

NH Part C

FFY2016 State Performance Plan / Annual Performance Report

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Executive Summary:

The New Hampshire Part C program is called Family Centered Early Supports and Services (FCESS). Family Centered Early Supports and Services Program is administered by the Department of Health and Human Services. There are 10 Area Agencies that are divided into geographical regions throughout New Hampshire that contract with the NH Bureau of Developmental Services to provide Part C services. Each Area Agency is the state contract designee to provide Family Centered Early Supports and Services in their respective region. Under the supervision of the area agencies of NH are 16 FCESS programs with a total of approximately 250 staff. The Bureau of Developmental Services is tasked with ensuring the quality, flexibility, and responsiveness of services and supports by monitoring their effectiveness and by incorporating data and feedback from families, service providers and communities into systemic decision making.

The NH FCESS system strives to ensure that all children and families are respected for their unique individual beliefs, values, and culture. Anyone with a concern about a potentially eligible NH child's development can refer a child to FCESS. FCESS activity is family centered. Our program is designed to build the capacity of a child's caregivers to use evidence based practices to help their child learn and grow to their full potential. Families know their child best. Families are engaged from the start to plan, evaluate, and implement individualized strategies, with the support of caring professionals. Services are provided in the child's natural environment. This means that strategies are designed to be integrated into the child's everyday routines and interactions. Research shows that this is how young children learn best. The US Department of Education (US DOE), Office of Special Education Programs (OSEP) determines indicators for statewide early intervention programs to ensure equitable, timely, and quality services for all eligible children and families. New Hampshire He-M510 and He-M203 state rules reinforce the importance of compliance with the OSEP indicators. The purpose of this report is to illustrate the NH Family Centered Early Supports and Services (FCESS) system compliance with federal indicators of quality, during the period of 7/1/15 to 6/30/16.

State compliance with the federal indicators is monitored by the Office of Special Education Programs (OSEP). The New Hampshire Bureau of Developmental Services, FCESS state level staff provide the supervision required by the federal government to administer the Part C grant. Area agencies and local programs are monitored to ensure that eligible children and families are receiving services in compliance with state and federal regulations governing Family Centered Early Supports and Services. The rules governing FCESS are available at http://www.gencourt.state.nh.us/rules/state_agencies/he-m.html. The data and narrative contained within illustrate how the State of NH Part C system has performed, according to the national standards for Part C.

The data in this report was collected using the NH Leads data system, national census, state birth cohort data, and the Family Outcome Survey. The compliance data was verified through on-site and virtual monitoring processes. The data from the NH Leads system paired with qualitative input from families, staff, and stakeholders informs our systemic decisions. Training on data entry and data for decision making continues to improve data reliability and validity for NH FCESS.

For compliance indicators 1, 7, and 8 NH achieved the target of 100% compliance. For indicator 2 the state did not meet the established target of 98.4% but did not have slippage. For indicator 3, which measures three areas of child outcomes the state was required to report the data in two ways this year. First data was reported for all children in the measured group, excluding children who were eligible for Part C in the "at risk" category. The second set of data was reported for all children in the measured group, including children who were eligible for Part C in the "at risk" category. Outcome A data showed that the state did not meet established targets, but did not have slippage. Outcome B data showed that the state met the target for B1. The state did not meet the target for B2, but did not have slippage. Outcome C data showed that the state did not meet the target for C1, but did not have slippage. The state did not meet the target for C2 and had slippage. Reasons for slippage are discussed in the section regarding indicator 3. Indicator 4 data regarding family outcomes showed that the state did not meet the targets for 4A and 4B, but did not have slippage. The target for 4C was met. There was a 54% statewide return rate for the Family Outcome Survey tool, used to collect data used to measure this indicator. Indicator 5 and 6 data showed that the state performed above the state established target and the national average for this measurement of child find performance. Indicator 9 and 10 data showed that no complaints were elevated to hearing requests, resolution sessions, or mediation. Initial discussion of compliance indicator data shows that child and family outcomes are an area that could benefit from further root cause and data analysis. The ICC and program leadership staff have already been engaged in this exploration through presentations of data and initial analysis. The state office recommendation is aligned with the ICC recommendation that performance for indicators 3 and 4 be further analyzed to formulate recommendations for improvement. Overall the state of New Hampshire FCESS system performed well this year in areas of child find, compliance, and quality service provision.

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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 program(s). For this monitoring period there were 16 program sites.

The NH state administrative rules, He-M 510 and He-M 203 include 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. They 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 rules, written guidance, 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 and FCESS state office staff, cadres of trainers and coaches, and through partnerships with other programs.

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). The Part B and Part C staff collaborate frequently with each other, stakeholders, and other partners. Additionally, a MOU was developed with Head Start and Division of Children Youth and Families (DCYF) to promote collaboration between local Head Start, DCYF, 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, quality improvement, and system planning. The NH Leads data system is accessed by local FCESS programs, area agencies contracted with BDS, and FCESS/BDS state staff. Data can be accessed through canned reports or individualized requests to the data system manager. Access to NH Leads at each level of the FCESS system supports data based decision making, continuous improvement, and timely correction of errors.

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 (NH Leads). State reported data (618, 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: (a) by assigning responsibility for the entry and accuracy of the information to local administrators, (b) by review prior to a report being generated to assure that the data reported is complete, (c) by BDS/Part C review of data to monitor compliance and accuracy, (d) by triangulating the data entered into the statewide data system with review of child records and program self-review data, and (e) by analyzing data trends 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

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 completeness of the data.

Technical assistance and trainings are used to address issues regarding the accurate entry of data. Trainings are provided statewide, upon request and "as needed", 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. The BDS record review teams are comprised of Part C staff, the BDS regional liaison, and a member of the AA responsible for supervision of services in the region. Onsite record reviews are done for all programs at least biennially 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 indicators and the completeness of the data that has been entered. NH Leads data is used to inform statewide system planning, implementation, evaluation, and change management. The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

The FCESS Part C Office will run NH Leads Timely Service and Transition monitoring reports on January 1st, to include July 1 – November 30th. Records for onsite review are randomly selected from state wide data system reports. Timely Service Monitoring reports will identify a 5% random sample (with a minimum of 10) based on the number of children served the previous year for full chart review. Transition Monitoring reports will identify a 10% random sample (with a minimum of 6) based on the number of children served the previous year for review of transition to Part B. Reports will also include flagged data for noncompliance and/or clarification. During the month of January, the Part C Office will review the reports, identify the random samples, and flag any questionable data. Reports will be distributed to all programs on February 1st.

If a "Discovery" of noncompliance is identified for any program, the program will have until May 1st (90 days from the date reports are distributed) to correct the discovery and demonstrate 100% compliance. A "Discovery" is identified when there is less than 100% compliance for any one of the indicators reported in the Annual Performance Report to the Office of Special Education Programs.

Additional data will be collected by the end of July 2018 to include May and June 2018 data to assess for demonstration of correction of noncompliance for programs and for individual children.

Programs have the opportunity to qualify for virtual monitoring. Virtual monitoring may only be applied every other year for each program. As all programs participate in an on-site monitoring visit at least biennially to verify data that was entered into the NH Leads data system. Data reports are pulled and assessed using the same parameters as above for traditional monitoring. Programs on virtual monitoring submit related documentation to explain noncompliance of flagged data, within 90 days of monitoring reports distribution (May 1st). Programs on virtual monitoring submit the IFSP Supports and Service page for each chart identified in the 5% random sample of the NH Leads transition monitoring report.

Each of the 10 regions in NH has an area agency that is contracted with the state office to provide disability services to their assigned region. The AA representative responsible for ensuring that the contract agreements for the region's FCESS program(s) are met, provides in writing a description of monitoring activities throughout the past year, to the Part C state office and to their regional BDS liaison.

The FCESS Part C Office staff reviews with the FCESS program director the overall findings of their monitoring activities. The BDS team asks questions concerning the status of previous issues at this time. Training and licensing information is reviewed annually for all staff. Within 3 months of the onsite or virtual assessment, program directors, AA FCESS management, and BDS liaison's receive a formal summary report of the program's monitoring activities and determinations.

