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IMPROVING LEARNING FOR CHILDREN WITH DISABILITIES (ILCD)

EDN Guidance
For Improving Results for
Infants and Toddlers with Disabilities
and Their Families

Planning Region Teams
2014-2015



NEBRASKA
DEPARTMENT OF
EDUCATION

Table of Contents

- Introduction..... 1**
- Nebraska’s ILCD Process for Results Driven Accountability (RDA) 2**
- Planning RegionTeam (PRT) Responsibilities 4**
- Guidance for the RDA Process 4**
 - Data Analysis..... 4**
 - Identification of the Focus for Improvement 5**
 - Review of PRT Infrastructure 5**
 - Designing, Creating, and Evaluating the Targeted Improvement Plan (TIP) 6**
- Impact Area I 7**
- Impact Area II 13**
- Impact Area III 18**

IMPROVING LEARNING FOR CHILDREN WITH DISABILITIES (ILCD)

Part C Guidance for Improving Results for Infants & Toddlers Utilizing Impact Areas

Introduction

Since passage of the landmark Education for All Handicapped Children Act for children and youth ages 3-21 in 1975 and reauthorization of the Individuals with Disabilities Education Act (PL 99-457) in 1986, expanded services to infants and toddlers, significant progress has been made toward meeting our national goals for developing and implementing effective programs and services for children and youth with disabilities. With the reauthorization of IDEA in 2004, each state is required to have in place a State Performance Plan (SPP) and use the targets established in the SPP under 34 CFR §303.701 and 702 to analyze the performance of each Early Intervention Service (EIS) program. In Nebraska, the EIS is designated as a Planning Region Team (PRT). Annual targets for SPP compliance indicators are set by OSEP and annual targets (benchmarks) for SPP improvement indicators have been set by stakeholders, the State Special Education Advisory Council (SEAC) and the Early Childhood Interagency Coordinating Council (ECICC).

In the past, the federal Office of Special Education Programs (OSEP) focused on ensuring that states meet IDEA program procedural requirements. OSEP and the Nebraska co-lead agencies, The Nebraska Department of Education, Special Education Office, and The Department of Health & Human Services, Division of Medicaid and Long Term Care, acknowledge that focusing primarily on procedural compliance has not sufficiently improved results for children with disabilities. Therefore, Nebraska has realigned its accountability system to shift the balance between compliance and results. Components of the Results Driven Accountability (RDA) System include:

- **State Performance Plan/Annual Performance Report (SPP/APR) measures results and compliance**
- **Determinations reflect State/PRT performance on results as well as compliance**
- **Differentiated monitoring and technical assistance support improvement in all PRTs, but especially low performing PRTs**

The goal of the Results Driven Accountability (RDA) system is to improve educational results and functional outcomes, and demonstrate growth over time for all infants and toddlers with disabilities. The alignment of all components of the accountability system allows PRTs to more effectively leverage resources and to support providers in delivering effective, evidence-based interventions that lead to improved outcomes and protect the rights of infants and toddlers and their families.

Nebraska's ILCD process for Results Driven Accountability (RDA)

All PRTs will participate in an ongoing review of their early intervention program utilizing the Improving Learning for Children with Disabilities (ILCD) process.

