

NH Part C

FFY2014 State Performance Plan / Annual Performance Report

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

In New Hampshire (NH) the Part C early intervention program is called Family Centered Early Supports and Services (FCESS). FCESS is administered in all regions of the state. NH FCESS programs achieve high quality outcomes consistently and with a high level of compliance. The FCESS system in NH enjoys collaborative relationships at local and state levels, with many early childhood partners.

Our system has committed to a State Systemic Improvement Plan (SSIP) that is expected to infuse more adult learning strategies, accessibility, and lifelong learning into our Comprehensive System of Personnel Development. This process has challenged and enlightened us. We are very excited to share our progress and plans in Phase II of the SSIP.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

General: NH Department of Health and Human Services (DHHS) is the lead agency for the NH Part C program. Within DHHS, the Bureau of Developmental Services (BDS) takes responsibility for all required components of IDEA, federal, and state mandates related to Part C, known in NH as Family Centered Early Supports and Services (FCESS). The state is divided into ten regions that each have an Area Agency (AA). The AAs contract with BDS to provide services in their regions. Oversight of the ten AAs is the responsibility of BDS. Each AA then provides FCESS through their own program or subcontracts with a vendor programs. Currently there are 16 program sites.

The NH state administrative rules, He-M 510 and He-M 203 include recent OSEP approved policies and procedures. In NH, IDEA is implemented through these rules. He-M 510 : http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html. He-M 203: http://www.gencourt.state.nh.us/rules/state_agencies/he-m200.html. The rules were constructed with broad stakeholder input and guide decision making at all levels of the FCESS system. The ten AAs take referrals, complete evaluations, and provide services to eligible children through their own or vendor programs. Monitoring of the ten AAs and the 16 programs in the state is done by BDS/Part C through the data system and site visits. All providers have enforceable roles and responsibilities through clearly written state law, regulations, policies, procedures, contracts, and agreements. Technical assistance to programs and AAs regarding data, data based decision making, quality improvement, compliance and provision of services is provided by BDS/Part C. Smooth and timely transition from FCESS to each local education agency (LEA) is assured through a Memorandum of Understanding (MOU) between DHHS and the NH Department of Education (DOE). Additionally, a MOU was developed with Head Start to promote collaboration between local Head Start and FCESS programs.

Data: In order to assess our efforts to provide services to children with disabilities and to provide data around program performance both statewide and locally, the state of NH developed the statewide data system, called NH Leads. This system is used to collect individual child data for federal reporting purposes, to support data based decision making at state and local levels, and to monitor local and state level compliance. Data for Annual Performance Reports and Federal 618 reports comes from two basic sources: BDS/Part C on site record review teams, and a web based statewide data system. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate, submitted on or before the due date.

Validity and reliability of the information reported is addressed in multiple ways: by assigning responsibility for the entry

and accuracy of the information to local administrators; by review prior to a report being generated to assure that the data reported meets the Federal requirements; by BDS/Part C review of data to monitor compliance; by triangulating the data entered into the statewide data system with review of child records and program self-review data; and by comparing previous years data to identify patterns or inconsistencies.

The AA Intake Coordinator enters identifying information for referrals into the data system, and a unique identification code is assigned to the child by the system. Within 24 hours of entry into the data system, the child's data is available to local programs for entering the individual child data related to eligibility determination, IFSP development, and provision of services. At this point, the local program has responsibility for the accuracy and completeness of the data.

Technical assistance and trainings are used to address issues regarding the accurate entry of data. Trainings are provided statewide when the statewide data system was introduced, and technical assistance is provided upon request and on an "as needed" basis based on data reviews. New data entry staff and administrative staff designated to access the data system receive training as soon as possible. The BDS maintains a formal agreement with a consultant who is knowledgeable about the data system to provide technical assistance regarding use of the system as well as to manage it.

Monitoring: BDS/Part C on site record review teams verify the accuracy of the information collected through the statewide data system during record reviews. Onsite record review are done for all programs at least annually or more often as needed. On a continuing basis, BDS/Part C staff use the web based data system to monitor program and regional data to determine timely entry of data, compliance with federal timelines and the completeness of the data that has been entered.

Records for on site review are selected by review of state wide data system reports. The number of records selected are ten percent of enrolled children, or a minimum of 10 records from each program. Those records are selected based on compliance data. Additional records are reviewed if the onsite program review of data shows less than 100% compliance. The BDS record review teams are comprised of Part C staff, the BDS regional liaison, and a member of the AA responsible for services in the region. Records are reviewed for compliance with federal indicators as well as staff development, program improvement, and other indicators of regional change. Teams use monitoring checklists to collect information in a uniform, systematic manner. Prior to the onsite visit, program directors are asked to complete and submit a self-review of the selected charts using the same monitoring checklists. The purpose of the program self-review is to verify understanding of requirements and to provide an opportunity for the program to ask questions. The program self review includes records chosen by BDS/Part C staff for full review plus any other records in the monitoring period, found to be out of compliance. The monitoring period used for the on site program review is 10/1 to 1/31. BDS/Part C uses child records to verify the accuracy of the self-review and to assist the team in identifying any issues that may not have been identified by the program. Please see attachment "State Performance Plan Data Collection Methods" for more detail.

When noncompliance is identified during on-site visits, this is discussed immediately with the local program. Both the AA and local program director are notified in writing electronically after the monitoring visit about the identified noncompliance. If a program's additional data does not demonstrate 100% compliance, within 90 days of the on site visit, a finding of noncompliance is issued and a corrective action plan is developed. Additional sanctions may include: provision of additional data; technical assistance; and root cause analysis. The program is required to show 100% compliance within one year of issuance of the finding.

Family Rights and Dispute Resolution: The "Know Your Rights" booklet is NH's family friendly description of He-M 203, complaint resolution process. The booklet is used to enhance provider explanations of the complaint resolution process and other procedural safeguards to families. A printed copy of the Know Your Rights booklet is offered to families each time their rights are explained to them. Families can request information or a copy of the booklet at any time. All staff are required to read and document understanding of the "Know Your Rights" booklet as part of the "Welcome to FCESS" training.

The majority of complaints are resolved at the program or AA level. If a complaint reaches the lead agency level, families are offered assistance with formal or informal resolution, as they choose. When assistance is requested by a family, BDS/Part C staff will call the FCESS program or AA, notify them of the problem and let them know that the parent would like to talk with them about their concerns. Parents are always given the option of placing a formal complaint immediately if they so desire. When a parent requests assistance, they always receive a follow-up call to assure that they are satisfied with the resolution. A list of trained hearing officers and mediators is maintained by BDS. Hearing Officers and Mediators are attorneys who are experienced in working with the Department of Education as Hearing Officers and Mediators regarding special education complaints. They receive annual re-orientation from the Bureau’s attorney about Part C of the IDEA.

The training provided to Hearing Officers and Mediators is also offered to AA administrators and ESS Program Directors and their staff. AA and FCESS program directors take the information back to their staff. Evidence of staff trainings such as sign-in sheets is then sent to the Part C office to document that the trainings were provided.

The dissemination of parent rights information is monitored through record reviews. Children’s records are expected to contain documentation with the parent’s signature stating that rights have been explained and a copy of the parent rights handbook “Know Your Rights” has been received. Another way that parent understanding of their rights is monitored is by reviewing regional and program scores from the Family Outcome Survey (APR Indicator 4A): “Families Know Their Rights”.

Public Awareness and Child Find: State data shows that most children are referred to FCESS by pediatricians and family members. Outreach is provided through multiple venues: DHHS website <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>; printed materials; local outreach; and collaboration with other early childhood partners.

NH Part C staff work closely with and support the NH Watch Me Grow child screening network <http://watchmegrownh.org/about.php>. 45% of children referred as a result of screening by this network are referred to FCESS.

State and national data show that NH's public awareness and child find systems are effective. See Indicators 5 and 6 for more detail.

Attachments			
	File Name	Uploaded By	Uploaded Date
No APR attachments found.			

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Information about training and TA, designed to address: concerns, changes, updates, missing data, upcoming reports, etc. is given to AA and program directors to disseminate to their staff. Contact information for BDS/Part C staff and other statewide resources are in the FCESS program directory. Contact information is updated regularly and disseminated to all members of the system verbally, in print, and electronically.

An important element of NH's technical assistance system is the statewide data system which is used to help programs, AAs, and the statewide system monitor for compliance. It provides direct service providers and AAs the opportunity to enter, access, and analyze data directly. Statewide training and technical assistance is developed with input from relevant stakeholders. Information about how to access technical assistance is regularly articulated to staff at all levels of the system through verbal, printed, and electronic means.

Targeted TA is provided as identified or requested by local providers or BDS/Part C staff. Statewide training is available to increase knowledge of requirements through online modules, site visits, quarterly meetings, reoccurring training, or as needed.

Requests for technical assistance are responded to promptly and collaboratively. State leadership assists local programs to problem solve using data based decision making and peer discussion to identify creative strategies to promote implementation of effective practices. State leadership, area agency staff, and local program staff, and other early childhood partners regularly share information and developments in our state through in person conversation, documentation, email, phone, work group, shared access to e-studio documents, and committee work.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The current comprehensive system of professional development is aligned with the FCESS system strategic plan and other early childhood initiatives. Each program in the NH FCESS system is, by state rule, engaged in a continuous quality improvement planning process. The state team, with providers, AA staff, and other early childhood partners, engaged in a strategic planning process, in Fall of 2013, that identified several strategies to improve the NH Part C system on all levels statewide. Implementation of the state strategic plan is in process. System capacity for ongoing training and coaching support is being developed through the SSIP process in collaboration with ECTA, DaSy, SRI and other OSEP affiliated technical assistance partners.

At the state level funds are designated annually, for training and technical assistance, through the Comprehensive System of Personnel Development (CSPD) budget. Line items have been added for SSIP initiatives.

"Welcome to Early Supports and Services" orientations, mandated for all new staff, are scheduled several times per year. New program directors meet with Bureau of Developmental Services staff to orient them to requirements and expectations related to requirements and expectations of the system.

* Scholarships are offered to programs for staff training based on need and/or request. Scholarships are used for attendance at conferences or trainings. This year training accessed by FCESS staff included topics related to (a) culture, needs, and support of people who are blind or visually impaired, (b) culture, needs, and support of people who are deaf or hard of hearing, (c) feeding and swallowing, (d) brain development, (e) working with families affected by substance use, and (f) trauma informed care.

* Early Intervention Specialist Certification provides a clear career path for FCESS staff. For more information regarding Early Intervention Specialist Certification see <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/certification.htm>. Validators for this certification are coordinated by the Part C Program Specialist at BDS.

* Mentorship opportunities are supported by the CSPD budget and are coordinated by the Part C coordinator. This arrangement provides staff with the opportunity for one to one mentorships and topical mentorships, based on the needs or interests of staff and system.

* Routines Based Interviewing (RBI) and Early Start Denver Model (ESD) Autism training have been introduced to the Part C system with support of the Part C lead agency.

- * This year a CSPD coordinator was designated to ensure that trainings such as the IT Kit, data system, and other trainings are current and accessible to all programs.
- * Part C staff work collaboratively with other state agencies to assess data and generate programs, strategies, and training opportunities that support the broad range of personnel development. The following are examples of collaborations.
- * This year NH Part C and Part B state leadership staff collaborated to receive intensive technical assistance for the SEE Change Project, through ECTA. This project is intended to improve outcomes for children who have or are at risk for delays or disabilities, by increasing their engagement with adults, peers and activities. See Indicator 11 for more detail.
- * Training modules are being created and trainers are being prepared by SRI staff to provide statewide COS training, for all FCESS staff. The NH program is being developed by the SRI team in collaboration with the NH Part C Coordinator and the master cadre of NH COS trainers. The master cadre will facilitate local training for all NH Part C staff and provide ongoing coaching statewide. See indicator 11 for more detail.
- * The NH Office of Minority Health and Refugee Affairs will facilitate a training in cultural competence with a national trainer, January 2015. This training was initiated through OMHRA in response to a NH Part C request. A Part C master cadre will facilitate cultural competence training for all Part C staff statewide. See Indicator 11 for more detail.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Stakeholders in NH include families, providers, AAs, other early childhood programs and other programs serving children and their families, including but not limited to programs in areas of education, family support, and health.