Following the onsite monitoring visit the FCESS state office pulls additional data reports to include May and June to demonstrate the program has corrected the discovery of noncompliance. If it is determined that the program is not in compliance based on the 90 day additional data, a "Finding" of noncompliance is identified. Following the identification of a Finding, a discussion to formulate a Corrective Action Plan (CAP) takes place. The program staff, director, area agency, and FCESS Part C Office staff are responsible for ensuring that the CAP is monitored and successfully completed. 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 and standardize 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" mandatory training. Program staff, AA staff, and state office staff are available by phone, email, or in person to assist families in understanding their rights. The Parent Information Center (PIC) and NH Family Voices (NHFV) work collaboratively with families, the state office, and local FCESS staff to ensure that families throughout the state understand their rights.

The majority of complaints in NH 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. Parents are always given the option of placing a formal complaint immediately if they so desire. A list of trained hearing officers and mediators is maintained by BDS. Hearing officers and mediators are provided with training that orients them to the IDEA Part C laws, NH State He-m 510 and He-m 203 rules, structure of the system, and foundational ideals of the program. They receive biennial re-orientation.

AA and FCESS program directors are expected to distribute procedural safeguards information to their staff annually and when updated. 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 and by reviewing the Family Outcome Survey (APR Indicator 4A): "Families Know Their Rights" data.

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 at local and state levels. Participation in Spark NH (<http://sparknh.com>) elevates public awareness of Part C and all early childhood serving systems in NH.

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 effectively reaching Part C potentially eligible families. See Indicators 5 and 6 data for more detail. NH Part C consistently achieves a high level of success in this area. See attached "Child Count Data Charts".

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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 technical assistance (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 the Bureau of Developmental Services (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. The statewide program directory is posted on the FCESS website. (<https://www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/directory.pdf>)

An important element of NH's technical assistance system is the statewide data system which is used to help programs, AAs, and the state lead agency monitor for compliance. It provides direct service providers and AAs the opportunity to enter, access, and analyze data directly. Data from this system is used for public awareness and ongoing quality improvement as well as compliance monitoring. Individualized training and coaching is available to all FCESS staff through the state office, by request or determination of need.

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. System training is articulated in the state rules, area agency/BDS contracts, and formal written guidance.

Targeted TA is provided as identified requested. Statewide training is available to increase knowledge of requirements through online modules, site visits, quarterly meetings, reoccurring training, or individualized coaching.

Requests for technical assistance are responded to promptly and collaboratively. State leadership works collaboratively with local programs to maintain system quality and consistency. There is a focus on data based decision making, peer discussion, and implementation of effective practices. State leadership, area agency staff, local program staff, and other early childhood partners regularly share information and developments in our state through: (a) in person conversation, (b) documentation, (c) email, (d) phone, (e) group work, (f) shared access to e-studio documents, (g) data reports, (h) data displays, (i) stakeholder meetings, and (j) committee work.

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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 personnel 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. System capacity for ongoing training and coaching support has been developed through the SSIP process in collaboration with ECTA, DaSy, SRI and other OSEP affiliated technical assistance partners. Part C in NH is engaged in three quality improvement initiatives related to the SSIP: Cultural Competence, Child Outcome Summary, and SEE Change. SSIP leadership teams include technical support, staff, and stakeholders. These groups work together to plan, implement, evaluate, and adjust the three SSIP initiatives.

1. Work on the SEE Change Project to improve child and family engagement continues. One program is currently engaged in the initiative. It is anticipated that at least one new program will join the initiative this year. Two programs are currently being included in planning for the next year.
2. Initial Cultural Competence training has been completed by all FCESS programs. Follow up activities with coaches, monitoring of follow up, and sustainability planning continue this year. Data is being collected to evaluate the trainers/training, change in staff, child outcomes.
3. The COS training for all programs will be complete this year. All programs are expected to have received the initial COS orientation, online modules, and wraparound training by June 30, 2018. Training completion is progressing faster than expected. Follow up activities, monitoring, and sustainability activities are beginning now. Data is being collected to evaluate the trainers/training, change in staff, and child outcomes.

The Part C system in NH is engaged in improvement activities outside of the SSIP work. Stakeholders for improvement activities include but are not limited to state staff, local staff, Parent Information Center (PIC), Special Medical Services (SMS), national technical assistance personnel, child and family advocates, Bureau of Developmental Services management, Office of Health Equity, and early childhood system partners. Work groups comprised of Part C staff and stakeholders are engaged in system improvement, planning, and evaluation related to: (a) improving the efficiency and effectiveness of the data system, (b) improving implementation of supports for all children in the FCESS system (c) fiscal planning, (d) statewide consistency of effort, (e) efficiency of monitoring, (g) authentic integration of stakeholder input with lead agency decision making. FCESS staff at the state, area agency, and local program levels participate in work to inform other systems such as EHDI, Home Visiting, child care, policy, funding, and more.

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 to this budget for SSIP initiatives and current areas of system improvement, to bolster sustainability of the efforts.

"Welcome to Early Supports and Services" orientations, mandated for all new staff, are scheduled several times per year. By state rule, all new staff must review informational modules online, review information with their supervisor, and attend a full day wraparound training. Faculty for this training includes parents who have experienced FCESS services in NH, program directors, state staff, Parent Information Center, Area Agency staff, and a facilitator.

New program directors meet with Bureau of Developmental Services staff to orient them to requirements and expectations of their new role in the system. This year new and existing program directors participated in onsite data system training. Individualized coaching was provided to new program directors, data entry, and other types of staff. Quarterly meetings for staff also include training and collaborative work. Qualifications and training expectations are documented in the state rules for Part C NH, He-M 510. An Orientation Manual for New Directors is in the early stages of development.

Professional Development System Supports

1. 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, but was not limited to, topics related to (a) culture, condition specific needs, and support of people with specific conditions (b) infant mental health, (d) neurodevelopment (e) speech, (f) physical therapy, and (g) multiple disabilities.
2. 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/earllysupport/certification.htm>. Validators for this certification are coordinated by the Part C Program Specialist at BDS.
3. 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 of staff and system.
4. State office staff, area agencies, and program staff share responsibility for maintaining quality CSPD opportunities and ensuring that the needs of families, staff, and system are met.

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5. 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. Collaborations this year include Pyramid Model Statewide system planning, statewide systems work with Spark NH-governor appointed advisory council on early childhood, NH Association on Infant Mental Health (NHAIMH), Partners in Health (PIH), Office of Health Equity (OHE) formerly Minority Health and Refugee Affairs (OMHRA), Nutrition Feeding and Swallowing (NFS), Parent Information Center (PIC), New Hampshire Family Voices (NHFV), and other systems that benefit children and families.
6. The master cadre of COS trainers will facilitate local training and follow up for all NH Part C staff statewide. See indicator 11 for more detail.
7. The NH Office of Health Equity (OHE) formerly the Office of Minority Health and Refugee Affairs (OMHRA) continues to provide technical support for the multi-system initiative to provide cultural competence evidence based training. This training was initiated through OMHRA for the FCESS system in response to a NH Part C request. A Cultural Competence master cadre is planning, facilitating, and collecting data for evaluation of cultural competence training for all Part C staff statewide. Part C statewide staff training is complete. See Indicator 11 for more detail.
8. SEE Change project for child and family engagement continues to be implemented in the Part C system. The Division of Early Childhood (DEC) recommended practices are the evidence based foundation of this project. A leadership team including state and local staff is working to adjust implementation, data collection, and evaluation activities to ensure a sustainable model for the NH Part C system. Planning for sustainability includes next steps to bring in another FCESS local program to be trained by the SEE Change leadership team.
9. NH early childhood partners are currently working with the Pyramid Model Consortium to become the 28th Pyramid State. One goal of Part C in this partnership is to increase the capacity of the Part C system to provide coaching to Part C staff, statewide.
10. Training on the use of Zoom online meeting platform and Survey Monkey data collection tool is planned for 2018. All current master cadre members and coaches are expected to participate. The purpose of using the two tools is to increase the data collection and technology use capacity of the FCESS system.