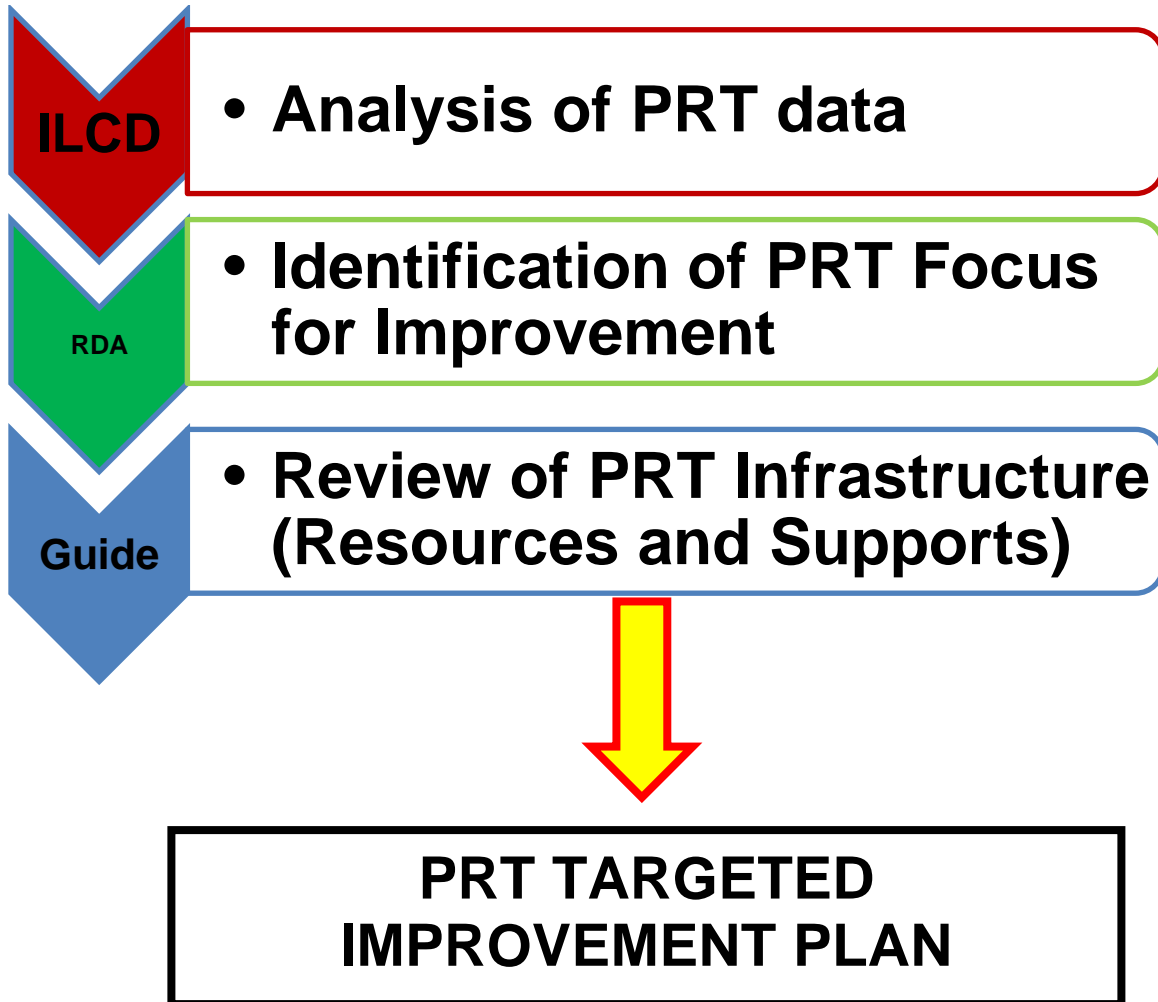
The ILCD process, based upon the State Performance Plan (SPP) Part C Indicators, is designed to enhance program improvement that will result in improved results for infants and toddlers with disabilities and their families. Rather than analyzing individual SPP indicators, the Part B and Part C SPP indicators are organized into three Impact Areas that provide a broader view of improving results for infants, toddlers, children and youth with disabilities ages birth through 21:

- Improving developmental outcomes and academic achievement (school readiness) for children with disabilities,
- Improving communication and relationships among families, schools, communities and agencies, and
- Improving transitions for children with disabilities from early intervention to adult living.

The three Impact Areas contain an overarching question, components and analysis questions to help PRTs drill down and perform a root-cause analysis to identify underlying issue(s) from which a systemic problem arises. The PRT's Targeted Improvement Plan (TIP) is based on challenges identified through the analysis of the Impact area data, the PRT infrastructure, and other pertinent PRT data that supports improvement and builds PRT capacity. If the PRT data analysis indicates that slippage occurs or the SPP/APR Indicator target is not met, the PRT Targeted Improvement Plan will address those and any other relevant issues.