Families participate on the Interagency Coordinating Council (ICC), task forces, work groups and committees. ICC membership reflects federal requirements. Families are supported by reimbursement for mileage and child care, to participate in meetings, including all ICC activities, "Welcome to ESS" orientation, and other times when stakeholder input is desired or needed. Distance participation is available through the use of Go To Meeting technology, video conferencing, information posted on e-Studio, website, email, public hearing, and phone calls.

When setting and revising targets for all indicators, the BDS/Part C staff engaged area agency staff, and local provider staff, families, and members of the broader early childhood community with technical assistance partners to determine recommendations. Three years of data for each indicator was analyzed by stakeholders to identify trends and reach consensus on new targets.

Stakeholder input is gathered through group email discussions, face to face meetings, conference calls, and web workshops to enhance decision making for the statewide system. The primary stakeholder meetings are the quarterly directors and staff meeting and the interagency coordinating council meeting which convenes every other month.

For indicator 11, data analysis groups consisting of providers, families and stakeholders, were assisted by our NH Part C data manager in reviewing and commenting on the child outcome data results. This input helped form our SSIP. Stakeholder input was further gathered through ICC meetings, Quarterly FCESS meetings, Strategic Planning work groups, and SSIP work groups that engaged stakeholders, including family representatives in data and infrastructure analysis that led to the SIMR. Stakeholders from these groups reviewed the data analysis, offered assistance with the infrastructure analysis, development of the SIMR, suggestions for the root cause analysis, ideas for and the selection of coherent improvement strategies, and development of the theory of action. SSIP work was done with assistance from technical assistance personnel. (Taletha

Darrington- SRI International Center for Education and Human Services, IDEA Early Childhood Data Systems Center, Holly Cavender Wood- WestEd, IDEA Data Center, and National Center for Systemic Improvement).

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

Information about state system components and how to access services is widely available and understood by providers, families, and the general public. We assess the effectiveness of our outreach through qualitative and quantitative data. We regularly meet or exceed targets of children we expect to serve in the birth to three population. Information about our FCESS system is stated in contracts, during monitoring, through technical assistance (TA) available when there is a question, at the Directors’ Quarterly Meeting, at our ICC meetings, at our state orientation for all new staff, on our website and in our annual public report.

The rules are widely communicated and readily available on the website, printed upon request, referenced at quarterly directors’ and ICC meetings. They are also referenced during collaborations with other early childhood entities, as well as, during monitoring and TA to programs and AAs. State and local staff help stakeholders to understand the He-M 510 rules for the FCESS system at collaborative meetings, with targeted materials and discussion, and through planned and monitored interactions with families. The "Know Your Rights", "Child Outcomes", "Transition Blue Books", IFSPs, and other forms help staff to clearly and consistently communicate the rules governing the FCESS system in NH.

Annual Report to the Public: New Hampshire’s Annual Report to the Public, on the performance of each program, was posted in accordance with OSEP’s guidance, on the DHHS website in June. The 2015 Annual Report to the Public, reporting on the period of July 1, 2012 to June 30, 2013, was posted on the DHHS website as soon as practicable but no later than 120 days following the State’s submission of its annual performance report (APR) to the Secretary of the U.S. Department of Education. It was made available electronically through e-mail and was posted on the DHHS Lead Agency website, under Bureau of Developmental Services Publications: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/documents/publicreport.pdf>. It is also available in a hard copy from DHHS, through the State Library system, and the Parent Information Center (NH PIC). <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/documents/publicreport.pdf>

Annual Performance Report: The Annual Performance Report (APR) and revised State Performance Plan (SPP) for each monitoring period was posted on the Lead Agency website in the spring of the following year. The Annual Performance Report for the 2013/2014 monitoring period was posted by June 30, 2015. The APR and SPP are available electronically through e-mail, by hard copy, and are posted on the Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/documents/partcstateplanreport.pdf>. Other ways that FCESS makes information available to the public is by asking members of the NH ICC to disseminate information to the groups that they represent on the Council. BDS/Part C staff disseminates the public report, other performance information, training information and updates electronically and at quarterly meetings to FCESS program directors and representatives of the AAs. FCESS program directors then disseminate information to direct service providers and families, as appropriate. In addition, notice is given to the media for statewide distribution specifying where copies can be obtained. Copies of materials are available through BDS, the State Library and the Family Resource Connection, and through the Parent Information Center (NH PIC).

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		88.80%	97.00%	91.00%	98.00%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
165	203	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	38
---	----

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

To ensure that NH's definition of timely services is clear to providers and stakeholders, the definition developed by OSEP was adopted in 2/1/2012. Timely services means any early intervention service identified on the initial IFSP and any additional early intervention services identified on subsequent IFSPs, consented to by the parent, are initiated by the projected IFSP start date that is on the IFSP. This is the start of services date that was identified by the IFSP team, which includes the parent.

Actual target data is based on valid and reliable data gathered through the state data system and on-site visits of all 10 regions and 16 programs. At the time of the on-site visits, randomly selected records representing 10% of the children served, or a minimum of 10 records were reviewed. Data from the on-site visits are used to calculate compliance for this indicator. 100% compliance in all programs is expected to be demonstrated within one year of notification that noncompliance has been identified.

The Lead Agency monitoring team verified exceptional family circumstances and IFSP team decision-making for initiation of services based on the state's definition of timely services, that was approved in the OSEP APR/SPP response letter dated June 15, 2007. Exceptional family circumstances included but were not limited to child or family; (a) illness, (b) schedule conflicts, and (c) vacations.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

If a discovery of noncompliance is made at a site, state staff conduct a second on site record review, within 90 days. If a finding of noncompliance is made at the second review, state staff engages area agency and local staff in a Corrective Action Plan process. (See Introduction/General Supervision System/Monitoring for more detail).

Provide additional information about this indicator (optional)

The reporting period FFY14 data reflects activity from July 1, 2014-June 30, 2015. Of the 203 records reviewed, 165 were found to have received timely services and another 38 had exceptional family circumstances that contributed to the delay of timely receipt of services. The monitoring team verified family related reasons through review of case notes. Therefore, 100% (165+38)/203 of children were considered to have received timely services.

The 38 children whose services were delayed due to exceptional family circumstances received services from 14 different programs. Specific reasons for delay include child hospitalization, family illness, family cancellation, family no show, families not returning phone calls, family vacations, family unavailability, or family relocations. Services were provided to all children and families as soon as the family was available. Of the 38 services that were delayed, 21 were provided 1 to 5 days after the projected start date, 6 were provided 6-10 days after the projected start date, 7 were provided 11-20 days after the projected start date, 1 was provided 21-30 after the projected start date, and 3 were provided more than 30 days after the projected start date. The state office maintains records on the receipt of timely services for each child delayed due to exceptional family circumstances.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	98.00%
Data		99.84%	99.80%	99.80%	96.00%	99.00%	99.00%	98.80%	98.50%	98.40%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	98.00%	98.40%	98.40%	98.50%	98.50%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,937	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Total number of infants and toddlers with IFSPs	1,958	

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,937	1,958	98.40%	98.00%	98.93%

Provide additional information about this indicator (optional)

Early Intervention services, known in New Hampshire as Family-Centered Early Supports and Services (ESS) are required in State rules He-M510 to be provided in natural environments. Natural environments and settings are considered to be synonymous. Natural settings or environments are defined in NH Rule He-M510 Family-Centered Early Supports and Services as meaning 'places and situations where a child's same age peers without disabilities live, play, and grow'. In keeping with Federal law, the natural settings

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

in which the early supports and services are provided are identified on each child and family's Individualized Family Support Plan (IFSP). If any support or service cannot be provided in a natural setting, a justification must be provided that includes an explanation, plan of action to provide supports and services in the future, and a time frame in which the plan will be implemented.

Statewide monitoring through record reviews ensures that individual setting decisions are made in accordance with Part C of the IDEA "Natural environment" requirements. Also monitored is the determination of settings, in which infants and toddlers with disabilities receive early intervention services and that they are individualized on the IFSP.

The state reviewed the justifications for not serving children in "natural environments". The number and percent of children served in settings other than "natural environments" is due to a number of factors including, but not limited to, some families requesting an office setting or special playgroup, and an increased number of programs offering specialty clinics focusing on children with Autism. Families sometimes choose to take advantage of these specialty clinics for specific courses of treatment rather than receiving services at home. Review of child records (10% of the children served in each ESS program or a minimum of 10 records) showed that settings are chosen in accordance with 34 CFR 303.12, 303.18, and 303.344. The use of "other" settings for serving children and families will continue to be monitored to ensure that children temporarily receiving services in other than natural settings receive services in natural settings as soon as possible.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? **No**

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2013	Target ≥						80.00%	83.00%	81.60%	82.40%	82.69%
		Data					82.00%	90.00%	80.80%	79.13%	80.40%	82.69%
A2	2013	Target ≥						76.00%	79.00%	78.00%	78.50%	71.12%
		Data					78.00%	75.00%	77.70%	70.28%	72.00%	71.12%
B1	2013	Target ≥						85.00%	88.00%	85.00%	85.50%	82.25%
		Data					87.00%	84.00%	84.50%	83.18%	82.50%	85.25%
B2	2013	Target ≥						72.00%	75.00%	73.00%	74.00%	66.88%
		Data					74.00%	69.00%	71.60%	68.28%	67.20%	66.88%
C1	2013	Target ≥						84.00%	87.00%	87.00%	87.50%	86.37%
		Data					86.00%	83.00%	86.30%	86.24%	83.90%	86.37%
C2	2013	Target ≥						77.00%	80.00%	78.40%	79.00%	72.49%
		Data					72.00%	76.00%	77.40%	71.49%	72.00%	72.49%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	82.79%	82.89%	82.99%	83.09%	83.19%
Target A2 ≥	71.22%	71.32%	71.42%	71.52%	71.62%
Target B1 ≥	84.00%	84.00%	84.50%	84.50%	85.00%
Target B2 ≥	66.98%	67.00%	67.10%	67.20%	67.25%
Target C1 ≥	86.47%	86.57%	86.67%	86.77%	86.87%
Target C2 ≥	72.59%	72.69%	72.75%	72.85%	73.00%

Key:

Explanation of Changes

The number value was blank for Target A2 2018.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	1212.00
--	---------

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	8.00	0.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	155.00	12.79%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	237.00	19.55%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	421.00	34.74%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	391.00	32.26%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	658.00	821.00	82.69%	82.79%	80.15%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	812.00	1212.00	71.12%	71.22%	67.00%

Explanation of A1 Slippage

Statewide the slippage from FFY13 to FFY14 was 2.7%. Of the 16 programs in our state 4 show slippage in the COS data that is believed to have significantly impacted the slippage of our state COS score. Significant slippage for this analysis of COS data was considered to be over 10% decrease in COS scores for the program. The four programs had (a) 13%, (b) 13.8%, (c) 15%, and (d) 26.7% decreases in their program level COS scores when compared to COS scores by program for FFY13. Moderate slippage for this analysis of COS data was considered to be any decrease between 5 and 10%. 6 programs showed moderate slippage ranging from 5.7% to 8.9%. Minor slippage for this analysis of COS program level data was considered to be any decrease in scores of less than 5%. 3 programs experienced minor slippage of less than 4.3%. 3 programs showed an improvement in their COS scores. Rise in region 5 showed improvement of 1.3%. Easter Seals in region 7 showed an improvement of 2.8%. Child and Family Services in region 8 showed an improvement of 3.8%.