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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 (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to programs in areas of education, family support, and health. The Part C state office intentionally engages stakeholder groups. Groups are chosen who are interested in or effected by significant decisions regarding the Part C System.

ICC membership reflects federal requirements. The ICC is well attended. There are some recent vacancies in the appointed membership that the ICC is working to fill. Families are supported to participate on the Interagency Coordinating Council (ICC), task forces, work groups and committees. Families are supported by reimbursement for mileage and child care to participate in meetings, including all ICC activities, "Welcome to ESS" (WESS) orientation, and other times when stakeholder input may be collected. 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.

Stakeholder input is gathered through stakeholder activities such as (a) group email discussions, (b) face to face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings are the Quarterly FCESS Meeting and the Interagency Coordinating Council meeting which convenes every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the FCESS system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV), Parent Information Center (PIC), and Northeast Deaf and Hard of Hearing Service (NDHHS) enable the state staff to gather family input through their networks. A project that will create objective, high quality videos of families who have experienced the FCESS services in NH is expected to commence in 2018.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2015 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 2015 APR, as required by 34 CFR §303.702(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 2015 APR in 2017, 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 for the number of children we expect to serve in the birth to three population. Child find activities are conducted at the local and state levels. Local and state level partnerships are valued and cultivated by ongoing outreach and engagement.

Information about our FCESS system is written in contracts, formal guidance documents, and state rules. State rules, the Part C grant, the APR, ICC notes, and public reports are posted on the FCESS website and distributed widely to stakeholders. Distribution of reports is done electronically, by mail, and in person. The ICC is kept aware of Part C system activities and performance. Welcome to Early Supports and Services (WESS), our state orientation for all new staff is open to any interested party. All WESS module information is posted on the FCESS website.

The website contains documents and information to inform our stakeholders and the broader public about the status of the Part C system in NH. The website also contains links to associated information that may be relevant to our staff, stakeholders, and the broader public. The website is reviewed and updated at least annually. The annual public report is a public friendly document that is distributed widely. This report contains compliance information as well as topics of interest to our stakeholders, regarding Part C activities. This report is generated after the final APR is posted. The APR, the Part C Grant, and the SSIP reports are posted on the website immediately following OSEP approval.

Information about the state system and how to access services is advertised through all mediums including, but not limited to, the state website FCESS page, local program websites and outreach, printed materials, and state partnerships. Watch Me Grow, NHFV, and PIC assist in broadening the public's understanding of the system components, purpose, and how to access services. Information about the FCESS system, services, performance, 8/8/2018

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and rules is communicated during collaborations with other early childhood entities, during monitoring, and at conferences and other public meetings. 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 on the DHHS website in August 2017. The 2017 Annual Report to the Public, reporting on the period of July 1, 2015 to June 30, 2016 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/earlysupport/documents/publicreport.pdf>. It is also available in a hard copy from DHHS by contacting Kerry Wiley at 603-271-5686 or Kerry.wiley@dhhs.nh.gov. The report was discussed at stakeholder meetings.

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 period of 7/1/15 to 6/30/16 was posted by June 30, 2017. 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>. 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 Family Resource Connection at NHFV, and through the Parent Information Center (NH PIC). Local program data for compliance indicators is included in the FFY16 APR.

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Actions required in FFY 2015 response

OSEP Response

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR.

Required Actions

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Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (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	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		88.80%	97.00%	91.00%	98.00%	100%	100%	100%	100%	100%	100%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
196	218	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" field above to calculate the numerator for this indicator.

22

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

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 initiation date that is on the IFSP. This is the date that is identified by the IFSP team, which includes the parent. All programs are monitored using the NH Leads data system throughout the monitoring period. If noncompliance is discovered at the time of review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 1. If 100% compliance is not demonstrated in 90 days a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs to ensure successful correction of noncompliance.

Targets for indicator 1 are 100% compliance for all FCESS programs in NH. All programs in NH achieved 100% compliance for this indicator in FFY16. 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 illness, hospitalizations, and vacations.

Of the 218 records reviewed, 196 were found to have received timely services and 21 had exceptional family circumstances that contributed to the delay of timely receipt of services. 1 record was found to have services that were delayed due to circumstances beyond program control. The monitoring team verified family related reasons and circumstances beyond program control through review of case notes and electronic records. Therefore, 100% (196+21+1/218) of children were considered in compliance for indicator 1, timely services.

The 22 children whose services were delayed due to exceptional family circumstances received services from 12 of 16 programs. Services were provided to all children and families as soon as the family was available. Of the 22 services that were delayed, 14 were provided 1 to 5 days, 7 were provided 5-10 days, 3 were provided 11-20 days, 2 were provided 21-30, and 1 was provided more than 30 days after the projected start date. Specific reasons for delay included family cancellation, family no show, families not returning phone calls, family illness, family unavailability, or family request. The one record delayed for circumstances beyond program control was rescheduled due to extreme weather conditions. The state office maintains records on the receipt of timely services for each child delayed due to exceptional family circumstances.

Data by Program

FFY16 Local Program Data-Indicator 1

Program	# of records reviewed	# of records in compliance	# of records not in compliance due to family circumstances	# of records not in compliance due to beyond program control	% of records reviewed in compliance
NHS	13	11	2	0	100%
CU	10	10	0	0	100%

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Pathways	10	8	2	0	100%
LRCS	14	13	1	0	100%
CB	25	25	0	0	100%
Rise	10	10	0	0	100%
MDS	10	9	1	0	100%
Gateway	18	16	2	0	100%
TCP	10	10	0	0	100%
ES07	16	12	4	0	100%
MCS	20	14	5	1	100%
RMCC	12	10	2	0	100%
CFS	11	10	1	0	100%
CP	13	13	0	0	100%
ES10	16	15	1	0	100%
TCP10	10	10	0	0	100%
Total	218	196	21	1	100%

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.

All programs were monitored using the NH Leads data system throughout the monitoring period. 8 of 16 programs that had a discovery of non-compliance with or without a finding of non-compliance within the last two years, participated in an on-site record review process. Eight of 16 programs that did not have a discovery or finding of non-compliance within the last 2 years, participated in a virtual monitoring process, using the NH Leads data system and data verification.

Reported data is based on valid and reliable data gathered through the state data system. Data is verified for reporting through review of individual child documentation. A randomly selected sample representing 5% of the children served, or a minimum of 10 records were reviewed for 16 of 16 programs.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

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

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
Target ≥			99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	98.00%	98.00%
Data		99.84%	99.80%	99.80%	96.00%	99.00%	99.00%	98.80%	98.50%	98.40%	98.93%

FFY	2015
Target ≥	98.40%
Data	98.30%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,931	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	1,972	

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,931	1,972	98.30%	98.40%	97.92%

Provide additional information about this indicator (optional)

Data for indicator 2 was gathered from the NH Leads data system. This data represents a point in time count of children served on December 1, 2017. Data was verified by review of individual child documentation of 5% or a minimum of 10 children served by each of 16 programs in NH. A sample of 218 individual child records was reviewed for indicator 2. Individual child documentation verified that 212 of 218 children received services in the natural environment. Six of 218 or less than 3% of children did not receive services in the natural environment due to exceptional family circumstances. It was verified by individual IFSP review that 6 of 6 children not receiving services in the natural environment had a timeline and plan to move services back to the natural environment in their IFSPs. Program compliance for this indicator was determined to be 100% for 16 of 16 programs in NH.

