies in meeting Indicator 9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 9.11</i>	<i>Improvement Activity 2006-2008 – DDD, as the new lead agency, has implemented a schedule of on-site monitoring of each CCB’s early intervention program every two years. Four communities have plans of corrections that they are working on to develop strategies for improvement. Six additional programs will be surveyed between January and June 2007.</i>	<i>Justification:</i> In order to ensure general supervision that identifies and corrects noncompliance as soon as possible, more frequent thorough monitoring is needed.
<i>Revision 9.12</i>	<i>Improvement Activity 2006-2007 – Based on December 1, 2006 Child Count Data, desk audits will be conducted on all indicators, determinations will be made and compliance plans will be issued in the winter of 2007 to those CCBs who show noncompliance in any area. Progress will be measured in summer 2007 to inform technical assistance and focused monitoring.</i>	<i>Justification:</i> Due to the complete shift of responsibility for Part C from 32 ECC program offices to 20 CCBs in July 2006, the old compliance plans were not monitored for progress. New compliance letters will be issued based on December 1, 2006 Child Count Data.
<i>Revision 9.13</i>	<i>Improvement Activity 2006-2007 – The database will be made web-based by July 2007.</i>	<i>Justification:</i> The new web-based system will reduce duplication of data entry, improve monitoring capabilities, and allow for real-time supervision.
<i>Revision 9.14</i>	<i>Improvement Activity 2006-2010 – In collaboration with the Legal Center for People with Disabilities and Older People, the lead agency will provide annual training on Part C of IDEA to mediators and hearing officers.</i>	<i>Justification:</i> Regular training will ensure that well-qualified mediators and hearing officers are available throughout the state.
<i>Revision 9.15</i>	<i>Improvement Activity 2006-2010 – The DDD will report annually to the public on the performance of the state and each EIS program on the targets for Indicators 1-8 in the SPP by posting on the website and distribution to the media and public agencies.</i>	<i>Justification:</i> This meets the minimum requirements for reporting to the public on program performance as outlined in the IDEA 2004.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Data for this indicator were provided by the former lead agency, CDE.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

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

FFY	Measurable and Rigorous Target
2005-2006	100% were resolved within 60-day timeline or a timeline extended for exceptional circumstances

Actual Target Data for 2005-2006: Not applicable. No written complaints were filed in the past fiscal year. See OSEP Table 4.

Discussion of Improvement Activities Completed in 2005-2006

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
10.1	2005-2010 – Service Coordination Core Training delivered annually, including service coordinator responsibilities for informing parents of their rights under IDEA to the complaint process.	Ongoing. Four Service Coordination Core Trainings were conducted with 120 participants. Procedural safeguards and dispute resolution are covered in the curriculum.
10.2	2005-2010 – Provision of “Welcome Packet” to all families entering the early intervention system in the state which includes a copy of their rights under IDEA to the complaint process.	Ongoing. “Welcome Packets” were made available to all communities in English and Spanish. In situations where other languages were used, the procedural safeguards information was provided in the families’ languages.
10.3	2005-2006 – Develop and pilot parent training curriculum, train-the-trainer model and materials about IFSP process.	Completed. Training Cadre members developed the curriculum and, along with PEAK mentors conducted 12 parent workshops.
10.4	2006-2008 – Provide parent training regionally and disseminate materials statewide.	n/a
10.5	2006-2007 – Provide training to locally based parents who will conduct training on-going in their own communities.	n/a

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10.6	2005-2010 – Dissemination to local programs TA paper on family rights under IDEA for use at all IFSP meetings.	Ongoing. Due to the change in lead agency, this did not occur. This is being addressed by the new lead agency in FFY 2006-2007.
10.7	2005-2010 – Analysis of local funding applications which contain assurances and plans for meeting those assurances, including the assurance that all families know their rights under IDEA to the complaint process and follow-up on plans/strategies on community specific basis.	Ongoing. Due to the change in lead agency, this did not occur. The new lead agency uses contracts, not grants. Contract language includes the assurance that families are informed of their rights.
10.8	2005-2010 – Conduct all complaint investigations in the timeline required and issue report of findings as defined in IDEA.	Ongoing. There were no complaints filed in FFY 2005-2006.

Explanation of Progress or Slippage for FFY 05-06: n/a

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:

<i>Revision 10.9</i>	<i>Improvement Activity:</i> 2006-2007 – A cultural competence workgroup will address the provision of culturally and linguistically appropriate supports and services in the context of procedural safeguards for families.	<i>Justification:</i> This workgroup will review a draft of The Early Childhood Connections Program Parent Handbook, which will be used within local communities to familiarize families with Colorado's early intervention system and their procedural safeguards. Included in this will be a section on Results Matter.
<i>Revision 10.10</i>	<i>Improvement Activity:</i> 2006-2007- A technical assistance brief on procedural safeguards will be developed and disseminated to all of the CCBs for use in conjunction with IFSP meetings.	<i>Justification:</i> The service coordinators have identified as a need strategies for explaining procedural safeguards to families.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Data for this section were provided by the former lead agency, CDE.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2005-2006	100% fully adjudicated due process hearing requests within the applicable timeline

Actual Target Data for 2005-2006: Not applicable. No due process hearing requests were filed during 2005-2006. See OSEP Table 4.