Explanation of A2 Slippage

Statewide the slippage from FFY13 to FFY14 was 4.15% for summary statement 2 of outcome A of indicator 3. Of the 16 programs in our state 5 show slippage in the COS data that is believed to have significantly impacted the slippage of our state COS score. Significant slippage for this analysis of COS data was considered to be over 10% decrease in COS scores for the program. The 5 programs had (a) 10.6%, (b) 11.2%, (c) 14.2%, and (d) 15.2%, and (e) 17.3% decreases in their program level COS scores when compared to COS scores by program for FFY13. Moderate slippage for this analysis of COS data was considered to be any decrease between 5 and 10%. 4 programs showed moderate slippage ranging from 6.8 – 9.9%. Minor slippage for this analysis of COS program level data was considered to be any decrease in scores of less than 5%. 2 programs experienced minor slippage of 1.3 and 2.4%. 5 programs showed an improvement in their COS scores. The Children’s Pyramid in region 6 showed improvement of 11.8%. Child and Family Services in region 8 showed an improvement of 9.5%. Community Partners in region 9 showed an improvement of 8%. Community Bridges in region 4 showed an improvement of 6.9%. Lakes Region Community Services showed an improvement of 3.8%.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	2.00	0.17%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	157.00	12.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	266.00	21.97%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	569.00	46.99%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	217.00	17.92%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	835.00	994.00	85.25%	84.00%	84.00%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	786.00	1211.00	66.88%	66.98%	64.91%

Explanation of B2 Slippage

Statewide the slippage from FFY13 to FFY14 was 2.2% for Indicator 3, summary statement 2 of outcome B. Of the 16 programs in our state 3 show slippage in the COS data that is believed to have significantly impacted the slippage of our state COS score. Significant slippage for this analysis of COS data was considered to be more than a 10% decrease in COS scores for the program. The 3 programs had (a) 16.1%, (b) 13%, (c) 11% decreases in their program level COS scores when compared to COS scores, by program for FFY13. Moderate slippage for this analysis, of COS data, was considered to be any decrease between 5 and 10%. 1 program showed moderate slippage of 5.3%. Minor slippage for this analysis, of COS program level data, was considered to be any decrease in scores of less than 5%. 2 programs experienced minor slippage of 1.9 and 2.4%. 10 programs showed an improvement in their COS scores. The Children’s Pyramid in region 6 showed improvement of 10.1%. Community Partners in region 9 showed an improvement of 7.5%. Rise in region 5 showed an improvement in COS scores, for this indicator, of 7%. Lakes Region Community Services showed an improvement of 6.8%. Richie McFarland Children’s Center in region 8 showed an improvement of 4.1%. Children Unlimited showed an improvement of 4%. Child and Family Services in region 8 showed an improvement of 3%. Community Bridges in region 4 showed an improvement of 6.9%. Pathways of the River Valley in region 2 showed a 1.5% improvement in COS scores for this indicator. Easter Seals Manchester showed an improvement of 1.3%. Monadnock Developmental Services showed an improvement of .2%.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	4.00	0.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	127.00	10.48%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	225.00	18.56%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	567.00	46.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	289.00	23.84%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	792.00	923.00	86.37%	86.47%	85.81%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	856.00	1212.00	72.49%	72.59%	70.63%

Explanation of C2 Slippage

Statewide the slippage from FFY13 to FFY14 was 1.7% for Indicator 3, summary statement 2 of outcome C. Of the 16 programs in our state 1 showed slippage in the COS data that is believed to have impacted the slippage of our state COS score. Significant slippage for this analysis of COS data was considered to be more than a 10% decrease in COS scores for the program. The 1 program had a decreases in their program level COS scores, of 14.1%, when compared to COS scores, by program for FFY13. Moderate slippage for this analysis, of COS data, was considered to be any decrease between 5% and 10%. 3 programs showed moderate slippage ranging from 5.7% to 8.7 %. Minor slippage for this analysis, of COS program level data, was considered to be any decrease in scores of less than 5%. 4 programs experienced minor slippage of (a) 2.1%, (b) 3.5%, (c) 4.4%, and (d) 4.5%. 8 programs showed an improvement in their COS scores. Child and Family Services in region 8 showed an improvement of 17.4%. Lakes Region Community Services in region 3 showed an improvement of 7.6%. Community Partners in region 9 showed an improvement of 7.5%, for this indicator. Rise in region 5 showed an improvement of 6.2%. Gateways in region 6 showed improvement of 4.5%. The Children’s Pyramid in region 6 showed a 3.2% improvement in COS scores for this indicator. Monadnock Developmental Services showed an improvement of 1.6%. Community Bridges in region 4 showed an improvement of .3%.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Provide additional information about this indicator (optional)

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The process developed for collecting child outcome data is based on the model developed by the Early Childhood Outcome (ECO) project whereby service coordinators use the Child Outcomes Summary Form (COSF) to measure progress. People, familiar with the child, complete the Child Outcomes Summary Form upon the child's entry into the program, and may include members of the evaluation team, IFSP team members, the service coordinator, the family, and others as requested by the family. The information is used to address the three outcomes using a 7 point scale. This scale is used to determine the level of a child's functioning on each outcome and forms the basis for the child's Child Outcomes Summary (COS) entry score. COS entry scores are decided within 6 weeks of eligibility determination for all children who are referred as long as they are 6 months of age or older and expected to be in the program for 6 months or longer.

The assessment tools selected by the NH Lead Agency and stakeholders to be used by Family Centered Early Supports and Services (FCESS) providers as a part of the child outcome measurement system are the Hawaii Early Learning Profile (HELP) and the Infant-toddler Developmental Assessment (IDA). These valid and reliable instruments for measuring child development are also the tools authorized for use in the eligibility determination process. The assessment tool is one of the sources of information used to determine COS scores.

Staff are required through HeM 510 to complete the online Child Outcome Training module. The training module can be found at <http://bbresources.granite.edu/oep-cosf/NHChildOutcomeSummaryFormTraining-gsc/index.html>. Multiple sources of child development information such as medical reports, family input, informed clinical judgment of the evaluation team, findings from the assessment tools, child care provider input, and input from others familiar with the child are used to determine the child's level of functioning.

Child outcome data is collected again for all children at the point of exit. For children exiting at age 3 years, it is collected preferably within the 90 day period prior to the child's 3rd birthday. If it is anticipated that a child may leave prior to the third birthday, service coordinators are responsible for determining COS exit scores prior to the child's departure from the program, for all children who have been in FCESS for at least 6 months and are at least 6 months old.

Progress is measured by comparing the child's COS entry score to the child's COS exit score.

Accuracy of the data is addressed by ensuring that service providers are trained on data collection and reporting. Decisions regarding placement of children on the COS scale is determined by the child's IFSP team. Child outcome data is entered into the statewide data system at the program level. Program directors are asked to verify the accuracy of the data before it is entered into the statewide data system. Cultural diversity is addressed through the use of interpreters and translators as are currently used in the NH Family Centered Early Supports and Services program. In addition, the brochure used to introduce the concept of child outcome measurement to parents is being translated into Spanish and other languages as requested.

For OSEP reporting purposes, a rating of 6 or 7 on the COSF is considered to be comparable to same-aged peers.

Data is managed and analyzed by the FCESS data manager to determine COS state Annual Performance Report statewide scores.

The data used for this SPP/APR included children who: (a) were at least 6 months old, (b) had received FCESS services for at least six months, and (c) exited the FCESS program between July 1, 2013 and June 30, 2014.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2010	Target ≥					85.00%	85.00%	85.00%	86.80%	86.00%	86.70%
		Data			79.00%	80.00%	85.50%	85.00%	86.00%	85.00%	86.69%	92.70%
B	2010	Target ≥					90.00%	90.00%	90.00%	87.60%	91.00%	91.00%
		Data			92.00%	89.00%	92.00%	90.00%	87.00%	88.00%	90.72%	97.00%
C	2010	Target ≥					90.00%	90.00%	90.00%	85.60%	90.50%	87.00%
		Data			93.00%	93.00%	96.00%	92.00%	85.00%	87.00%	87.57%	93.63%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	87.00%	87.00%	87.50%	87.50%	88.00%
Target B ≥	91.10%	91.20%	91.50%	91.70%	92.00%
Target C ≥	87.10%	87.20%	87.50%	87.70%	88.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	630.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	540.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	630.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	585.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	630.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	550.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	630.00

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	92.70%	87.00%	85.71%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	97.00%	91.10%	92.86%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	93.63%	87.10%	87.30%

Explanation of A Slippage

Statewide the slippage from FFY13 to FFY14 was 6.99% for Indicator 4, outcome A. Of the 16 programs in our state 2 showed slippage in the FOS data that is believed to have significantly impacted the slippage of our state FOS score. Significant slippage for this analysis of FOS data was considered to be a decrease of more than a 10% in FOS scores for the program. The 2 programs had decreases in their program level FOS scores, of 19% and 42%, when compared to their program FOS scores, for FFY13. Moderate slippage for this analysis, of FOS data, was considered to be any decrease in scores between 5% and 10%. 5 programs showed moderate slippage ranging from 6% to 10%. Minor slippage for this analysis, of FOS program level data, was considered to be any decrease in scores of less than 5%. 1 programs experienced minor slippage of 1%. 1 program had no change in FOS scores from FFY13 to FFY14. 1 program did not participate in the FOS process for the year FFY13 and showed 68% results for FFY14 FOS-indicator 4, outcome A. 6 programs showed an improvement in their FOS scores. Moore Center Services in region 7 had a 12% improvement in FOS outcome A scores. Gateways in region 6 showed improvement of 9%. The Children's Pyramid in region 6 showed a 8% improvement in FOS scores for this outcome. Lakes Region Community Services in region 3 showed an improvement of 8%. Northern Human Services in region 1 improved FOS scores for outcome A by 7%. Easter Seals in region 10 showed an improvement of 3% in FOS outcome A scores.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

In the Fall of 2010, the Lead Agency based on input from the ICC and providers, made the choice to begin using the 2010 Early Childhood Outcomes Center (ECO) recommended Family Outcomes Survey tool. NH chose, on the basis of stakeholder input, to use just the first page that addresses the three OSEP outcomes. We have continued to use the same survey page.

Surveys are distributed to all families who have had an active IFSP for at least 6 months. Surveys are hand delivered to families by their FCESS providers at regularly scheduled home visits in March. A link to the on-line version of the survey is provided so the family can choose to complete the survey on-line or in pencil/paper format. Surveys are available in 10 languages in addition to English. This year surveys were requested and distributed in English, Spanish, Arabic, Vietnamese, Somali, and Chinese, based on participants preferred language. A stamped self-addressed envelope is attached to the survey so the completed survey can be submitted confidentially. Survey results are confidential and not linked to individual children receiving services. The surveys and return envelopes are prepared by the state office, based on numbers of families eligible, provided by individual programs. Completed surveys are returned to the Lead Agency for compilation and data analysis. Regional and program data analyses along with any comments made by families (without identifying information) are sent to regional Area Agencies and local programs for use in program improvement activities. Family outcome data is included in the annual Report to the Public.

For this SPP/APR FFY14, data from the FOS survey included children with active IFSPs on April 1, 2015.

Data is analyzed using the ECO recommended, Family Outcome Survey-Revised that uses a simplified format for both the outcome items and the helpfulness indicators. Both sections use a 5 point rating scale. We first count the number of families who meet the criteria for each indicator, then divide the number of families who completed the survey by the total number of distributed surveys and multiply by 100 to get the percentage reported.

All programs participated in the Family Outcome Survey process this year. The practice of randomly awarding gas cards to survey participants continues to be a very successful incentive for families to complete and return the survey. Regionally the distribution of responses showed that all regions were represented including rural and urban populations.

Comparison of survey data with 618 data indicates that the Family Outcomes data survey respondents are representative of families receiving services through ESS.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.30%	1.38%	1.46%	1.56%	1.50%	1.51%	1.52%	2.08%
Data		1.38%	1.57%	1.65%	1.08%	1.49%	1.26%	1.80%	1.96%	2.03%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	1.50%	1.60%	1.70%	1.80%	1.90%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 1 with IFSPs	264	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	Population of infants and toddlers birth to 1	12,561	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
264	12,561	2.03%	1.50%	2.10%

Provide additional information about this indicator (optional)

NH serves children with established conditions, children with a 33% developmental delay in any one area of development or atypical behavior, and children who are at risk for substantial delay. The greatest numbers of children eligible for services are those in the developmental delay category. While children at risk for substantial delay are eligible for services if there are 5 child or family risk factors. Risk factors include, but are not limited to homelessness, substance exposure, abuse, and neglect. ESS service providers suggest that some children who have 5 risk factors tend to demonstrate a 33% delay or atypical behavior and are therefore found eligible under the developmental delay category of eligibility.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data used to determine the number of children served is taken from the statewide data system. This data is verified by Regional Area Agencies and local programs to ensure accuracy by comparing the data report from the statewide data system with local records. The verified data is used for Federal reporting in December 1-child count data reports.