Local Program Data

FFY16 Local Program Data-Indicator 2

Region	Program	# of records reviewed	# of records in compliance	# of records not in compliance due to family circumstances	% of records reviewed in compliance
1	NHS	13	11	2	100%
1	CU	10	10	0	100%

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Pathways	10	10	0	100%
2					
3	LRCS	14	14	0	100%
4	CB	25	25	0	100%
5	Rise	10	10	0	100%
5	MDS	10	10	0	100%
6	Gateways	18	18	0	100%
6	TCP	10	10	0	100%
7	ES	16	15	1	100%
7	MCS	20	20	0	100%
8	RMCC	12	9	3	100%
8	CFS	11	11	0	100%
9	CP	13	13	0	100%
10	ES	16	16	0	100%
10	TCP	10	10	0	100%
	Total	218	212	6	100%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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)

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)? **Yes**

Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C? **Aggregated Performance Data**

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2013	Target ≥						80.00%	83.00%	81.60%	82.40%	82.69%	82.79%
		Data					82.00%	90.00%	80.80%	79.13%	80.40%	82.69%	80.15%
A1 ALL	2006	Target ≥											
		Data											
A2	2013	Target ≥						76.00%	79.00%	78.00%	78.50%	71.12%	71.22%
		Data					78.00%	75.00%	77.70%	70.28%	72.00%	71.12%	67.00%
A2 ALL	2006	Target ≥											
		Data											
B1	2013	Target ≥						85.00%	88.00%	85.00%	85.50%	82.25%	84.00%
		Data					87.00%	84.00%	84.50%	83.18%	82.50%	85.25%	84.00%
B1 ALL	2006	Target ≥											
		Data											
B2	2013	Target ≥						72.00%	75.00%	73.00%	74.00%	66.88%	66.98%
		Data					74.00%	69.00%	71.60%	68.28%	67.20%	66.88%	64.91%
B2 ALL	2006	Target ≥											
		Data											
C1	2013	Target ≥						84.00%	87.00%	87.00%	87.50%	86.37%	86.47%
		Data					86.00%	83.00%	86.30%	86.24%	83.90%	86.37%	85.81%
C1 ALL	2006	Target ≥											
		Data											
C2	2013	Target ≥						77.00%	80.00%	78.40%	79.00%	72.49%	72.59%
		Data					72.00%	76.00%	77.40%	71.49%	72.00%	72.49%	70.63%
C2 ALL	2006	Target ≥											
		Data											

	FFY	2015
A1	Target ≥	82.89%
	Data	79.95%
A1 ALL	Target ≥	
	Data	
A2	Target ≥	71.32%
	Data	67.84%
A2 ALL	Target ≥	
	Data	
B1	Target ≥	84.00%
	Data	84.55%
B1 ALL	Target ≥	
	Data	
B2	Target ≥	67.00%
	Data	64.15%
B2	Target ≥	

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

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY	2015
ALL	Data	
C1	Target ≥	86.57%
	Data	83.33%
C1 ALL	Target ≥	
	Data	
C2	Target ≥	72.69%
	Data	70.34%
C2 ALL	Target ≥	
	Data	

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A1 ≥	82.99%	83.09%	83.19%
Target A1 ALL ≥			
Target A2 ≥	71.42%	71.52%	71.62%
Target A2 ALL ≥			
Target B1 ≥	84.50%	84.50%	85.00%
Target B1 ALL ≥			
Target B2 ≥	67.10%	67.20%	67.25%
Target B2 ALL ≥			
Target C1 ≥	86.67%	86.77%	86.87%
Target C1 ALL ≥			
Target C2 ≥	72.75%	72.85%	73.00%
Target C2 ALL ≥			

Key:

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

Enter additional information about stakeholder involvement

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	1245.00
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Outcome A: Positive social-emotional skills (including social relationships)

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	7.00	0.57%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	144.00	11.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	253.00	20.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	442.00	35.96%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	383.00	31.16%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	7.00	0.56%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	144.00	11.57%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	254.00	20.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	449.00	36.06%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	391.00	31.41%

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	695.00	846.00	79.95%	82.99%	82.15%
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).	825.00	1229.00	67.84%	71.42%	67.13%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	703.00	854.00			82.32%
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).	840.00	1245.00			67.47%

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	5.00	0.41%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	145.00	11.80%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	291.00	23.68%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	551.00	44.83%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	237.00	19.28%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	5.00	0.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	145.00	11.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	294.00	23.61%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	559.00	44.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	242.00	19.44%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	842.00	992.00	84.55%	84.50%	84.88%
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).	788.00	1229.00	64.15%	67.10%	64.12%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	853.00	1003.00			85.04%
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).	801.00	1245.00			64.34%

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	6.00	0.49%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	129.00	10.50%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	242.00	19.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	548.00	44.59%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	304.00	24.74%

All infants and toddlers	Number of Children	Percentage of Children

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	6.00	0.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	129.00	10.36%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	244.00	19.60%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	558.00	44.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	308.00	24.74%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	790.00	925.00	83.33%	86.67%	85.41%
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).	852.00	1229.00	70.34%	72.75%	69.32%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	802.00	937.00			85.59%
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).	866.00	1245.00			69.56%

Reasons for C2 Slippage (Not including at-risk infants and toddlers)

In FFY16 69.32% of infants and toddlers (not including at-risk infants and toddlers) exited NH FCESS with a substantially increased rate of growth by the age of three. In FFY16 the target for Indicator 3, Outcome C, Summary Statement 2, not including at-risk infants and toddlers was 72.75%. NH FCESS did not meet the set target for this summary statement. In FFY15 70.34% of all exiting NH FCESS exited with substantially increased rate of growth. The FFY15 to FFY16 decrease for this summary statement was 1.02%. Seven of 16 programs performed below the state average of 69.3%. Eight of 16 programs performed below the median score of 74.7%. Three of 16 programs underperformed for both summary statements of Indicator 3 Outcome C.

FFY16 APR Indicator 3 - Outcome C

Exiting Data, not including "at risk" infants and toddlers

Program	a	b	c	d	e	Grand Total	SS1	SS2
CBI R4	1	32	17	50	57	157	67.0%	68.2%
CFS	4	3	17	25	49	49	83.3%	85.7%
CU	1	3	11	4	19	19	93.3%	78.9%
ES Salem	16	7	40	43	106	106	74.6%	78.3%
ES-MHT	7	41	54	5	107	107	93.1%	55.1%
FCESS R1	21	10	31	22	84	84	66.1%	63.1%
FCESS R2	6	11	15	6	38	38	81.3%	55.3%
FCESS R3	2	2	9	33	4	50	91.3%	74.0%
FCESS R9	6	13	39	22	80	80	89.7%	76.3%
GCS	1	7	32	48	23	111	90.9%	64.0%
MCS	1	9	40	80	12	142	92.3%	64.8%
MDS	5	6	8	33	52	52	73.7%	78.8%
Rise	1	12	29	12	54	54	97.6%	75.9%
RMCC	6	11	27	25	69	69	86.4%	75.4%
TCP R10	1	3	11	42	6	63	93.0%	76.2%
TCP R6	3	16	24	5	48	48	93.0%	60.4%
Grand Total	6	129	242	548	304	1229	85.4%	69.3%

The state office staff will convene a data analysis work group to analyze data related to the slippage and to make recommendations on how to proceed with a root cause analysis. Recommendations of the group will be used to inform further analysis of program performance and slippage. Prior FFY Indicator 3 data included at risk infants and toddlers. This change in data parameters will be considered during analysis.

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

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Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

List the instruments and procedures used to gather data for this indicator.

New Hampshire's eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays. The data for indicator 3 is reported in two ways. First data is reported for all eligible children, excluding "at risk infants and toddlers". Second data is reported for all eligible children, including "at risk infants and toddlers".

New Hampshire Part C uses the Child Outcomes Summary process to assess child outcomes. The Child Outcomes Summary (COS) process is a team process for summarizing information on a child's functioning in each of the three child outcome areas using a 7-point scale (see below). With the COS process, a team can consider multiple sources of information about a child, including results from standardized assessment, parent input, and provider/teacher observation. Additionally, the COS process allows programs to synthesize information about children across different assessment tools to produce data that can be summarized across programs in the state, as well as across states for a national picture. (ECTA website. <http://ectacenter.org/-pdfs/eco/cos-overview-process.pdf>. 1.14.18) The criteria used to define "comparable to same age peers is that the child has been assigned a score of 6 or 7 on the COS 7 point scale.