The purpose of this document is to provide guidance to PRTs for Nebraska's ILCD process for Results Driven Accountability (RDA), which balances compliance and improvement of results for infants and toddlers with disabilities and their families. To achieve improved results, the process begins with analysis of PRT data on the SPP/APR indicator targets for each of the three Impact Areas as well as other pertinent PRT data. Based on the results of the data analysis, the second step involves identifying the focus for improvement. Next the PRT reviews the current infrastructure and the capacity to implement, scale-up and sustain evidence-based practices to support improved results for children with disabilities. Finally, guidance is provided on developing a comprehensive, multi-year Targeted Improvement Plan (TIP) that contains detailed improvement strategies focused on improving results for infants and toddlers with disabilities and their families.

Results Driven Accountability (RDA) Process Guidance for the Planning Region Team (PRT)



Planning Region Team (PRT) Responsibilities

The PRT is responsible for the general oversight of the ILCD process for RDA.

PRT Team Membership includes at a minimum individuals representing:

- School districts and approved cooperatives;
- Nebraska Department of Health and Human Services;
- Family members of children with special needs;
- Health/Medical and developmental disabilities services;
- Head Start or Early Head Start;
- Child care;
- Services coordination contracting agency;
- Underserved children and families, including low income, inner city, Indian, homeless, migrant and minority populations and rural areas as applicable for the region; and
- Early Learning Connection Coordinator (ELC).

Guidance for the PRT for the RDA Process

The PRT will address the four key areas in developing the PRT Targeted Improvement Plan (TIP): (1) Data analysis, (2) Identification of the focus for Improvement, (3) Review of infrastructure to support improvement and build capacity and (4) Designing, creating, and evaluating the TIP(s).

Data Analysis

- What does the data show?
- Review PRT performance in each Impact Area
 - For which SPP/APR indicators did the PRT performance meet the target?
 - For which SPP/APR indicators did the PRT performance NOT meet the target?
- Observation of data – what story does the data tell? Why might this be?
 - What patterns and trends are evident in the data over the past 3-5 year period?
 - If the PRT did not meet the targets for the Impact Area SPP/APR Indicators or slippage has occurred, the PRT performs a root cause analysis to identify the underlying issue(s) from which a systematic problem arises. The goal of the root cause analysis is:
 - Find out what happened
 - Why it happened and
 - What to do to prevent it from happening again.
 - Utilize Analysis Questions in each Impact Area to assist with drill down and finding root cause
- Identify methods and timelines to collect and analyze additional PRT data that is key to informing areas of improvement
- Describe HOW data were disaggregated to identify areas for improvement

- Assess the quality of the PRT's data: assessment of data's fitness to serve its purpose in a given context, accuracy, completeness, update status, relevance, consistency across data sources, reliability, accessibility
- Identify any compliance issues that present barriers to achieving improved results for infants and toddlers with disabilities and their families.

Identification of the Focus for Improvement

- How should we respond?
- Describe how data analysis, drill down and interpretation of the data by Impact Area led to the identification of the area of focus for the PRT's Target Improvement Plan. Consider:
 - Competencies
 - Challenges
- How do the results of the analysis of the components in each Impact Area connect with, reflect and influence the outcomes in the other two Impact Areas?
- Demonstrate how addressing the area of focus for improvement will build the PRT's capacity to improve measurable results for infants and toddlers with disabilities, including pre-literacy and language skills as developmentally appropriate for the child.

Review the Capacity of the PRT Infrastructure to Support Improvement

- Identify how the PRT analyzed the capacity of the current system to support improvement and build capacity to implement, scale-up and sustain evidence-based practices for improvement and the results of the analysis
- Review PRT system components including: governance, fiscal resources, professional development provided, data, the use of evidence-based and family-centered practices, family engagement, data, technical assistance and accountability (attaining goals, results). Identify:
 - Strengths of the system
 - How decisions are made within the PRT
 - How components of the system are coordinated among agencies providing services
 - Evidence-based and family-centered practices utilized by the PRT that result in improved results
 - Areas for improvement within and across system components
 - Analysis of initiatives in the PRT that can have an impact on improving results for infants and toddlers with disabilities and their families
 - How decisions are made within the PRT and with other agencies that are involved in planning for systematic improvements in the PRT
- How does the PRT link or align with other local, regional and state initiatives to improve results for infants and toddlers with disabilities and their families.
- Pinpoint additional evidence-based practices needed by the PRT

Designing, Creating, and Evaluating the PRT's Multi-year, Comprehensive Targeted Improvement Plan (TIP)