Information used in the National Tables are considered 'point in time' data and reflect the number of children with active IFSPs as of 12/1 of any given year. Active IFSPs are considered any IFSP with parent consent.

The NH Part C program served 2.10% (264/12,561) of all infants (birth to 1 year of age) residing in NH during the 2013-2014 monitoring period. The state has reached its target. The state continues to build its outreach efforts to infants and children birth –1 through outreach efforts to families, other programs serving families with young children, and the medical community across the state.

FCESS, Part C staff are engaged in the planning and implementation of "Watch Me Grow". "Watch Me Grow" is a comprehensive developmental screening and referral framework for NH families of children aged birth to six years old that has helped to coordinate outreach to families and referral sources. Part B, Headstart, and DCYF are among the many partners in this initiative.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			2.95%	3.01%	3.16%	3.29%	3.42%	3.43%	3.44%	4.86%
Data		2.96%	3.64%	3.68%	3.16%	4.04%	4.49%	4.52%	4.70%	4.79%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	3.50%	3.60%	3.70%	3.80%	3.90%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Please refer to "Stakeholder Input" section of the Introduction for more detail.

Please refer to "Additional Information" section of Indicator 5 for more detail.

NH serves children with established conditions, children with a 33% developmental delay in any one area of development or atypical behavior, and children who are at risk for substantial delay. The greatest numbers of children eligible for services are those in the developmental delay category.

Children at risk for substantial delay are eligible for services if there are 5 child or family risk factors. The number of children in this eligibility group continues to be low. Most of these children, by provider report, are eligible in another category. NH continues to explore and develop outreach efforts to the at risk population, particularly those affected by substance use or those who are homeless.

Data used to determine the number of children served is taken from the statewide data system. This data is verified by Regional Area Agencies and local programs to ensure accuracy by comparing the data report from the statewide data system with local records. The verified data is used for Federal reporting in December 1 - child count data reports.

Information used in the National Tables referenced below are considered 'point in time' data and reflect the number of children with active IFSPs as of 12/1 of any given year. Active IFSPs are considered to be any IFSP with parent consent.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
--------	------	-------------	------	----------------

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 3 with IFSPs	1,958	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	Population of infants and toddlers birth to 3	38,029	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,958	38,029	4.79%	3.50%	5.15%

Provide additional information about this indicator (optional)

From FFY 2013 to FFY 2014 NH FCESS has increased the percentage of children from birth to 3 with IFSPs from 4.79% to 5.15% based on the most recent population estimate shared by the two fiscal years. This is likely a result of FCESS partnerships with other early childhood programs in NH at state and local levels. The majority of "Watch Me Grow" referrals are to FCESS. As the screening framework continues to grow and improve we predict that early identification of children with developmental delay or disabilities may increase, leading to an even higher percentage of children with active IFSPs in future years.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	90.00%	100%	99.00%	100%	100%	100%	99.69%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
128	168	100%	100%	99.40%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	39
--	----

Explanation of Slippage

One program had one IFSP that was did not meet compliance standards for the the 45 day timeline. Evaluation was conducted 28 days after referral. Providers did not effectively schedule the IFSP meeting until 5 days after the 45 day deadline. This was due to internal scheduling issues between providers and was considered to be within program control. Follow up was done with the program within 90 days and the issue was not yet corrected. A corrective action plan was put in place with the program director and activities have been conducted to remedy this issue. A spreadsheet is being used to calculate the 45 day timeline in order to assist providers. Teams have also been retrained and are beginning or completing IFSPs on the day of evaluation or soon after.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Actual data is based on valid and reliable data gathered through the state data system and on-site visits of all 10 regions and 16 programs. Record reviews are completed during

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

on-site program visits to monitor that all evaluations contain evidence of the use of informed clinical opinion, that all areas of the child's development have been evaluated, that the 45-day timeline has been met, and that other required components of the evaluation and IFSP are present. This includes assessments of functional vision and hearing, and statements of current health status. At the time of the on-site visits, randomly selected, records of 10% of the children served or a minimum of 10 records were reviewed. Data from the on-site visits are used to calculate compliance for this indicator.

Compliance with the 45 day timeline is defined as the number of calendar days from the day of referral to the day that the family signs the IFSP to indicate consent. Current data show that NH programs have been in compliance with this indicator.

Our state has 16 local programs. State staff conduct on site record review through an annual monitoring visit. If a discovery of noncompliance is made at a site, state staff conduct a second on site record review. If a finding of noncompliance is made at the second review state staff engages area agency and local staff in a Corrective Action Plan process. (See Introduction/General Supervision System/Monitoring for more detail).

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Provide additional information about this indicator (optional)

The state included in its calculation the number of children for whom the state has identified the cause for the delay as exceptional family circumstances documented in the child's record. The state has identified the number and causes for exceptional family circumstances.

Of the 168 records reviewed, 128 were found to have met the 45 day timeline and another 39 had exceptional family reasons that contributed to the delay of timely development of IFSPs. Exceptional family circumstances included but were not limited to family cancellation, family no show, family unresponsive to attempts at contact, family unsure of wanting evaluation or services, family medical issues, DCYF and foster care related issues, homelessness, family limited availability, and family requesting specific staff. The monitoring team verified family related reasons through a review of case notes at each site. One program had 1 file that did not meet the 45 day timeline. Therefore, 99% (128 + 39 =167 /168) of the children were considered to have received timely services.

IFSPs were completed at the time of evaluation or at a separate meeting. Any IFSPs that were delayed due to exceptional family circumstance had documentation that showed they were completed as soon as the family was available and willing to complete and consent to services. The State reviewed the records for the individual children, with delayed IFSPs, to confirm that the IFSPs were completed with parent consent, as soon as possible.

The state fully demonstrated and documented that the ESS programs are currently implementing the statutory/regulatory requirements consistent with the timely development of IFSPs. The one program that had one file out of compliance is implementing a corrective action plan with monitoring by state lead agency staff.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		98.80%	100%	100%	100%	100%	96.00%	100%	66.00%	82.26%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

Yes

No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
107	123	82.26%	100%	99.19%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	15
---	----

What is the source of the data provided for this indicator?

State monitoring



Describe the method used to select EIS programs for monitoring.

Our state has 16 local programs. State staff conduct on site record review through an annual monitoring visit. If a discovery of noncompliance is made at a site, state staff conduct a second on site record review. If a finding of noncompliance is made at the second review state staff engages area agency and local staff in a Corrective Action Plan process.

Please refer to "Introduction/General Supervision System/Monitoring" for more detail.

In the 2014-15 monitoring period, all ESS Programs received a site visit during which record reviews were conducted for all of the children who had exited each program with the exit reason: "eligible for Part B" between 10/1/2014 and 2/28/2015. This time frame is used because additional data is accepted on timeline indicators until 9/30/15, and scheduling of monitoring visits begins in March of any year. Using 10/1 as the beginning of the monitoring year ensures that there will not be overlap record reviews during which some child records could be counted twice. Since local programs are given 1 month to enter all data for a child exiting the system, it is reasonable to assume that all data on exiting children should be available in child records and in the data system when monitoring visits begin in the month of March.

Please refer to "Additional Information" in indicator 8, for more detail.

Provide additional information about this indicator (optional)

NH State rules pertaining to the NH Part C program were adopted to fully implement IDEA Part C Regulations in April of 2013. Prior to April 2013 IFSP transition plans containing identified and appropriate transition steps and transition services were developed at 24 months. For children determined eligible after the age of 24 months the IFSP transition plans were developed as soon as possible.

All 123 records contained an IFSP with transition steps and services. 1 of the records contained transition plans that were created too early or prior to 27 months. Prior to the change in federal rules, NH rules asked for transition planning to begin at 24 months. NH has revised its rules in accordance with OSEP 2011 rules. Programs were then offered technical assistance and training to adjust to the 27-32 month federal, now state, rule. The program with transition plans completed prior to 27 months were assessed to determine the date that the program received training/notification of the 27-32 month rule change. All programs are expected to be in full compliance with the 27-32 month rule for the 2014-2015 monitoring period.

On site review for the 16 programs verified that 1 transition plan from 1 program was created prior to 27 months, 15 records contained transition plans that were late due to exceptional family circumstances. Please refer to "Additional Information" in indicator 8 for detailed process.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		99.60%	99.00%	100%	100%	100%	100%	100%	100%	98.37%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
114	123	98.37%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	9
---	---

Describe the method used to collect these data

Please see the "Additional Information" section of Indicator 8 and "General Supervision" section of the Introduction for more detail.

Follow up data to monitor the CAP was gathered through the NH Leads system and discussed with the program leadership.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Our state has 16 local programs. State staff conduct on site record review through an annual monitoring visit. If a discovery of noncompliance is made at a site, state staff conduct a second on site record review. If a finding of noncompliance is made at the second review state staff engages area agency and local staff in a Corrective Action Plan process. (See Introduction/General Supervision System/Monitoring for more detail).

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		69.00%	93.00%	99.00%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
100	123	100%	100%	100%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	0
---	---

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)

23

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

In the FFY14 monitoring period, all ESS Programs received a site visit during which record reviews were conducted for all of the children who had exited each program with the exit reason: "eligible for Part B" between 10/1/2014 and 2/28/2015. This time frame is used because additional data is accepted on timeline indicators until 9/30/15, and scheduling of monitoring visits begins in March of any year. Using 10/1/2015 as the beginning of the monitoring year ensures that there will not be overlap record reviews during which some child records could be counted twice. Since local programs are given 1 month to enter all data for a child exiting the system, it is reasonable to assume that all data on exiting children should be available in child records and in the data system when monitoring visits begin in the month of March.

Please see the "Additional Information" section of Indicator 8.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Required Actions

.

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1(a) Number resolution sessions resolved through settlement agreements	null	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1 Number of resolution sessions	null	null

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
null	null			

Actions required in FFY 2013 response

None

OSEP Response

This indicator is not applicable for the State.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data				100%						

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1 Mediations held	n	null

FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0			

Actions required in FFY 2013 response

None

OSEP Response

The State reported fewer than ten mediations held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		71.00%
Data	71.00%	

Key: Gray – Data Prior to Baseline Yellow – Baseline
Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	71.00%	71.50%	71.50%	72.00%

Key:

Description of Measure

The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase from 71% in 2013 to 72% in 2018.

We will know that we have succeeded when the following have occurred:

1. SS1. % of boys showing improvement increases (baseline 2013 80%, 2014 80%, 2015 82%, 2016 84%, 2017 85.3%, 2018 87.3%)
2. SS2. % of boys achieving age-expectations by the time they exit Part C increases (baseline 2013 63.7%, 2014 63.7%, 2015 65.7, 2016 68%, 2017 70.9%, 2018 73.9%)
3. SS2. % of children in the minority group achieving age expectations by the time they exit Part C increases. (baseline 2013 58.3%, 2014 58.3%, 2015 59%, 2016 63%, 2017 65%, 2018 68.4%)

The measurement of progress is the Child Outcome Summary data disaggregated by race/ethnicity and gender. It is anticipated that the improvement strategies targeting boys and children included in the minority group, will result in improved outcomes for all children across NH.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Overview

Stakeholders in NH include families, providers, AAs, other early childhood programs and other programs serving children and their families, including but not limited to programs

in areas of education, family support, and health.

Families participate on the Interagency Coordinating Council (ICC), task forces, work groups and committees. ICC membership reflects federal requirements. Families are supported by reimbursement for mileage and child care, to participate in meetings, including all ICC activities, "Welcome to ESS" orientation, and other times when stakeholder input is desired or needed. Distance participation is available through the use of Go To Meeting technology, video conferencing, information posted on e-Studio, website, email, public hearing, and conference calls.