To calculate the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program a report was created in the NH Leads data system. This report was disaggregated by time in program, and "at risk" vs. not "at risk" eligibility status. This data was then used to calculate the total of all children exiting with less than 6 months of service and all children, not including at risk eligibility status children exiting with less than 6 months of service. The number reported above is for the "all children" category.

Provide additional information about this indicator (optional)

Indicator 3, Outcome A measures child outcomes in the area of positive social-emotional skills (including social relationships). The data was reported, first, for all children exiting the NH FCESS program, not including children in the "at risk" category. 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 was 82.15%. This result was below the 82.99% target, for FFY16, by 0.84%. This result was an improvement of 2.55%, over the 79.95% that was achieved, for this outcome, in FFY15. The data for FFY15 included children in the "at risk" category. The target was not met, however, because there was an improvement over results from last year, there was no slippage. 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, was 67.13%. This result was below the 71.42% target, for FFY16, by 4.29%. This result showed a decrease of 0.27%, when compared to the 67.84% that was achieved, for this outcome, in FFY15. The data for this indicator included "at risk" children in FFY15. The target was not met; however, because the decrease was less than 1%, there was no slippage.

The data was reported, second, for all children exiting the NH FCESS program. 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 was 82.32%. This result was 0.67% below the 82.99% target, for FFY16. This result was an improvement of 2.37%, over the 79.95% that was achieved, for this outcome, in FFY15. The target was not met, however, because there was an improvement over results from last year, there was no slippage. The percent of all 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, was 67.47%. This result was 3.72% below the 71.42% target, for FFY16. This result showed a decrease of 0.37%, when compared to the 67.84% that was achieved, for this outcome, in FFY15. The data for this indicator included "at risk" children in FFY15. The target was not met; however, because the decrease was less than 1%, there was no slippage.

Indicator 3, Outcome B measures child outcomes in the area of acquisition and use of knowledge and skills (including early language/ communication). The data was reported, first, for all children exiting the NH FCESS program, not including children in the "at risk" category. 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 was 84.88%. This result surpassed the 84.50% target by 0.38%, for FFY16. This result was an improvement of 0.33%, over the 84.55% that was achieved, for this outcome, in FFY15. The data for FFY15 included children in the "at risk" category. For FFY16 the target was met and there was an improvement over results from last year. There was no slippage. 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, was 64.12%. This result was 2.98% below the 67.10% target, for FFY16. This result showed a decrease of 0.03%, when compared to the 64.15% that was achieved for this outcome, in FFY15. The data for this indicator included "at risk" children in FFY15. The target was not met; however, because the decrease was less than 1%, from FFY15 to FFY16 there was no slippage.

The data was reported, second, for all children exiting the NH FCESS program. 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 was 85.04%. This result surpassed the FFY16 target of 84.50% by 0.54%. This result was an improvement of 0.49%, over the 84.55% that was achieved, for this outcome, in FFY15. The target was met. There was an improvement over results from last year. There was no slippage. The percent of all 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, was 64.34%. This result was 2.76% below the 67.10% target, for FFY16. The FFY16 result of 64.34%, surpassed the FFY15 result of 64.15%, by 0.19. The data for this indicator included "at risk" children in FFY15. The target was not met; however, because there was an increase in the percentage of children achieving this outcome, from FFY15 to FFY16, there was no slippage.

Indicator 3, Outcome C measures child outcomes in the area of using appropriate behaviors to meet their needs. The data was reported, first, for all children exiting the NH FCESS program, not including children in the "at risk" category. 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 was 85.41%. This result was 1.26% below the 86.67% target, for FFY16. This result was an improvement of 2.08%, over the 83.33% that was achieved, in FFY15. The data for FFY15 included children in the "at risk" category. The target was not met, however, because there was an improvement over results from last year, there was no slippage. 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, was 69.32%. This result was 3.43% below the 72.75% target, for FFY16. The FFY16 result showed a decrease of 1.02%, when compared to the 70.34% that was achieved, in FFY15. The data for this indicator included "at risk" children in FFY15. The target was not met and there was a decrease of more than 1%, there was slippage for indicator 3, Outcome C2. The slippage is explained in the next section of this report.

The data was reported, second, for all children exiting the NH FCESS program. 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 was 85.59%. This result was 1.08% below the 86.67% target, for FFY16. This result was an improvement of 2.26%, over the 83.33% that was achieved, for this outcome, in FFY15. The target was not met, however, because there was an improvement over results from last year, there was no slippage for "all children" Outcome C1. The percent of all infants and toddlers who were functioning within age expectations for Outcome C, by the time they turned 3 years of age or exited the program, was 69.56%. This result was 3.19% below the 72.75% target, for FFY16. This result showed a decrease of 0.78%, when compared to the 70.34% that was achieved, in FFY15. The data for this indicator included "at risk" children in FFY15. The target was not met; however, because the decrease was less than 1%, there was no slippage.

Actions required in FFY 2015 response

none

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
A	2010	Target ≥					85.00%	85.00%	85.00%	86.80%	86.00%	86.70%	87.00%
		Data			79.00%	80.00%	85.50%	85.00%	86.00%	85.00%	86.69%	92.70%	85.71%
B	2010	Target ≥					90.00%	90.00%	90.00%	87.60%	91.00%	91.00%	91.10%
		Data			92.00%	89.00%	92.00%	90.00%	87.00%	88.00%	90.72%	97.00%	92.86%
C	2010	Target ≥					90.00%	90.00%	90.00%	85.60%	90.50%	87.00%	87.10%
		Data			93.00%	93.00%	96.00%	92.00%	85.00%	87.00%	87.57%	93.63%	87.30%

	FFY	2015
A	Target ≥	87.00%
	Data	83.05%
B	Target ≥	91.20%
	Data	89.49%
C	Target ≥	87.20%
	Data	85.59%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	87.50%	87.50%	88.00%
Target B ≥	91.50%	91.70%	92.00%
Target C ≥	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 2016 SPP/APR Data

Number of families to whom surveys were distributed	1006.00
Number of respondent families participating in Part C	53.28% 536.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	466.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	536.00
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	490.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	536.00
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	471.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	536.00

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their	83.05%	87.50%	86.94%

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
rights			
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	89.49%	91.50%	91.42%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	85.59%	87.50%	87.87%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Tool. In 2010 NH began using the 2010 Early Childhood Outcomes Center (ECO) recommended Family Outcomes Survey tool. NH uses the first page of the Family Outcomes Survey Tool, which addresses the three OSEP outcomes. Data for FFY16 was collected using this tool.

Data. 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.

Distribution. FFY16 surveys were distributed to all families with currently active IFSPs, who participated in FCESS for at least 6 months between July 1, 2016 and April 1, 2017. The response rate for NH is generally close to 50%. This response rate generates a near 50% sample of families served by FCESS for 6 months or more in the reporting period. The demographics of the FOS respondent group are checked for alignment with the demographics of the 618 Exiting Data group to further ensure a high quality sample representing the work of the FCESS statewide system. All programs are expected to participate in activities that will maintain a high response rate including but not limited to providing interpreters, hand delivering surveys, offering online option, assistance with understanding the survey and its purpose, and assistance with mailing sealed surveys to the state office. Sixteen of 16 programs participated in the FOS process. Response rates were between 21 and 91 percent for individual programs for this monitoring period. The statewide response rate was 53.28%. Response rate data table is below.

FFY16 APR Data Indicator 4 Response Rate by Program

Program	FY 15/16 % Returned	FY 16/17 % Returned
NHS	55%	52%
Pathways	78%	76%
LRCS	42%	74%
CB	33%	35%
Rise	55%	45%
MDS	34%	21%
GW	44%	59%
TCP-6	63%	91%
MC	56%	49%
ES-7	24%	33%
RMCC	80%	83%
CFS	67%	49%
CP	72%	54%
ES-10	75%	61%
TCP-10	79%	74%
CUI	41%	39%
Statewide	51%	54%

*Data by program appears slightly higher than the APR actual data due to calculation of program data, using only whole number.