Discussion of Improvement Activities Completed:

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
11.1	2005-2010 – Service Coordination Core Training delivered annually, including service coordinator responsibilities for informing parents of their rights under IDEA to the complaint process.	Ongoing. Four Service Coordination Core Trainings were conducted with 120 participants. Procedural safeguards and dispute resolution are covered in the curriculum.
11.2	2005-2010 – Provision of “Welcome Packet” to all families entering the early intervention system in the state which includes a copy of their rights under IDEA including their right to due process.	Ongoing. “Welcome Packets” were made available to all communities in English and Spanish. In situations where other languages were used, the procedural safeguards information was provided in the families’ languages.
11.3	2005-2006 – Develop and pilot parent training curriculum, train-the-trainer model and materials about IFSP process, with an emphasis on procedural safeguards.	Completed. Training Cadre members developed the curriculum and, along with PEAK mentors conducted 12 parent workshops.
11.4	2006-2008 – Provide parent training regionally and disseminate materials statewide.	n/a

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11.5	2006-2007 – Provide training to locally based parents who will conduct training on-going in their own communities.	n/a
11.6	2005-2010 – Analysis of local funding applications which contain assurances and plans for meeting those assurances, including the assurance that all families know their rights under IDEA their right to due process and follow-up on plans/strategies on community specific basis.	Ongoing. Under the previous lead agency, CDE, EIS programs were required to stipulate in their grants how families procedural safeguards were going to be met and how the service coordinators ensured that families understood their rights.
11.7	2005-2010 – Assure the completion of due process proceedings in the timeline required.	Ongoing. There were no due process proceedings during FFY 2005-2006.

Explanation of Progress or Slippage for FFY 05-06: Not applicable**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 06-07, if applicable:** Not applicable

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Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Not applicable

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2005-2006	Baseline was to be established and targets developed. No longer applicable because Part B General Supervision Part C/General Supervision are not adopted under the new lead agency

Actual Target Data for 2005-2006: Not applicable.

Explanation of Progress or Slippage for FFY 05-06: Not applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines Resources for FFY 06-07, if applicable: Not applicable

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Data for this section were provided by the former lead agency, CDE.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2005-2006	To be established once Colorado reaches the OSEP minimum of 10 mediations per year

Actual Target Data for 2005-2006: Not applicable. Only one mediation was filed and resolved in the fiscal year 2005-2006. See OSEP Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005-2006: Not applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006-2007: Not applicable

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development: Information for this section was provided by the former lead agency, CDE.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2005-2006	100% of time submission of accurate 618 Tables according to timeline requirements from OSEP (currently Table 1: February and Tables 2-5 November); on time submission of complete and accurate APR and SPP

Actual Target Data for 2005-2006: 100% of required tables were submitted on time.

Discussion of Improvement Activities Completed for 2005-2006

	State Performance Plan Activities	Improvement Activities Completed in 2005-2006
14.1	2005-2010 – Participate in annual OSEP/WESTAT Part C data trainings and OSEP Annual Meetings on APR and SPP.	Ongoing. CDE staff participated in Data Managers Meeting in 2005, new lead agency staff attended in Spring 2006.
14.2	2005-2010 – Utilize WESTAT website and listserv for updated information on Part C 618 reporting requirements.	Ongoing. CDE staff received information via listserv on Part C 618 reporting requirements.
14.3	2005-2010 – Continually update the Part C database to include most current required data fields to complete the 618 tables, APR and SPP requirements.	Ongoing. Tables were updated in June 2006 to reflect new changes in data requirements.
14.4	2005-2010 – Review and/or revise and explain changes to 618 Tables as requested by WESTAT staff annually.	Ongoing. Training was held in June 2006 by DDD to explain changes to local data managers.

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14.5	2005-2010 – Continually cross-reference Part C database with multiple sources of data to verify the validity and accuracy of data used for 618 Tables and APR information.	Ongoing. The CDPHE database is used to compare demographic information and on-site file reviews are cross-referenced for verification and validity.
14.6	2005-2010 – Conduct at least twice annual Part C database trainings and update Part C Data Manual to assure local data managers have the most updated information for completing the Part C database.	Ongoing. Training was held in June 2006 by CDHS to explain changes to local data managers. Data manual has been updated.
14.7	2006-2007 – Program Part C database for web platform and conduct training for local data managers.	n/a

Explanation of Progress or Slippage that occurred for 2005-2006: Not applicable. In 2005-2006 the statewide Part C Child Count Database was maintained locally in 32 locations throughout the state. The current system is maintained in 20 locations using an Access database that is password protected at the local level and submitted to the state data contractor in a zipped file through secured transmission twice annually. The data is “cleaned” and checked for validity and accuracy; the state contractor aggregates all local data, passes the data through a series of internal error checks, the state Part C office sends error checks requests back to the local level and local offices verify and/or correct the data and send the reports back to the contractor. The contractor then corrects the errors in the aggregated tables before performing the data analysis in order to have confidence that all errors have been corrected. Corrected tables are provided back to the local community.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006-2007:

<i>Revision 14.8</i>	<i>Improvement Activity:</i> 2007-2008 – Implement web-based data system and provide ongoing technical assistance to ensure complete understanding of new system and consistency in the way data is entered.	<i>Justification:</i> An accurate, reliable data system is needed that will provide data for ongoing supervision and monitoring.
<i>Revision 14.9</i>	<i>Improvement Activity:</i> 2007-2008 - Create automated reports that can be accessed by each EIS program to identify missing and incorrect data information to use for self-monitoring of data.	<i>Justification:</i> An automated report system will allow EIS programs the ability to self-monitor.
<i>Revision 14.10</i>	<i>Improvement Activity:</i> 2007-2010 - Participate with interagency partners in data mapping activities to coordinate data collection throughout the state.	<i>Justification:</i> Interagency partners have an invested interest in a well-coordinated system to reduce duplication and increase the utilization of statewide data.
<i>Revision 14.11</i>	<i>Improvement Activity:</i> 2007-2010 - Conduct regularly scheduled desk reviews of data and provide EIS programs with reports on data accuracy. Follow-up with one-on-one technical assistance with those EIS.	<i>Justification:</i> In order to have accurate, reliable, and valid data, there needs to be ongoing support for data managers.