When setting and revising targets for all indicators, the BDS/Part C staff engage area agency staff, and local provider staff, families, and members of the broader early childhood community with technical assistance partners to determine recommendations. Three years of data for each indicator was analyzed by stakeholders to identify trends and reach consensus on new targets.

Stakeholder input is gathered through group email discussions, face to face meetings, conference calls, and web workshops to enhance decision making for the statewide system. The primary stakeholder meetings are the quarterly directors and staff meeting and the interagency coordinating council meeting which convenes every other month.

For indicator 11, data analysis groups consisting of providers, families and stakeholders, were assisted by our NH Part C data manager in reviewing and commenting on the child outcome data results. This input helped form our SSIP. Stakeholder input was further gathered through ICC meetings, Quarterly FCESS meetings, Strategic Planning work groups, and SSIP work groups that engaged stakeholders, including family representatives in data and infrastructure analysis that led to the SIMR. Stakeholders from these groups reviewed the data analysis, offered assistance with the infrastructure analysis, development of the SIMR, suggestions for the root cause analysis, ideas for and the selection of coherent improvement strategies, and development of the theory of action. SSIP work was done with assistance from technical assistance personnel. (Taletha Darrington- SRI International Center for Education and Human Services, IDEA Early Childhood Data Systems Center, Holly Cavender Wood- WestEd, IDEA Data Center, and National Center for Systemic Improvement).

At this time each SSIP initiative has its own stakeholder group that is used for planning and evaluation of the efforts. The SEE Change initiative has a small planning team for each program, support activities with national technical assistance personnel and constituents, and a State Leadership Team (SLT) that includes local and state level leaders from other early childhood programs. Part B, Part C, Head Start, Home Visiting, and Parent groups are represented on this team. This initiative is being implemented at this time. The COS initiative has a planning team that empowers the state and local staff to make decisions regarding planning of curriculum and implementation guided by national technical assistance personnel. Train the trainer is under way for this initiative, led by national technical assistance partners Lauren Barton and Cornelia Taylor. The Cultural Competence initiative has a planning team that empowers state and local staff to make decisions regarding planning for the rollout of this initiative. Trainers have been trained and are currently involved in follow up coaching through trainers' circle events, led by Office of Minority Health and Refugee Affairs partners, and planning calls to organize the training of local program staff, statewide, led by the coordinator of this initiative. All three initiatives are advised by the ICC and feedback from quarterly director's meetings that include staff from all levels of our system.

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

1a. How Key Data were Identified and Analyzed

Because the State Identified Measurable Result (SIMR) must be a child and or family outcome the key data that New Hampshire (NH) identified and analyzed were SPP/APR child outcomes data (Indicator 3) and Family Outcomes Data (Indicator 4). Compliance data (Indicators 1, 7, 8a, 8b, 8c, 9, 14, timely state complaint decisions, timely due process hearing decisions, long standing noncompliance, special conditions, and uncorrected noncompliance) were identified and analyzed based on their potential impact on child and family outcomes.

During our broad data analysis we discovered that the only compliance indicator where targets have not consistently been achieved is Indicator 3 (Child Outcomes). We identified slippage in OSEP Child Outcomes Indicator 3 which measures child progress towards age expected acquisition and use of knowledge and skills, summary statement 1 (% of children showing greater than expected progress) and summary statement 2 (% of children reaching age expectations by exit date). The total slippage from 2009 to 2013 was 5 percentage points for summary statement 1. The total slippage from 2009 to 2013 was 7 percentage points for summary statement 2. Comparison of data from 2013 to 2014 showed a continued decrease in Summary Statement 2.

We use the Child Outcome Summary process developed by the Early Childhood Outcomes Center (ECO). The ECTA data quality study stated that NH data was complete and trends in data showed a pattern that was consistent with quality data. NH state staff used the ECTA National Graphing Template to compare NH child outcome data with national child outcome data for FY 2013. NH performed higher than the national average for all three child outcomes. NH state staff then used the ECTA/DaSy/ECO Longitudinal Graphing Template to assess the completeness and consistency of NH data. The NH data manager and other Part C state staff met regarding the results of this assessment. Data quality assessments were presented to SSIP workgroups in March 2014. State staff meeting and ICC feedback resulted in a consensus that our data is of good quality.

We received technical assistance from Taletha Derrington from SRI International Center for Education and Human Services. Meaningful differences between male vs. female data groups and minority vs. white data sets were confirmed by Taletha and our data manager, Darlene Ferguson. With help from our ICC, FCESS directors, data manager, data analysis work groups, and technical assistance providers we have drilled down into our data to find areas in need of improvement and possible root causes.

SSIP workgroup that met in April 2014, after discussing broad data collection, suggested that child outcome data be compared with family outcome data and suggested multiple ways to disaggregate and compare data. This input was used to guide disaggregation of the data analysis process.

1b. How Data were Disaggregated

Data for knowledge and skills was disaggregated by program, eligibility category, gender, and race/ethnicity for both summary statements. Comparisons were made between the 2012-13 and the 2013 -14 reporting years. These factors were chosen because of the potential of subgroups with poorer outcomes to be a root cause of overall poor performance at the state level. Results are summarized below.

When disaggregated by program we found that SSI for 2012-13 ranged from 63.4% to 100% (compared to the overall state figure of 82%). For 2013-14 the state figure was 85%. Programs ranged from 66% to 96.4%. However, four of 16 programs showed a decrease in SSI.

For SS2 NH's state figure decreased by 0.3 percentage points in 2013. Program scores ranged from 37% to 89% in 2013 and from 38% to 82% in 2014. Seven programs showed improvement and nine programs showed a decrease from 2013 to 2014. This large variation from program to program prompted us to examine who was being served in each program in order to understand the variation. Below we describe disaggregation by demographic factors by program.

We received technical assistance from Cornelia Taylor, early childhood researcher from the Center for Education and Human Services at SRI International. Meaningful differences between male vs. female data groups were confirmed by Taletha Derrington and our data manager Darlene Ferguson.

Disaggregation by gender revealed higher scores for girls than for boys. Across the state, SS1 was seven percentage points higher for girls than for boys in 2012-13 ($P < .10$). For SS2 there was a ten percentage point gap favoring girls over boys ($P < .10$). We then stratified SS1 and SS2 by gender and by program and determined whether there were statistically meaningful differences ($P < .10$) for programs with at least ten girls and ten boys. Only one program showed a meaningful difference by gender with girls scoring fifteen percentage points higher than boys. Four programs showed statistically meaningful gaps in SS2 between boys and girls with boys scoring 12 to 44 percentage points lower than girls. When we examined 2013-2014 data in this manner we found similar results. Because boys constitute a larger percentage of children served by the NH FCESS programs, their lower scores have a larger impact on our state child outcome data.

In June 2014 stakeholders at ICC, SSIP Workgroup, and FCESS Director's Meeting engaged in analysis, discussion, and brainstorming in reaction to data presented. They considered; the data, how to use the data in decision making, explanation of data differences, suggestions about root causes, and brainstorming of next steps. One suggestion from the SSIP work group was that number of boys served by each program should be further analyzed.

Given the strong gender differences we identified, one potential root cause for some programs doing worse than the state was a greater percentage of boys served in comparison to the state. We compared those percentages with programs, with at least ten boys and ten girls, and did not find any meaningful differences. That root cause was not confirmed.

Child Outcome data disaggregated by eligibility category showed us that children in the "at risk" category made more progress than in other eligibility categories and are more likely to achieve age expectations at exit from the program. The results of this review were as expected.

We then disaggregated by race/ethnicity. We found that the numbers in the white category were so large and the numbers in the every other race/ethnicity categories were so small that we could not make a meaningful comparison. We combined all children who were identified as not white under the heading minority group (129) and compared it to the group of children identified as white (1002).

When race/ethnicity data was presented to the ICC and FCESS in June 2014 and discussed with the SSIP work group there were questions about meaningful comparison of such disparate group sizes. It was suggested that Family outcome data could help further analysis of root causes for the disparity in outcomes.

In FY12 data, children in the white category showed more progress in both summary statements of all three child

outcomes. Cornelia Taylor, Early Childhood Researcher of the Center for Education and Human Services at SRI International, used the Meaningful Differences Calculator to complete a statistical comparison of the minority vs. white data sets. Through this comparison it was discovered that the white group showed more progress for SS2 of Child Outcomes A (65.1% minority outcome vs. 71.3% white outcome), B (58.9% minority outcome vs. 69.9% white outcome), and C (65.9% minority outcome vs. 72% white outcome). The data patterns for FY13 Child Outcomes were similar to the FY12. Outcome B had the greatest disparity between white and minority outcomes, leading us to choose work on outcome B to improve outcomes for minority children. 2013-14 data for outcome B SS2 showed minority child outcomes at 58.3% and white child outcomes at 68.4%.

When disaggregated by white vs. minority the Family Outcome Survey data do not reflect lower family satisfaction for the minority group.

Data separated into white and minority sets was then compared by program where we found that some programs showed similar Child Outcomes for children in both groups, while other programs showed a disparity in outcomes for minority children. In 2012-13 and 2013-14 five of sixteen programs did not serve any minority children. Six out of eleven programs showed a meaningful difference of at least ten percentage points with minority children showing lower outcomes than white children. Through discussion with program staff we gathered information regarding the demographic that they serve. Using this qualitative data compared with the disparity in program outcomes data, we came to a consensus that number of minority children served was not a root cause for the disparity.

1c) Data Quality

The ECTA Data Quality Report showed that NH data has had a higher rate of completeness in comparison to the national average for 2008-09 to 2012-13 with outcomes data for 56% of Part C exiters in 2012-13. Additionally NH data has met the OSEP progress category pattern criteria of 'a' being <5% and category 'e' being >5% and <65% for all three child outcomes for the past five years.

NH State rules require that all providers complete the NH COS online training module. The area agencies coordinate a statewide data system (NH Leads) that is supported by a dedicated staff member. This staff member also provides technical assistance to all levels of the FCESS system regarding NH Leads. At the state office we have a data manager for FCESS who monitors timeliness, accuracy, and completeness of data entered by area agency and provider staff. Every program has an onsite monitoring visit each year which includes program, area agency, and state staff.

Therefore there are no data quality concerns that must be addressed and therefore data quality is supportive of our SIMR selection because it is not a potential root cause for lower performance in knowledge and skills.

1d) Compliance Data

For the past two years the OSEP determinations process has indicated that we have met targets for all compliance indicators. We have developed and implemented a robust monitoring process and individual programs consistently meet targets. Therefore we expect this performance to continue in the coming years and conclude that compliance does not present potential barriers to improvement.

1e) Additional Data

For the ICC retreat in November 2014 stakeholders were asked to provide data from their program for discussion and comparison with FCESS data. Home Visiting and Head Start data were considered and discussed at this meeting.

Many programs reported that they do not collect child outcomes. Following this meeting Home Visiting data, Head Start data, and studies related to gender and race/ethnicity issues provided by the NH Association for Infant Mental Health and Office of Minority Health and Refugee Affairs (OMHRA) were explored by state staff. The conclusion being that while related to our SSIP work the data provided did not allow for useful crosswalks to address our SIMR.

State staff met with OMHRA state staff to discuss results of data analysis related to race/ethnicity and other components of the SSIP. OMHRA suggested culturally appropriate language for the NH SSIP coherent improvement strategies, and adjustments to language of the Theory of Action related to race/ethnicity. OMHRA suggestions aligned with Culturally Linguistically Appropriate Services (CLAS) standards and current OMHRA grants and initiatives.

In Phase 2 of the SSIP further demographic data will be collected related to the distribution pattern of the general population of NH.

Data Analysis- Phase II

a) COS data update FFY14 and FFY15

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Our SIMR states that “The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for Summary Statement (SS) 1 and SS2, and racial/ethnic minorities for SS2”. Please refer to the NH Theory of Action for clarification and additional detail. An analysis of 2010-2013 data identified a continuous decrease in COS scores for all children in Outcome 2, Acquisition of Knowledge and Skills, SS1 and SS2. In FFY14 and FFY15 statewide COS scores remained relatively stable with a slight increase in FFY14 and slight decrease in FFY15. Please see SPP/APR “Indicator 3: Historical Data and Targets” page for more detail.