- Based on the analysis of the PRT data and infrastructure within the region, the PRT develops a comprehensive, multi-year, Targeted Improvement Plan (TIP) focused on improving results for infants and toddlers with disabilities and their families. The PRT Plan includes:
 - Broad strategies for one or more Impact Areas with detailed improvement activities that address the needs identified in the root cause analysis
 - Outcomes that will need to be met to achieve the PRT-identified, measurable improvement in results for infants and toddlers with disabilities and their families
 - A description of the changes in the PRT system and provider practices, including the adoption and implementation of evidence-based practices, to achieve measurable improvement in results for infants and toddlers with disabilities and their families
 - Identification of resources, responsibilities and timelines for improvement activities
 - How the PRT tracks progress and ensures fidelity of implementation of improvement plans
- Did our response produce results?
 - Annual evaluation of the effectiveness of the TIP and progress toward achieving intended outcomes for improving results for infants and toddlers reported to the co-lead agencies for the Early Development Network (EDN)
 - Revision of TIP in response to evaluation of outcomes, plan effectiveness and consultation with the co-lead agencies

IMPACT AREA I

Improving Developmental Outcomes and Academic Achievement (School Readiness) For Children With Disabilities

Do the PRT's policies and practices result in improved developmental outcomes and school readiness for children with disabilities?

COMPONENTS:

1.1 IFSP IN A TIMELY MANNER

Timely Services - SPP Indicator C1

1.2 SETTINGS

Natural Environments - SPP Indicator C2

1.3 CHILD AND FAMILY ASSESSMENTS AND CHILD OUTCOMES

Results Matter - SPP Indicator C3

1.1 IFSP in a Timely Manner

How does the district's verification process for early intervention services ensure the provision of services in a timely manner?

Analysis

- How does the district/PRT ensure that a referral is made to the agency responsible for providing services coordination in the PRT as soon as possible, within seven (7) days after becoming aware that the child may be eligible for early intervention services?
- How does the PRT ensure that, with parental consent, the initial screening (if applicable), the initial evaluation and assessments of the child and family and the initial Individual Family Service Plan (IFSP) meeting is held within 45 calendar days from the date of referral?
- How does the PRT ensure that early intervention services identified on the IFSP are provided within 30 calendar days of parental consent?

1.2 Settings

How are infants and toddlers with disabilities provided Early Intervention Services and supports at home or in community settings?

Analysis

- How does the PRT ensure that early intervention services provided in natural environments are a meaningful part of the child's life?
- Based on valid and reliable data with regard to the provision of services in natural environments, what percentage of infants and toddlers are served in natural settings in which the child and family participate as part of their everyday routines and activities? What percentage of infants and toddlers are not served in natural settings?
- What are the barriers, if any, to providing services in natural environments? What solutions will address these barriers?
- How do early intervention service providers make arrangements for services and supports in natural and familiar learning environments during daily outings and activities in order to promote children's functional skills and outcomes?
- How do early intervention service providers plan, structure, modify and adapt physical, social and temporal environments to promote independence, engagement, interaction, learning and play across settings experienced by the child?
- What opportunities does the PRT offer for providers to receive training on the key principles of child development, quality early intervention practices and the requirements related to providing services in natural environments?

1.3 Child and Family Assessments And Child Outcomes

How does the PRT ensure that infants and toddlers with disabilities demonstrate progress in the three child outcome areas of (1) positive social-emotional skills, (2) acquisition and use of knowledge, and (3) use of appropriate behaviors to meet their needs?

Analysis

- How do practitioners collaborate with other professions and the family in gathering and interpreting assessment information in ways that are meaningful for the family?
- What evidence-based family directed assessment process is used to identify the resources, priorities and concerns of the family?
- What comprehensive assessments are conducted by early intervention providers to learn about the child's strengths, preferences and interests and capture representative samples of the child's functioning in order to inform intervention?
- How do early intervention providers implement systematic ongoing assessments to monitor the child's progress and revise outcomes/services as needed?
- How does the PRT ensure that all infants and toddlers with disabilities (ages birth – 3) are included in the Teaching Strategies GOLD child assessment system? Consider the cause of any discrepancies between the numbers of infants and toddlers entered online and the number reported in the June Special Education Snapshot (NSSRS)?
- How does the progress demonstrated by infants and toddlers with disabilities in Results Matter compare to all children? What patterns and trends are evident in the Teaching Strategies GOLD data for infants and toddlers? If infants and toddlers are not showing progress, what influences those results?
- How does the PRT use assessment tools and strategies to identify increments of progress for each child?
- How do early Intervention providers develop IFSP outcomes and implement practices that are sensitive and responsive to cultural, linguistic and socio-economic diversity and that build mutual trust and respect?