Outcomes. Indicator 4 outcome A describes the percent of families participating in Part C, who report that early intervention services have helped the family know their rights. Documentation for outcome A of indicator 4 shows the FFY16 target was 87.5%. Data shows that the state achieved 86.94% for this outcome. While not meeting the target for this outcome, the state did improve results over the 83.05% achieved in FFY15.

Indicator 4 outcome B describes the percent of families participating in Part C, who report that early intervention services have helped the family effectively communicate their children's needs. Documentation for outcome B of indicator 4 shows the FFY16 target was 91.42%. Data shows that the state achieved 91.42% for this outcome. While not meeting the current target for this outcome, the state did improve results over the 89.49% achieved in FFY15.

Indicator 4 outcome C describes the percent of families participating in Part C, who report that early intervention services have helped the family help their children develop and learn. Documentation for outcome C of indicator 4 indicates the FFY16 target was 87.5%. Data shows that the state surpassed the target with 87.87% for this outcome. This is also an increase over the 85.59% achieved in FFY15. Indicator data by program for outcomes A, B, and C of indicator 4 is below.

FFY16 Local Program Data Indicator 4

Region	Program	A.Met Rights	B.Met Comm	C.Met Dev
1	Children Unlimited	86%	86%	71%
	Northern Human Services	97%	100%	93%
2	PathWays of the River Valley	87%	92%	87%
	Lakes Region Community Services	93%	93%	88%
3	Community Bridges	94%	94%	87%
	Monadnock	92%	92%	100%
4	Developmental Services	74%	86%	80%
	Rise...for baby and family	74%	86%	80%
5	Gateways Community Services	78%	89%	86%
	The Children's Pyramid - Region 6	92%	98%	94%
6	Easter Seals - Region 7	100%	95%	97%
	The Moore Center	87%	87%	84%
7	Child & Family Services	84%	95%	95%
	Richie McFarland	88%	100%	91%
8	Children's Center	88%	100%	91%
	Community Partners	75%	84%	88%
9	Easter Seals - Region 10	70%	76%	73%
	The Children's Pyramid - Region 10	91%	91%	88%
10	Region 10	91%	91%	88%
Statewide Total		87%	91%	88%

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Yes

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Comparison of survey response rate data with 618 data shows similar percentage distributions. FFY16 surveys were distributed to all families with currently active IFSPs, who participated in FCESS for at least 6 months between July 1, 2016 and April 1, 2017. Surveys are available in 10 languages in addition to English. This year surveys were requested and distributed in English, Spanish, and Nepali. Sixteen of 16 programs participated in 8/8/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

the Family Outcome Survey process in FFY16 with respondents from all regions of the state. All age groups were represented in the Family Outcome Survey replies. Data comparisons indicate that the Family Outcomes data survey respondents are a representative sample of families receiving services through FCESS statewide. Non-identifiable family outcome data is used for systemic improvement, reported in the APR, and included in the annual FCESS Public Report. Race ethnicity data that was self-reported on the Family Outcome Survey by respondents is below.

FFY16 APR Data Indicator 4 Respondent Self-Reported Race Ethnicity

Hispanic or Latino	Am. Ind. or Alaskan N	Asian	Black or AA	Native Hawaiian or OPI	White	2 or more	Total								
4.14%	22	0.38%	2	3.01%	16	1.32%	7	0.00%	0	85.88%	456	5.27%	28	100.00%	531

**Data total is lower than total responses because 5 of 536 respondents did not report their race ethnicity on the survey.*

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
Target ≥			1.30%	1.38%	1.46%	1.56%	1.50%	1.51%	1.52%	2.08%	1.50%
Data		1.38%	1.57%	1.65%	1.08%	1.49%	1.26%	1.80%	1.96%	2.03%	2.10%

FFY	2015
Target ≥	1.60%
Data	2.47%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	284	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	12,479	12,479
TBD			null	

Explanation of Alternate Data

Reentered to fix the data prepopulation error in the following table.

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
284	12,479	2.47%	1.70%	2.28%

Compare your results to the national data

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. The verified data is used for Federal reporting in December 1 - child count data reports. The December 1-child count data for this report is the number of children, age birth to one, with active IFSPs on 12/1/2017. Active IFSPs are considered to be any IFSP with parent consent. National data used for this report is the most recent data available from the 2010 United States Census.

In New Hampshire (NH), FCESS, early childhood partners, and family organizations work continuously to improve the early identification of children with the need for Part C services. Improved screening and strong partnerships are considered the root cause of increases in the number of children found eligible for Part C services. Data collected by FCESS in NH shows that the number of referrals to Part C has been steadily increasing for the past 5 years. The count of children served by NH FCESS, has also been steadily growing.

The NH FCESS system consistently surpasses state targets for this indicator. The target for child find, birth to one, for FFY16 was 1.70% of the total population for this age group. The state FCESS system achieved a rate of 2.28% of the state birth to one population being served. The national average for this indicator is approximately 1.30%. NH consistently performs above the national average for birth to one child find. A six year data table and local program data table are below.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator #5: Percentage of Child Find Birth to One Population Served

Region	Program(s) Serving Region	Population Served	% of Population Served
	FFY 2016 State Target		1.70%
	FFY 2016 State Data		2.28%
1	Northern Human Services	30	0.24%
1	Children's Unlimited	2	0.02%
2	PathWays of the River Valley	11	0.09%
3	Lakes Region Community Services	18	0.14%
4	Community Bridges	16	0.13%
5	Monadnock Developmental Services	4	0.03%
5	Rise ... for baby and family	23	0.18%
6	Gateways Community Services	29	0.23%
6	The Children's Pyramid	8	0.06%
7	Easterseals	32	0.26%
7	The Moore Center	33	0.26%
8	Child and Family Services	17	0.14%
8	Richie McFarland Children's Center	10	0.08%
9	Community Partners	14	0.11%
10	Easterseals	26	0.21%
10	The Children's Pyramid	10	0.08%
	Unknown to Region or Program	1	0.01%
	Total Population	12479	2.28%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
Target ≥			2.95%	3.01%	3.16%	3.29%	3.42%	3.43%	3.44%	4.86%	3.50%
Data		2.96%	3.64%	3.68%	3.16%	4.04%	4.49%	4.52%	4.70%	4.79%	5.15%

FFY	2015
Target ≥	3.60%
Data	5.21%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	1,972	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	38,017	38017
TBD			null	

Explanation of Alternate Data

Reentered to fix the data prepopulation error in the following table.

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,972	38,017	5.21%	3.70%	5.19%

Compare your results to the national data

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. The verified data is used for Federal reporting in December 1 - child count data reports. The December 1-child count data for this report is the number of children, age birth to three, with active IFSPs on 12/1/2017. Active IFSPs are considered to be any IFSP with parent consent. National data used for this report is the most recent data available from the 2010 United States Census.

In New Hampshire (NH), FCESS, early childhood partners, and family organizations work continuously to improve the early identification of children with the need for Part C services. Improved screening and strong partnerships are considered the root cause of increases in the number of children found eligible for Part C services. Data collected by FCESS in NH shows that the number of referrals to Part C has been steadily increasing for the past 5 years. The count of children served by NH FCESS, has also been steadily growing.

The NH FCESS system consistently surpasses state targets for this indicator. The target for child find, birth to three, for FFY16 was 3.70% of the total population for this age group. The state FCESS system achieved a rate of 5.19% of New Hampshire's birth to three population being served. The national average for this indicator is approximately 3.25%. NH consistently performs above the national average for birth to three child find. A six year data table and local program data table are below.