Please see attached “NH SSIP Data Update FFY2015” for NH actual data and chart. When data for Outcome 2 SS1 data showed crossing trends, with outcome scores for boys rising in FFY15 and outcome scores for girls descending in FFY15. When COS data for Outcome 2 SS2 was disaggregated by gender the trends were relatively stable. There was a significant disparity between outcomes for boys and girls for SS2, with boys showing significantly lower outcome scores than girls.

When disaggregated by race/ethnicity, Child Outcome 2 showed a disparity between scores of minority vs. white groups of children. Scores for children in the white group appear to be similar to the state trend, while scores for children in the minority group are trending down. The disparity between outcome scores in Outcome 2 SS2 shows a widening gap over the past 2 years.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

a) Systems Infrastructure

Please refer to Introduction section of the APR for a full description of NH systems infrastructure. On 7/6/14 state staff used the Southeast Regional Resource Center (SERRC) “Infrastructure Analysis Template” to begin organizing the broad analysis of the NH FCESS Infrastructure. After meeting to discuss SSIP infrastructure analysis needs, the state staff used the ECTA “System Framework for Part C” to guide a team assessment of the NH FCESS system components of Governance, Finance, Personnel/Workforce, Monitoring/Accountability/Quality Improvement, Quality Standards, and Data Systems. The findings of the team were brought to the ICC, on August 1, 2014, for feedback. Through this process state staff and ICC members concluded that all components of the NH FCESS system are well coordinated and functioning effectively. As a result of strategic planning and infrastructure analysis, questions arose related to: public awareness, level funding, and our CSPD.

The NH FCESS system has a consistently engaged group of stakeholders. ICC meetings including external and internal stakeholders are held bimonthly. For a description of ICC members please see “stakeholder engagement” section. Although the ICC is the advisory board of the NH FCESS system, external stakeholders also share and gather information here.

NHFCESS state staff facilitate quarterly FCESS meetings with AA, and program staff to share information, gather information and provide technical assistance. Communication and technical assistance is provided to all program and area agency staff through email, phone conversation, webinar, and face to face meeting, as needed. Monitoring of all FCESS programs is done in person, on site, each year.

In response to questions raised about CSPD, funds have been allocated in the FY16 budget for improvements through a new initiative with Part B called SEE Change. Funding of mentorship, evidence based practices, and other training will continue.

NH has a data system that allows us to collect needed data. We have a Part C data manager through BDS. Our data manager confirms that entered data has a high level of completeness and timeliness. Staff throughout the system has access to their data and data reports to be used for data based decision making. We have a dedicated TA provider for the data system, who provides technical assistance to all levels of the FCESS system, as needed.

Funding of FCESS system is coordinated through BDS, DHHS budgets and will be coordinating with the legislative mandate to move Medicaid into a system of managed care. In response to concerns regarding finances of the FCESS system, coherent improvement strategies that are low cost and align with other initiatives in the state will be pursued.

b) SSIP Planning and Alignment Process

A strategic planning process was conducted in November of 2013, using a SWOT Analysis. The SWOT analysis determined Strengths, Weaknesses, Opportunities, and Threats to the system. The group convened for this process included: ICC members, service providers, state staff, and members of the disability community, advocates for children with disabilities, state legislators, representatives of higher education, representatives from health insurance, and medical professionals. This ongoing strategic planning process was used to inform the SSIP Infrastructure Analysis work. Professional development was identified as an area that could be improved by strengthening the structure used to implement, scale up, and sustain evidence based practices for the FCESS personnel.

November 7, 2014 the ICC, program staff, and parents were brought together to participate in SSIP and target setting work. Participants from varied early childhood programs were asked to discuss connections to their program data. Through discussion we found that most programs do not collect data in a way that can be logically compared to FCESS data due to outcome with focus on attendance, access, or participation rather than relatable child outcomes. Activities were facilitated by Holly Cavendar-Wood, West Ed Learning Innovations technical assistance provider, to conduct a cross walk of the SIMR to the NH strategic plan areas of direct service, public awareness, comprehensive system of personnel development, and accountability. Using feedback from the crosswalk activity, Holly conducted an Improvement Actions guided brainstorming activity. Topics emerging from the activity were: culturally adapted materials and practices, personnel training, data training and use, online training, targeted outreach, ESL resources, and interpreter services. Overwhelmingly the group focused on the need to improve training, process, and uniform understanding of the COS process. Qualitative data from the activity was synthesized by a team at West-Ed and then discussed in meeting with Holly and state staff.

Following this meeting Home Visiting data, Head Start data, and studies related to gender and race/ethnicity issues provided by the NH Association for Infant Mental Health and Office of Minority Health and Refugee Affairs were explored by state staff. The conclusion being that while related to our SSIP work the data provided did not allow for useful crosswalks to address our SIMR.

We are aligned with leaders in initiatives focused on minority populations and cultural competence through our Bureau of Developmental Services under DHHS positioning. OMHRA is also part of DHHS. OMHRA is funded to bring cultural competence to all DHHS programs. NH FCESS state, area agency, and provider staff consistently participate in Office of Minority Health and Refugee Affairs (OMHRA) facilitated work groups. State staff from OMHRA and state staff from NH FCESS found alignment between the SIMR and OMHRA's current initiative to bring Culturally Linguistically Appropriate Services (CLAS) standards and Cultural Effectiveness to all DHHS programs. This alignment allows us access to training from the OMHRA staff to train key staff in our FCESS system, to become master cadre members, in areas of cultural competence and asking difficult questions.

December 10, 2014 a quarterly FCESS meeting was convened and SSIP overview of activities to date was provided. Data disaggregated by program showing that some programs had a disparity between outcomes for boys and girls with boys making less progress. Data disaggregated by program comparing minority and white groups also showed a disparity in only some programs. The staff participated in a small group activity to assess the data disparities and brainstorm possible root causes for the different levels of outcome equity from program to program. The group came back together to participate in a rating activity to prioritize ideas about challenges, resources, and improvement activities. This information was then synthesized to assess root causes and ideas prioritized by the group. The highest priority emerging from this activity was need for improvements to COS training, including rating process, cultural adjustment to the tool, gender adjustment to the tool, common understanding of the use of data collected by the tool. Second level priorities from this activity were issues related to interpretation and cultural adjustments to materials and tools. Cultural attitudes related to gender and race/ethnicity also emerged as areas needing more research. The group suggested that we compare race/ethnicity and gender data by reason for referral, socioeconomic status, and availability of supports and resources in each program region. This data disaggregation will become an event in Phase 2 of our SSIP process.

FCESS state staff and program staff are aligned with the Part B Preschool Special Education program through collaboration on transition efforts, Watch Me Grow statewide screening system, and the SEE Change project which is focused on improving child outcomes through increased engagement promoted by the Division of Early Childhood Recommended Practices.

State staff envisions the structure of our improved CSPD to include elements of ongoing accessible supports, improved online training, and principles of adult learning. See CSPD Vision Attachment and Coherent Improvement Strategies section for more detail.

The new initiative, SEE Change, brings together the SSIP needs of Part C and Part B by improving capacity to implement and scale up the Recommended Practices (RPs) of the Division of Early Childhood (DEC) in NH. The DEC RPs are Evidence Based Practices (EBPs) related to increasing the engagement of children with disabilities and in Part C also increasing engagement of parents. Key components of the SEE Change Project include Implementation Science, Evidence Based Practices, and the Participatory Adult Learning Strategy (PALS). The personnel development system is based on

Implementation Science and is supported by a state leadership team. The system includes master cadre members and program level leadership teams.

For the SEE Change Project the State Leadership Team includes representatives of: University of NH, Child Care Bureau, Maternal and Child Health, providers of Part B and Part C, Parent Information Center, Preschool Technical Assistance Network, Headstart Collaborative, and regional collaboratives. Master Cadre members are a varied group of technical assistance providers. They are external coaches who support the program level leadership teams to implement the DEC RPs with fidelity. The program level leadership teams include internal coaches (within the Part B or Part C program) to support the practitioners to implement the RPs with fidelity.

State staff then compiled a list of all known initiatives, programs, and organizations that serve young children and their families. State staff then met to assess the FCESS system alignment with the greater early childhood system in NH. State staff concluded that FCESS is aligned through Spark NH, collaborative work with Part B, and collaborative work other programs that serve children and families.

Spark NH is a governor appointed council that advises the governor on early childhood issues in NH. The Council has 23 public and private members who are early childhood professionals representing early education, health and family support. FCESS holds an appointed position on the council. The seven committees that inform Spark NH's work include non-Council members from across the state. State and program staff participate in the committees of Spark NH. Spark NH is currently crafting recommendations related to a coordinated system for data sharing and storage. This aligns with the Part C strategic plan goal of improvements to longitudinal and cross sector data sharing. Spark NH has made recommendations for a cross sector system of personnel development for early childhood programs. The SEE Change Project is a subcommittee of the professional development committee of Spark NH. Spark NH has convened business leaders in support of EC programs. This aligns with strategic planning public awareness goals for the NH FCESS system. In March 2015 FCESS staff and stakeholders participated in the Collective Impact Summit presented by Spark NH.



State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase.

We will know that we have succeeded when the following have occurred:

1. SS1. % of boys showing improvement increases (baseline 85%, 2014 85%, 2015 85%, 2016 85.5%, 2017 85.5%, 2018 86%)
2. SS2. % of boys achieving age-expectations by the time they exit Part C increases (see above)
3. SS2. % of children in the minority group achieving age expectations by the time they exit Part C increases. (see above)

The measurement of progress is the Child Outcome Summary data disaggregated by race/ethnicity and gender. It is anticipated that the improvement strategies targeting boys and children included in the minority group, will result in improved outcomes for all children.

Description

The SIMR was selected through data analysis (please refer to data analysis section of this report), infrastructure analysis, and alignment analysis (please refer to infrastructure analysis section of this report), with internal and external stakeholder input (please refer to stakeholder input section of this report).

Because NH FCESS serves more boys than girls, improving outcomes for boys is expected to improve Child Outcomes (Indicator 3). Due to current state initiatives to improve equitable access to services for minority groups, FCESS considers the disparity of outcomes between children in minority and white groups in our program to be an area of priority.

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

a)CSPD System

Based on strategic planning and infrastructure analysis, a need for improvements to the NH CSPD emerged. Qualitative data was collected and synthesized to prioritize needs and improvement strategies. Level funding was considered a barrier to improving the system. Partnering with other agencies and aligning our needs with their initiatives is how NH will accomplish its ambitious goals. Need for improvement of the CSPD led to an exploration of Implementation Science and Evidence Based Practices (EBPs). A vision of an improved CSPD to implement and scale up evidence based practices know to improve outcomes for children and their families was outlined incorporating stakeholder input.

CSPD expert trainers will be chosen for their expertise in a state identified area of need. The expert trainers may be national experts or in state experts with content knowledge in evidence based practices, specific training methods, or content needed by NHFCES staff. Expert trainers will provide training and/or certification of master cadre members as needed. Master Cadre members will employ evidence based adult learning, mentoring, and coaching strategies to support program staff. Master cadre members will provide initial training to each program and continued support to each program. Providers will benefit from this ongoing professional development by increased access, support, and consistency of methodology. Children and families will benefit from engagement with highly skilled, well supported providers. This will lead to improved outcomes for children and families in NH.