DATA SOURCES – IMPACT AREA I

Data Sources
<ul style="list-style-type: none"> • Planning Region Team Data - IFSP in a timely manner - Part C <u>Indicator 1</u>
<ul style="list-style-type: none"> • Early Intervention Services at home or in community settings – Part C <u>Indicator 2</u>
<ul style="list-style-type: none"> • Results Matter – Child Outcomes - Part C <u>Indicator 3</u> • Local Data Sources: <ul style="list-style-type: none"> ○ Data Patterns and Trends ○ PRT Improvement Plan(s)
<ul style="list-style-type: none"> • Monitoring Results
<ul style="list-style-type: none"> • Performance Reports
<ul style="list-style-type: none"> • CONNECT Data Reports
<ul style="list-style-type: none"> • DHHS Waiver Quality Assurance Reviews

IMPACT AREA I RESULTS

Competencies	Challenges

PRT Infrastructure (Resources and Supports): At a minimum, the PRT will:

- *Administrative Involvement*
- *Fiscal (PRT Grant)*
- *PRT Data*
- *Evidence-Based Practices*
- *Connections with district/PRT and state initiatives*
- *Professional Development/Technical Assistance*

<i>Resources & Supports Available</i>	<i>Resources & Supports Needed</i>

IMPACT AREA II

Improving Communication and Relationships Among Families, Schools, Communities and Agencies

How does the PRT improve outcomes for infants and toddlers with disabilities by helping their families communicate and build relationships with schools, communities and agencies?

COMPONENTS:

**2.1 FAMILY OUTCOMES
SPP Indicator C4**

**2.2 CHILDFIND
ChildFind birth to one - SPP Indicator C5
ChildFind birth to three - SPP Indicator C6
Evaluation and initial IFSP within 45 days - SPP Indicator C7**

2.1 Family Outcomes

How does the PRT help families know their rights, effectively communicate their child's needs and help their children develop and learn?

Analysis

- How do services coordinators and early intervention providers implement quality practices related to providing and explaining parent rights? Please explain.
- How do services coordinators and early intervention providers provide ongoing opportunities for facilitating conversations with families regarding what's working/what's challenging regarding their children's functional participation in everyday routines and activities?
- How do services coordinators and early intervention providers plan with families about how to use various learning opportunities that occur throughout everyday routines and activities to help their children develop and learn?
- How do services coordinators and early intervention providers develop IFSP outcomes and implement practices with the family in ways that are sensitive and responsive to cultural, linguistic and socio-economic diversity and that build mutual trust and respect?
- How do services coordinators and early intervention providers provide the family with complete and unbiased information in order for family members to make informed choices and decisions?
- How do services coordinators and early intervention providers engage parents in opportunities to support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences?

2.2 ChildFind

How does the PRT provide an effective child find system and referral process that ensures the identification of all eligible infants and toddlers with disabilities?

Analysis

- What ChildFind and outreach activities does the PRT conduct to locate and identify infants and toddlers with disabilities who may be eligible for early intervention services?
- Examining the PRT's ChildFind activities, what evidence is there to support the hypothesis that eligible infants and toddlers are being appropriately located and served?
- How does the PRT carry out specific activities to ensure that child and family assessments, evaluations and the initial IFSP meeting for infants and toddlers with disabilities are completed within 45 calendar days?
- How does the PRT carry out specific activities related to ChildFind, including: selecting culturally appropriate instruments when (a) conducting screening; (b) accessing interpreters when necessary; (c) communicating with primary referral sources; and (d) using CONNECT Data reports regarding referral to ensure that appropriate identification rates occur?
- Outline in detail the district/PRT's policies and procedures for the verification of infants and toddlers for early intervention services.
- How are ChildFind activities coordinated with other community agencies/partners (e.g., schools, health, social services, physicians, hospitals, high risk register/tracking system, newborn hearing screening, etc.) that also conduct ChildFind activities and/or refer children and families to early intervention services? Do local agency agreements address this coordination and each agency's responsibilities?
- How are families involved in developing and conducting public awareness activities? How is feedback obtained from families regarding their perceptions of the effectiveness of public awareness and ChildFind materials and activities?
- Describe the ongoing, targeted training and technical assistance provided to primary referral sources regarding the populations served by the early intervention services, the eligibility criteria, what early intervention services entail and their benefits.