Fiscal Year FFY11 FFY12 FFY13 FFY14 FFY15 FFY16

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator #6: Percentage of Child Find Birth to Three Population Served

		FFY 2016 State Target	3.70%
		FFY 2016 State Data	5.19%
Region	Program(s) Serving Region	Population Served	% of Population Served
1	Northern Human Services	125	0.33%
1	Children's Unlimited	32	0.08%
2	PathWays of the River Valley	81	0.21%
3	Lakes Region Community Services	118	0.31%
4	Community Bridges	216	0.57%
5	Monadnock Developmental Services	84	0.22%
5	Rise ... for baby and family	106	0.28%
6	Gateways Community Services	155	0.41%
6	The Children's Pyramid	81	0.21%
7	Easterseals	180	0.47%
7	The Moore Center	227	0.60%
8	Child and Family Services	84	0.22%
8	Richie McFarland Children's Center	122	0.32%
9	Community Partners	111	0.29%
10	Easterseals	170	0.45%
10	The Children's Pyramid	79	0.21%
Unknown to Region or Program		1	0.00%
Total Population		38017	5.19%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	90.00%	100%	99.00%	100%	100%	100%	99.69%	100%	99.40%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
189	218	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>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" field above to calculate the numerator for this indicator.</i>	29
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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.

All programs are monitored using the NH Leads data system throughout the monitoring period. To verify that information in the data system is reliable, a randomly selected sample of 5% of children served or a minimum of 10 records is reviewed annually. This sample of verified data is used for the Annual Performance Report. If noncompliance is discovered at the time of annual review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 7. If 100% compliance is not demonstrated in 90 days, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process, that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs, to ensure successful correction of noncompliance.

Provide additional information about this indicator (optional)

Compliance is defined as the number of calendar days from the day of referral, or the day the phone rings, to the day that the family signs the IFSP to indicate consent. The target for indicator 7 is 100% compliance. 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 218 records reviewed, 189 were found to have received timely services and another 29 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, and family rescheduling. 100% (189 + 29 = 218 / 218) of the children were considered to have received timely services. All programs in NH achieved 100% compliance with this indicator. For the 29 IFSPs delayed due to exceptional family circumstances, as soon as the family was available, IFSPs were completed with family consent. The data sample showed 29 children who did not have parental consent on IFSPs within 45 days from the date of referral. For each of the 29 children whose IFSP consent date did not meet the 45 day timeline, the lead agency reviewed records for the individual children, to confirm that the IFSPs were completed with parent consent, although late, as soon as possible. The extent of delay is as follows: (a) 13 children had completed IFSPs within 1-5 days, (b) 2 children had completed IFSPs within 6-10 days, (c) 8 children had completed IFSPs within 11-20 days, (d) 1 child had completed IFSP within 20-31 days, and (e) 7 children had completed IFSPs more than 31 days of the 45 day deadline. IFSPs over 31 days late were completed 33, 33, and 35 days after the 45 day deadline due to family cancellations and inaccurate contact information from NICU referral. The state fully demonstrated and documented that the ESS programs are currently implementing the statutory/regulatory requirements consistent with the timely development of IFSPs. Local program data is as follows.

FFY16 APR Indicator 7-Local Program Data

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Region	Program	# of records reviewed	# of records in compliance	# of records not in compliance due to family circumstances	# of records not in compliance due to beyond program control	% of records reviewed in compliance
1	NHS	13	10	3	0	100%
1	CU	10	10	0	0	100%
2	Pathways	10	8	2	0	100%
3	LRCS	14	14	0	0	100%
4	CB	25	22	3	0	100%
5	Rise	10	10	0	0	100%
5	MDS	10	10	0	0	100%
6	Gateway	18	16	2	0	100%
6	TCP	10	9	1	0	100%
7	ES07	16	14	2	0	100%
7	MCS	20	17	3	0	100%
8	RMCC	12	9	3	0	100%
8	CFS	11	11	0	0	100%
9	CP	13	11	2	0	100%
10	ES10	16	10	6	0	100%
10	TCP10	10	8	2	0	100%
	Total	218	189	29	0	100%

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

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

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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 State educational agency (SEA) and the local educational agency (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	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.80%	100%	100%	100%	100%	96.00%	100%	66.00%	82.26%	99.19%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
104	110	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	6
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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.

All programs are monitored using the NH Leads data system throughout the monitoring period. Data reviews for all of the children who had exited each program with the exit reason: "Eligible for Part B" between 10/1/2016 and 1/31/2017. To verify that information in the data system is reliable, a randomly selected sample of 10% of children exiting or a minimum of 6 records is reviewed annually. This year 110 records were monitored for compliance with indicators 8a, b and c. This sample of verified data is used for the Annual Performance Report. If noncompliance is discovered at the time of annual review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 8. If 100% compliance is not demonstrated in 90 days, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process, that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs, to ensure successful correction of noncompliance.

Provide additional information about this indicator (optional)

The target for indicator 8a is 100% compliance. State of NH compliance with indicator 8a for FFY16 was 100%. Compliance with indicator 8a is defined as having a transition plan that was completed between 27 and 32 months. Each record in the sample of 110 records reviewed, contained an IFSP with transition steps and services. One hundred and six of 110 records contained transition plans that were created between 27 and 32 months.
8/8/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed as follows. Six records were late due to documented exceptional family circumstances. All 6 late transition plans were created as soon as possible following delays. Five delayed transition plans were due to referrals within the state after 32 months of age. One transition plan was created 1-5 days late. One transition plan was created 11-20 days late. Two transition plans were created 21-30 days late. One transition plan was 45 days late due to late referral. One delayed transition plan was due to transfer to the state of NH at 33 months of age. This plan was created 30 days late. No findings of noncompliance were issued. Local program data is as follows.

FFY16 APR Local Program Data – Indicator 8a

Region	Program	# of records reviewed	# of records in compliance	# of records not in compliance due to family circumstances	# of records not in compliance due to beyond program control	% of records reviewed in compliance
1	NHS	6	5	1	0	100%
1	CU	6	6	0	0	100%
2	Pathways	6	5	1	0	100%
3	LRCS	6	6	0	0	100%
4	CB	11	10	1	0	100%
5	Rise	6	6	0	0	100%
5	MDS	6	5	1	0	100%
6	Gateways	10	9	1	0	100%
6	TCP	6	6	0	0	100%
7	ES	6	6	0	0	100%
7	MCS	10	9	1	0	100%
8	RMCC	6	6	0	0	100%
8	CFS	6	6	0	0	100%
9	CP	6	6	0	0	100%
10	ES	7	7	0	0	100%
10	TCP	6	6	0	0	100%
	Total	110	104	6	0	100%

Actions required in FFY 2015 response

In its FFY 2016 SPP/APR, the State must confirm that additional data accepted through September 30, 2016 was based on data for infants and toddlers with IFSPs from the FFY 2015 reporting period (July 1, 2015 - June 30, 2016).

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Responses to actions required in FFY 2015 response, not including correction of findings

One of 16 programs had not achieved 100% compliance with indicator 8a at the time of annual monitoring. The monitoring visit for this program was conducted on May 13 and June 16, 2016. In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed as follows. Sixteen records were reviewed and 16 contained transition plans. Eleven transition plans were created between 27 and 32 months of age. 2 transition plans were created early due to provider error (within program control). Two transition plans were late due to the child entering FCESS with less than 90 days to their third birthday (exceptional family circumstance). One plan was developed late due to the family opting out and then back in to referral (exceptional family circumstance). The individual plans that were out of compliance due to early creation were unable to be brought into compliance due to families having, by the time of monitoring, exited the program. In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample was not within the reporting period of July 1, 2015-June 30, 2016. The program achieved 100% compliance by the additional data review date in October, 2016. The program maintained compliance through FFY16 annual monitoring on April 27, 2017.

The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

One of 16 programs had not achieved 100% compliance with indicator 8a at the time of annual monitoring. The monitoring visit for this program was conducted on May 13 and June 16, 2016. Sixteen records were reviewed and 16 contained transition plans. Eleven transition plans were created between 27 and 32 months of age. 2 transition plans were created early due to provider error (within program control). Two transition plans were late due to the child entering FCESS with less than 90 days to their third birthday (exceptional family circumstance). One plan was developed late due to the family opting out and then back in to referral (exceptional family circumstance). The individual plans that were out of compliance due to early creation were unable to be brought into compliance due to families having, by the time of monitoring, exited the program. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample was not within the reporting period of July 1, 2015-June 30, 2016. The program achieved 100% compliance by the additional data review date in October, 2016. The program maintained compliance through FFY16 annual monitoring on April 27, 2017.