NH envisions this improved CSPD structure as a sustainable, efficient, and flexible system that will remain in place to implement evidence based practices that support improved child and family outcomes now and in the future. In Phase II NH will plan for evaluation of programs and practices around Child Outcomes Summary data collection and use, DEC RPs, and Cultural Competence.

b)SEE Change

The ECTA intensive TA grant provided an opportunity to partner with national TA providers, Part B in NH, and other NH leaders that serve young children and their families. This partnership is expected to increase coordination with the Part B system and other early childhood partners for the benefit of children and their families. We will work together to plan and implement consistent evidence based practices. This partnership is focussed on building NH capacity to strengthen professional development, designed support, and to improve the outcomes of children ages birth through five who are at risk for or who have developmental delays or disabilities. Through the adoption of evidence based practices, the new initiative, SEE Change, focusses on the DEC RPs related to child engagement. Focussing on increasing the level of children's engagement is a strategy that research shows is likely to enhance their growth and development across outcome areas. NH believes that focus on engagement will address the SIMR for Part B and Part C equitably to increase child outcomes. Involvement in this project is expected to increase the capacity of providers to engage children and their families. For Part C the project is also focussed on increasing the capacity of families to engage their children.

c) COS

In NH we use the Child Outcome Summary (COS) process developed by the Early Childhood Outcomes Center (ECO). In 2009 ECO provided comprehensive COS training to FCESS providers in NH. In 2011 an online module was developed to meet professional development needs determined by strategic planning processes with stakeholders. In 2013 NH state rules included a requirement that all FCESS providers must complete the online COS training. In 2013 strategic planning processes determined COS professional development improvements were needed. In 2014 constituents participated in planning to determine system needs and COS training and support emerged as the highest priority. Lead agency staff will work with ECTA experts to plan, implement, and evaluate improvements to the training and support for staff around COS data collection and use.

d)Cultural Competence

In 2014 stakeholders and staff determined that cultural competence was an area in need of improvement for FCESS staff. Data and infrastructure analysis supported this determination. Lead agency staff will work with the Office of Minority Health and Refugee Affairs (OMHRA) to provide training and support to all FCESS staff statewide. This is expected to improve service provision practices, which will improve results for families, which will improve outcomes for all children, especially those in minority groups.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[2015 SSIP Theory of Action](#) 2015 SSIP Theory of Action



Provide a description of the provided graphic illustration (optional)

Infrastructure Development

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

a) The three state systemic improvement plan (SSIP) initiatives for New Hampshire (NH), work together to introduce an enhanced comprehensive system of personnel development (CSPD) for the Family Centered Early Supports and Services (FCESS) system. The foundation of each initiative is the master cadre (MC) of trainers who will provide ongoing support to staff statewide. Each MC is being prepared, with the help of national and state experts in the area of focus for each initiative.

SEE Change. The SEE Change Master Cadre (SCMC) has been trained and coached by Early Childhood Technical Assistance (ECTA) RP2 staff and will continue to work with the SEE Change coordinator to improve their training, coaching, implementation, and data based decision making skills around the Division of Early Childhood (DEC) Recommended Practices (RPs) for child and family engagement. This initiative will be transitioned from ECTA leadership to in state leadership by June, 2016. Transition planning has been in progress throughout 2016. Part C has two sites currently implementing the DEC RPs around child and family engagement. This first cohort will engage in action planning with the SC coordinator in April, 2016. The April, 2016 action plan will guide the teams in their transition from the current system, supported by ECTA, to in state support that will be coordinated by the NH State Leadership Team (SLT).

COS. The Child Outcomes Summary (COS) Master Cadre (COSMC) is being trained and coached by ECTA experts from the Early Childhood Outcomes Center (ECO). The COSMC is building knowledge and skills around Early Childhood Outcomes and the COS process. Skills and knowledge included in this training are related to (a) data based decision making, (b) online facilitation, (c) adult learning strategies, and (d) coaching.

Cultural Competence. The Cultural Competence Master Cadre (CCMC) has completed the "Diversity and Cultural Competence Training. This training prepared them to facilitate cultural competence training for any group. The specific training they will use in NH to increase cultural competence is to build the capacity of people to recognize their own personal bias so that they may be more self-aware. This self-awareness of personal bias is an evidence based approach to increasing the capacity of people to be more culturally competent. The CCMC will access ongoing support through the CC Coordinator, quarterly trainers' circles, periodic MC calls. This leadership team will implement at least three trainings, for FCESS program staff, prior to December 2016. This team will also collect and compile implementation and outcome data with support from the coordinator. Information gathered about training and implementation will be used by the leadership team for ongoing planning, implementation, assessment, and adjustment in 2017.

b) The Spark NH Council is the governor appointed advisory council on early childhood, birth to third grade. This council and it's committees bring together legislators, business leaders, families, state leaders of early childhood programs, local early childhood leaders and others to work on building an comprehensive system of early childhood that addresses areas of health, education, and family support. The Part C Coordinator is a governor appointed member of the council. Part C staff will continue to engage with the Spark NH Council and committees to align our work with the momentum of CSPD and early childhood systems planning of this entity. Part C will continue to engage our stakeholders in work to align and integrate our services for increased efficiency and effectiveness, through MOUs, MOAs, and ICC membership. The Pyramid Model is being explored by other early childhood partners in the state. Part C will engage in this exploration with our partners to see how the CSPD initiatives in our SSIP initiatives can align with the model. Head Start has already begun implementation and Part B has taken a partnership role with Head Start to move the statewide Pyramid Model discussions forward. Part C is part of the discussions on alignment, implementation, and leadership for this initiative.

c) The Part C Coordinator and the Part C Program Specialist will engage in budget planning for the initiatives with Special Bureau of Developmental Services (BDS) administrator and management team support. The MC for each initiative, with their coordinator, will be engaged in detailed planning, implementation, evaluation, and adjustment cycles to incorporate feedback from stakeholders at least annually. All staff will engage with support from master cadre members through training, technical assistance, and coaching.

Resources. Partnerships with technical assistance providers for SSIP planning and evaluation will be maintained with Katy McCullough (ECTA), Taletha Derrington (SRI), and Jeffri Brookfield (West Ed). The SEE Change initiative will continue with dedicated time of the coordinator, Kathy Gray (NH Part C Program Specialist). The SLT will include members of both programs currently implementing the DEC RPs in this model. Funds have been set aside in the Part C training budget to support the activities of the implementation teams and the SLT. Training and support of the COSMC, will continue to be provided by ECO technical assistance personnel. The COS coordinator, Kerry Wiley (NH Part C Coordinator) and the COS SLT will continue to engage in planning with Early Childhood Outcomes (ECO) personnel. Funds have been allocated to this initiative in the Part C training budget. The CCMC will continue to be supported by the OMHRA convened trainers' circles and the coordinator, Kathy Gray. Funds have been set aside in the Part C training budget for this initiative. The ICC and quarterly constituent meetings will continue to be a source of stakeholder input for the SSIP process.

Outcomes. The SSIP initiatives are expected to result in an improved CSPD that will better prepare and support our NH FCESS staff. Which is expected to result in better outcomes for children and families. Well supported staff are also expected to result in better engagement of families and children. With an improved CSPD, we expect to see more sustainable changes in professional practice, including an increased use of evidence based practices with and by families. We expect that our well supported staff and families will be empowered to enact change for children in our state. Aligning with other early childhood and broader partners will position us to sustain our progress. Supporting staff to use data based decision, is expected to improve our planning, implementation, evaluation, and adjustment cycles.

Timelines. The SEE Change initiative has been in progress for two years. The initial planning and implementation cycle is coming to an end as we move from technical assistance support to more local autonomy of the initiative. Two programs are implementing the model and working with the See Change coordinator to plan for the transition away from technical assistance partners. The programs will continue to work towards program wide expansion in 2017. The programs have come together to partner regionally as they move forward in the project. In 2018 the project is expected to take on 1-2 new sites. For the COS initiative, trainers are still being prepared through 2016. It is expected that in 2017 trainers will implement statewide training for 6 of the 16 FCESS programs. In 2018 we expect to train 6 more, with the remaining programs completing the training in 2019. All programs will be assigned a coach from the COSMC for sustained support. The CCMC has completed their initial training and is expected to complete training for a minimum of 3 FCESS programs by December, 2016. In 2017 we expect that 6 programs will complete the training, with the remaining 7 completing the cultural competence initial training in 2018. Concurrent to trainings each program will be assigned a coach from the CCMC for sustained support. All master cadre teams will conduct follow up activities and coaching with FCESS staff statewide.

d) Stakeholders from across early childhood programs and FCESS staff will be engaged in planning and evaluation of the initiatives through periodic meetings, calls, and web workshops. The ICC is integral to stakeholder involvement in the Part C SSIP. Membership includes: (a) parents, (b) local FCESS providers, (c) Area Agency/CSNI, (d) Parent Information Center, (e) child care, (f) BDS FCESS, (e) foster care, (f) Head Start, (g) health insurance, (h) homeless education, (i) legislator, (j) Medicaid, (k) behavioral health, (k) higher education, (l) Part B Preschool Special Education, (m) home visiting, and (n) pediatric health. The members engage in data analysis, infrastructure analysis, and evaluation to advise Part C regarding SSIP implementation and outcomes.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

a) The State will support Early Intervention Services (EIS) providers in implementing the evidence-based practices (EBPs) that will result in changes in the Lead Agency, EIS program, and EIS provider practices to achieve the State Identified Measurable Result (SIMR)(s), for infants and toddlers with disabilities and their families, through a combination of improvements to the infrastructure of the Family Centered Early Supports and Services (FCESS) comprehensive system of personnel development. The State Systemic Improvement Plan (SSIP) relies on EBPs and sustainable changes in practice that are expected to lead to sustained positive outcomes for children and their families. The three initiatives share a structure of supports that are meant to increase the sustainability of change efforts in our state.

The SEE Change initiative, that actively supports implementation of the DEC recommended practices, was initially supported by ECTA technical assistance staff. ECTA staff have been providing training and coaching to state leadership and local implementation teams. ECTA support is ending June, 2016 and local leaders will take over the activities of data collection, support calls, etc. The state leadership team (SLT) is cross sector including early childhood leaders from Part B, Part C, home visiting, Head Start, higher education, preschool technical assistance, local programs and districts, Parent Information Center (PIC), and the Division of Children, Youth, and Families (DCYF). The SLT actively supports the initiative through monthly meetings, allocation of resources, data based decision making, and coordination of the project activities. The SEE Change Master Cadre (SCMC) Coordinator, Kathy Gray works with the Part C Coordinator and the SCMC for Part C for planning and implementation of support for implementation teams. SCMC members are prepared to train and coach implementation site staff. They work with the program leadership teams to plan, do, evaluate, and adjust implementation of the DEC recommended practices with fidelity to the model. SCMC members assist teams to collect and analyze data related to coaching, professional practices, family engagement, and child engagement. Data has for the past year of implementation has been compiled and reported back to the state by ECTA data support. After June, 2016 the data will be compiled and reported back by the SCMC Coordinator. Program leadership teams will engage in action planning related to the transition away from ECTA supports with SCMC members and the SCMC Coordinator. The SEE Change Logic Model (attached) will guide the implementation of this initiative. The SEE Change SSIP Action Plan Template (attached) will guide the actions and evaluation of this initiative.

The COS initiative section of the Action Plan Template (attached) follows the same format as the SEE Change initiative of the Action Plan Template to show detailed plans of how NH will achieve our SSIP goals.

The CC initiative section of the Action Plan Template (attached) follow the same format as the SEE Change initiative section of the Action Plan Template to show detailed plans of how NH will achieve our SSIP goals.

b) In the attached Logic Model for SEE Change the first box of the "Inputs" column shows that ECTA staff, SEE Change SLT, program leadership teams, and funds set aside in the comprehensive system of personnel development (CSPD) budget system will enable the activities, outputs, and outcomes of the initiative. The first box in the "Activities to Meet Outcomes" column shows that the SLT will actively support the work of the initiative. The first box in the "Outputs" column shows that SLT meeting, resources, application/selection processes, annual analyses of data and action plans will lead to the outcomes of the initiative. The "Short-term Outcomes" column shows that the SLT will understand and use data to measure changes in practice and implementation fidelity of programs. The first box in the "Intermediate Outcomes" column shows that the SLT will use data to make decisions, which will lead to infrastructure being in place, leading to providers implementing evidence based practices (EBPs), leading to families using EBPs, which will lead to long term outcomes. The "Long-term Outcomes" column shows that all of the inputs, activities, outputs, short-term outcomes, and intermediate outcomes will lead to an increase in child engagement in natural environments and routines. This increase will lead to children meeting their IFSP goals which will lead to the SIMR of "The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2". Please refer to the SEE Change logic model for clarification and additional detail.