DATA SOURCES – IMPACT AREA II

Data Sources
<ul style="list-style-type: none"> • Nebraska State Performance Plan Family Outcomes - Part C <u>Indicator 4</u>
<ul style="list-style-type: none"> • Nebraska State Performance Plan Childfind birth to one- Part C <u>Indicator 5</u>
<ul style="list-style-type: none"> • Nebraska State Performance Plan Childfind birth to three- Part C <u>Indicator 6</u>
<ul style="list-style-type: none"> • Nebraska State Performance Plan Evaluation and initial IFSP within 45 days - Part C <u>Indicator 7</u>
<ul style="list-style-type: none"> • Part C Family Survey
<ul style="list-style-type: none"> • Monitoring Results
<ul style="list-style-type: none"> • Performance Reports
<ul style="list-style-type: none"> • CONNECT Data Reports
<ul style="list-style-type: none"> • Nebraska Vital Statistics http://dhhs.ne.gov/publichealth/pages/vitalrecords.aspx

IMPACT AREA II RESULTS	
Competencies	Challenges
<p><i>PRT Infrastructure (Resources and Supports): At a minimum, the PRT will:</i></p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • <i>Administrative Involvement</i> • <i>Fiscal (PRT Grant)</i> • <i>PRT Data</i> <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • <i>Evidence-Based Practices</i> • <i>Connections with district/PRT and state initiatives</i> • <i>Professional Development/Technical Assistance</i> 	
<i>Resources & Supports Available</i>	<i>Resources & Supports Needed</i>

IMPACT AREA III

Improving Transitions for Children with Disabilities from Early Intervention to Adult Living

How does the PRT support seamless transitions from early intervention services to school-age programs or other community services, as appropriate?

COMPONENTS:

- 3.1 SEAMLESS TRANSITIONS**
Transition by age 3 - SPP Indicator C8

3.1 Seamless Transitions

Do the PRT's procedures and practices support seamless transitions for infants and toddlers with disabilities and their families across settings or programs and ensure the implementation of practices that support the adjustment of the child and family to the new setting?

Analysis

- How does the PRT provide timely transition planning to support a toddler's transition to preschool or other appropriate community services at least 90 days prior to by his or her third birthday including:
 - an IFSP with transition steps and services;
 - inclusion of the school district in the planning of transition activities; and
 - a transition conference held according to the above timeline?

- How do services coordinators and early intervention providers share information across settings about practices most likely to support the child's successful adjustment and positive outcomes before, during and after transition?

- How do services coordinators and early intervention practitioners work across settings to employ a variety of intentional strategies with the child and family before, during and after the transition to support the toddler's achievement and social competence in the next setting (i.e., inviting family members to visit potential future environments)?

DATA SOURCES – IMPACT AREA III

Data Sources
• Transition by age 3 – SPP Part C Indicator 8
• Monitoring Results
• Performance Reports
• Part C Family Survey
• CONNECT Data Reports
• DHHS Waiver Quality Assurance Reviews

IMPACT AREA III RESULTS	
Competencies	Challenges
<p>PRT Infrastructure (Resources and Supports): At a minimum, the PRT will:</p> <ul style="list-style-type: none"> • <i>Administrative Involvement</i> • <i>Fiscal (PRT Grant)</i> • <i>PRT Data</i> • <i>Evidence-Based Practices</i> • <i>Connections with district/PRT and state initiatives</i> • <i>Professional Development/Technical Assistance</i> 	
Resources & Supports Available	Resources & Supports Needed

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