The COS (Child Outcome Summary) initiative uses inputs of ECTA technical assistance staff to prepare the COS Master Cadre (MC) Coordinator and the COSMC for their role in training and coaching all FCESS staff statewide on the COS process. Goals of this initiative include: (a) the increase of understanding of the COS process across FCESS staff, (b) improvement of attitudes towards the COS process across FCESS staff, (c) increased skill in data based decision making across FCESS staff, (d) increase in consistency of effort to use best practices for teaming and multiple sources of data for scoring of COS (e) building the capacity of the FCESS CSPD system through preparation of trainers and coaches, and (f) reduced frustration and confusion of FCESS staff around COS data collection and use. Inputs, activities, outputs and outcomes are expected to result in the long-term outcome of increased child engagement in natural environments and routines. This increase will lead to children meeting their IFSP goals which will lead to the SIMR of "The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2". Please refer to the COS logic model for clarification and additional detail.

The Diversity and Cultural Competence initiative partners Part C staff with staff from the Office of Minority Health and Refugee Affairs (OMHRA) to prepare a Cultural Competence Master Cadre (CCMC) to train and coach all FCESS staff in cultural competence. Staff from Project Launch, Department of Education, and Early Head Start were trained alongside our FCESS CCMC at the train the trainer event coordinated by OMHRA staff. State staff has participated in the training led by the OMHRA trainers. In addition to the initial training the CCMC coordinator attended the train the trainer event. The goal of this initiative is to increase the cultural competence of staff statewide in all roles of our system. This aligns with the OMHRA goal of increasing cultural competence in the state of NH. This initiative is also aligned with a statewide cross sector push for an increase in cultural competence across systems of health, education, and family support. Spark NH, the governor appointed advisory council on early childhood, has also been trained in cultural competence by OMHRA staff. Quarterly trainer's circles attended by cross sector trainer's from OMHRA, healthcare, education, and family support trainer's of this cultural competence model, will support our FCESS trainer's as they train and coach statewide FCESS staff. The inputs, activities, outputs and outcomes of the CC initiative are expected to result in the long-term outcome of increased child engagement in natural environments and routines. This increase will lead to children meeting their IFSP goals which will lead to the SIMR of "The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2". Please refer to the logic model for clarification and additional detail.

Steps and activities are identified in the attached logic models for each initiative as explained above. Communication strategies between initiative participants will be conducted through regular calls and online meetings. Periodic face to face meetings for action planning, evaluation, and adjustment will enhance communication between participants. A coordinator has been assigned to each initiative to monitor and enable successful implementation of each coherent improvement strategy through the three initiatives. Barriers of time and resources have been planned for through the CSPD budget allocation of funds specifically designated to each initiative. The coordinator will have time allocated for work on the initiatives and will work with the master cadre to motivate and move each group of trainees. Staff time away from their work will be minimized using distance meetings as much as possible. Periodic face to face meetings will be multipurpose for planning, evaluation, adjustment, and celebration of successes. Distributed leadership principles are utilized to alleviate the time and responsibilities of each leader. Master cadre members will share responsibilities with the coordinator to increase the leadership and change capacity of our FCESS system while alleviating the pressure typically managed by the small state staff.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The Part C Coordinator and program specialist will work with technical assistance experts in each initiative to ensure quality and fidelity of the recommended practices of the SEE Change, COS, and Cultural Competence initiatives. The capacity of master cadre members from each initiative will be increased through training in adult learning strategies, facilitation techniques, coaching strategies, and other skills needed to support the implementation of evidence based practices in the FCESS system.

The capacity building of the CSPD system for FCESS is intended to be a sustainable shift in the culture around professional development in our system. The initiative share the ideals of implementation science, distributed leadership, capacity building, and ongoing training supports vs. one and done training events. Each of the initiatives involves small groups of trainers being developed to provide training and coaching supports in the system for any change initiative. The current initiatives are vehicles for a change in the way we support professional development for our FCESS staff.

c) We expect that the SEE Change initiative will grow from the two programs currently implementing the practices. Once the current programs are implementing the DEC recommended practices with fidelity, they will train and support other programs. Fidelity is expected to be achieved by 2017. Other programs will be invited to participate in 2017 or 2018.

We expect that the Child Outcome Summary (COS) training for all current staff will be completed by 2018. Coaching will continue for each program following their initial training. We expect that all current staff will be trained in cultural competence in 2017. Coaching will continue for programs following their initial training. New staff will be trained as needed. Turnover in our system is low so individual training of new staff will be accomplished through partnerships with other NH systems that host trainings.

Within DHHS a partnership with the Office of Minority Health and Refugee Affairs (OMHRA) will enable us to support trainers in a high quality and sustainable manner through trainers' circles and technical assistance from experienced cultural competence trainers in our state. Also within DHHS our partnerships with Maternal and Child Health, Early Hearing Detection and Intervention (EHDI), home visiting, Division of Children, Youth, and Families (DCYF), Head Start, Medicaid, and others afford us access to training invitations, opportunities to collaborate, and data sharing opportunities. Our Interagency Coordinating Council (ICC) includes leaders from the aforementioned entities. Representation on the ICC spans the fields of personnel preparation, health, education, and family support of young children and their families. The ICC supports our SSIP activities by engaging in collaborative infrastructure analysis, data analysis, and by providing feedback for initiative leadership teams in addition to advising FCESS leaders in other areas of operation. Quarterly staff meetings engage constituents from multiple roles and levels of the FCESS system in analysis, planning, and advisory activities related to all activities in FCESS including the SSIP.

Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

a) SSIP initiatives are directly aligned with the theory of action. Each coherent improvement strategy will be evaluated to determine the level at which all planned training, implementation, and support activities were executed as planned. The designated coordinator of each initiative will ensure facilitation of activities, compile data, and provide support to the master cadre (MC) of trainers for each initiative. Communication loops will be facilitated by the MC coordinator of each initiative; (a) to gather information, (b) to feed data to constituents, and (c) to collaborate with stakeholders. The coordinator of each initiative will communicate information about the work to ICC and staff constituents to inform stakeholders. The coordinator of each initiative will share broad stakeholder input with the SLT of each initiative for action planning.

The attached SSIP Action Plan Template is divided into three sections. The headings are SEE Change, COS, and Cultural Competence. Detailed evaluation plans are organized as described below for each initiative under their respective headings.

The attached SSIP Action Plan Template details the evaluation plan for each of the three initiatives. Please follow along with the description on the SSIP Action Plan Template for the SEE Change Initiative. In the SEE Change Evaluation Plan, section F, number 1, the "Outputs" column names each action, resource, or event expected to happen in order for our initiative to lead to a change in the SIMR. In the first box of this chart the output is that the SLT will meet quarterly. The "Evaluation Questions" column of section F, number 1 details what we are trying to learn through evaluation of each output. We will want to know that the team is meeting as planned. The "Performance Indicator" column of section F, number 1 the evidence we will want to indicate that we were successful in implementing the specific output. Evidence that we have met our goal will be that we know the SLT has in fact met at least quarterly. In section F, number 1, the "Measurement/Data Collection" column explains how we will document that the SLT meetings happened as planned, at least quarterly. We will use meeting notes and attendance records to determine the achievement of this output. The final column, "Who is Responsible and Timeline" names the person or team responsible for this output. The SEE Change initiative coordinator, Kathy Gray, is responsible for ensuring that this output happens as planned. The timeline in this instance is ongoing because SLT meetings are happening already and will continue for the duration of this long term project. Please see the attached SSIP Action Plan Template, Section F, number 1 for detail of all "Evaluation of Improvement Strategy Implementation" plans.

The attached SSIP Action Plan Template Section F, number 2, describes in detail the evaluation of intended outcomes. Letter (a) in the short term outcomes section shows that the SLT understands processes of data based decision making, including using the Benchmarks of Quality (BoQ) and other tools to measure change in practice and program implementation. No evaluation questions were added to this chart because they were not needed, by this team, to determine the indicators. In the "Performance Indicator" column of Section F, number 2, the performance indicator that we will use to determine the success of our outcome for (F)(2)(a) is that Data is being used 75% of the time in decision making. The next column, "Measurement/Data Collection Method" describes the evidence we will use to evaluate short term outcome (F)(2)(a). We will use the agenda and meeting notes to measure the data based decision making of the SLT. The final column in section F, number 2 is the "Timeline". This column shows that the SLT agenda and notes are already being collected for our use in evaluating short term outcome (a). Please see the attached SSIP Action Plan Template, Section F, number 2 for detail of all "Evaluation of Intended Outcomes" plans.

The Action Plan Template (attached) for the COS initiative follows the same structure as the SEE Change template explained above.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The Action Plan Template (attached) for the CC initiative follows the same structure as the SEE Change template explained above.

b) In each evaluation plan constituents from each initiative will be directly involved in planning, implementation, evaluation, and action planning. Each constituent group provided feedback that was incorporated into our evaluation plans. Constituent groups at quarterly staff meetings are kept up to date and asked for feedback on SSIP activities. Technical assistance providers gave substantial expert opinions and guidance in the crafting of SSIP logic models, action plans, and evaluation plans. The cross sector interagency coordinating council (ICC) is kept up to date on SSIP activities, through regular SSIP updates on ICC agendas. Feedback from the ICC is incorporated into all plans, through the coordinator of each initiative working with ICC and SLTs. The greater public will be informed about activities through our Annual Performance Report, indicator 11 section and through our public report.

c) Methods used to collect and analyze data, to evaluate implementation and outcomes of the SSIP, are detailed in the Evaluation Plan that is section F of the attached SSIP Action Plan Template. Methods include tools to collect data on: (a) child and family engagement, (b) changes in professional practice, (c) fidelity of practice, (d) consistency of practice, (e) data based decision making practices, (f) infrastructure in place, (g) resources in place, and (h) train the trainer activity implementation. Methods of data collection will include a flow of information from practitioners, to master cadre members, to coordinators, and then to planning and advisory bodies. The greater public will be informed about activities through our Annual Performance Report, indicator 11 section and through our public report.

d) Analysis of data will be done with participants in each initiative, with staff at quarterly meetings, and with the ICC. Collaboration for: (a) planning, (b) implementation, (c) evaluation, and (d) adjustments, will be ensured by the assigned coordinator for each initiative. The Part C Coordinator and Part C Program Specialist are responsible for Child Outcomes data, indicator 3, which will be used to determine our progress towards the target of our SIMR, "The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2". Please refer to the logic model and action plan templates for clarification and additional detail.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Technical assistance will be needed to improve the capacity of our master cadre members and coordinators to provide training and coaching for all staff. The SEE Change MC will continue to be supported by the coordinator to access any additional training needed. We are exploring in state options such as partnerships with higher education or other trainers who can provide additional training and support for coaching strategies, adult learning strategies, and facilitation strategies. National technical assistance may be requested for the capacity building of all MC members for the mentioned topics if in state partnerships are not able to meet our needs. COSMC is currently being trained by ECTA staff who are experts in the COS topic. This technical assistance will be needed throughout the next years to complete training of COSMC and to provide support as the trainers continue to build capacity and implement statewide training and coaching. The CCMC is being supported by the trainers' circle that is facilitated by Office of Minority Health and Refugee Affairs (OMHRA). NH Department of Health and Human Services (DHHS) OMHRA is responsible for increasing the cultural competence capacity of all DHHS staff. Due to the strength of our partnership with OMHRA we expect this initiative will not need other technical assistance.

EIS programs and providers will continue to be supported through the Part C office at the Bureau of Developmental Services for implementation of the evidence based practices. This support will be in the form of statewide coordination of all activities, coordination of training and support for the master cadre and local leadership teams, coordination of collaboration with the ICC and staff constituents, collaboration with the greater early childhood community, and maintenance of communication loops and resources. Evaluation will be supported through coordination of data based decision making with ICC, staff, constituents, local teams, and technical assistance experts. The greater public will be kept informed and have the opportunity to provide feedback that will be considered by planning teams and advisory groups. Information will be posted on the FCESS website and distributed directly to partner agencies and stakeholders.

OSEP Response

Required Actions

Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Kerry Wiley

Title: Part C Coordinator

Email: kerry.l.wiley@dhhs.state.nh.us

Phone: 603-505-7750