The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

Describe how the State verified that each individual case of noncompliance was corrected

The individual plans that were out of compliance due to early creation were unable to be brought into compliance due to families having, by the time of monitoring, exited the program. The plans were created, however they were created early. All other steps of transition followed the expected timelines. In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year.

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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 State educational agency (SEA) and the local educational agency (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	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		99.60%	99.00%	100%	100%	100%	100%	100%	100%	98.37%	100%

FFY	2015
Target	100%
Data	97.17%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
110	110	97.17%	100%	100%

<p>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" field to calculate the denominator for this indicator.</p>	0
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Describe the method used to collect these data

The target for indicator 8b is 100% compliance. State of NH compliance with indicator 8b for FFY16 was 100%. Compliance with indicator 8b is defined as notification (consistent with any opt-out policy adopted by the State) of the State educational agency (SEA) and the local educational agency (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. Ninety nine of 110 records reviewed, contained documentation that the LEA and SEA were notified at least 90 days prior to the child's third birthday. Eleven of 110 records contained documentation of delays attributable to exceptional family circumstances. All 11 late notifications were completed as soon as possible following delays. Reasons for delay were referral after 32 months of age, transfer from another state after 32 months of age, and family opting out in a timely manner, then opting back in at a date later than 32 months of age. In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year. One notification was completed 6-10 days late. Three notifications were completed 11-20 days late. Two referrals were completed 21-30 days late. 5 notifications were completed more than 31 days late. The State of NH Opt Out Policy is on file with OSEP. In FFY16 no families opted out of referral to the local and state education agencies.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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.

All programs are monitored using the NH Leads data system throughout the monitoring period. Data reviews for all of the children who had exited each program with the exit reason: "Eligible for Part B" between 10/1/2016 and 1/31/2017. To verify that information in the data system is reliable, a randomly selected sample of 10% of children exiting or a minimum of 6 records is reviewed annually. This year 110 records were monitored for compliance with indicators 8a, b and c. This sample of verified data is used for the Annual Performance Report. If noncompliance is discovered at the time of annual review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 8. If 100% compliance is not demonstrated in 90 days, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process, that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs, to ensure successful correction of noncompliance.

Provide additional information about this indicator (optional)

In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed as follows.

The target for indicator 8b is 100% compliance. State of NH compliance with indicator 8b for FFY16 was 100%. Compliance with indicator 8b is defined as notification (consistent with any opt-out policy adopted by the State) of the State educational agency (SEA) and the local educational agency (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. Ninety nine of 110 records reviewed, contained documentation that the LEA and SEA were notified at least 90 days prior to the child's third birthday. Eleven of 110 records contained documentation of delays attributable to exceptional family circumstances. All 11 late notifications were completed as soon as possible following delays. Reasons for delay were referral after 32 months of age, transfer from another state after 32 months of age, and family opting out in a timely manner, then opting back in at a date later than 32 months of age. One notification was completed 6-10 days late. Three notifications were completed 11-20 days late. Two referrals were completed 21-30 days late. 5 notifications were completed more than 31 days late. The State of NH Opt Out Policy is on file with OSEP. In FFY16 no families opted out of referral to the local and state education agencies.

Program Level Data

FFY16 APR Local Program Data Indicator 8B

Notification of Local Education Agency (LEA)

Program	# of records reviewed	# of records in compliance	EFC	BPC	% of records reviewed in compliance
NHS	6	5	1	0	100%
CU	6	4	2	0	100%
Pathways	6	5	1	0	100%
LRCS	6	6	0	0	100%
CB	11	11	0	0	100%
Rise	6	6	0	0	100%
MDS	6	4	2	0	100%
Gateways	10	9	1	0	100%
TCP	6	6	0	0	100%
ES	6	6	0	0	100%
MCS	10	8	2	0	100%
RMCC	6	6	0	0	100%
CFS	6	6	0	0	100%
CP	6	6	0	0	100%
ES	7	7	0	0	100%
TCP	6	6	0	0	100%
Total	110	101	9	0	100%

FFY16 APR Local Program Data Indicator 8b

Notification of State Education Agency (SEA)

Program	# of records reviewed	# of records in compliance	EFC	BPC	% of records reviewed in compliance
NHS	6	5	1	0	100%
CU	6	4	2	0	100%
Pathways	6	5	1	0	100%
LRCS	6	6	0	0	100%

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CB	11	10	1	0	100%
Rise	6	6	0	0	100%
MDS	6	4	2	0	100%
Gateways	10	9	1	0	100%
TCP	6	6	0	0	100%
ES	6	5	1	0	100%
MCS	10	8	2	0	100%
RMCC	6	6	0	0	100%
CFS	6	6	0	0	100%
CP	6	6	0	0	100%
ES	7	7	0	0	100%
TCP	6	6	0	0	100%
Total	110	99	11	0	100%

Actions required in FFY 2015 response

In its FFY 2016 SPP/APR, the State must confirm that additional data accepted through September 30, 2016 was based on data for infants and toddlers with IFSPs from the FFY 2015 reporting period (July 1, 2015 - June 30, 2016).

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Responses to actions required in FFY 2015 response, **not including correction of findings**

Three of 16 programs had not achieved 100% compliance with indicator 8b at the time of annual monitoring. The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	2	1	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year.

Program 1

The monitoring visit for program 1 was conducted on June 1, 2016. 6 records were reviewed. Six notifications to the LEA were made ninety days or more prior to the child's third birthday. Five notifications to the SEA were made ninety days or more prior to the child's third birthday. All services that were discovered to be out of compliance were completed within less than one year as follows. One notification to the SEA was 48 days late due to staffing challenges and data entry (within program control). The individual plan that was out of compliance due to late notification of the SEA was completed 48 days late. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did achieve 100% compliance by the additional data review date in October, 2016. The program achieved 100% compliance for the FFY16 annual monitoring period.

Program 2

The monitoring visit for program 2 was conducted on April 11 and May 10, 2016. Eleven records were reviewed. Seven notifications to the LEA and SEA were made ninety days or more prior to the child's third birthday. Two referrals were late to the LEA and SEA due to late referral to FCESS (exceptional family circumstances). Two referrals were timely to the LEA, but late to the SEA due to program staff misunderstanding of timely data entry (within program control). The 2 individual plans that were out of compliance due to late notification of the SEA were completed more than 31 days late. All services that were discovered to be out of compliance were completed within less than one year. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did not achieve 100% compliance by the additional data review date in October, 2016. A finding of noncompliance was issued to this program. Due to this finding, a Corrective Action Plan (CAP) was required to identify how the program would improve and maintain the required 100% compliance for indicator 8b (notification to the LEA and SEA). The program director identified strategies and timeline for completing the strategies. The program director submitted the CAP to BDS staff for approval. BDS staff conducted quarterly monitoring of this program using the NH Leads data system for one year to ensure program's compliance was maintained at the required 100%. The program achieved 100% compliance by the end date of the CAP. The program achieved 100% compliance for the FFY16 annual monitoring period.

Program 3

The monitoring visit for program 3 was conducted on May 6, 2016. Six records were reviewed. Four notifications to the LEA and SEA were made ninety days or more prior to the child's third birthday. All services that were discovered to be out of compliance were completed within less than one year as follows. One referral was 30 days late to the LEA and SEA due to late referral to FCESS (exceptional family circumstances). One referral was timely to the LEA, but 21 days late to the SEA due to staff not submitting referral paperwork in a timely manner (within program control). Due to an existing CAP with this program for indicator 8b the program was not given 90 days to correct the discovery of noncompliance. A finding of noncompliance was issued at the time of the annual monitoring visit. Program Director has completed actions in the current Corrective Action Plan (CAP). Program Director will continue to monitor staff and ensure notifications to LEA and SEA are timely. Current CAP was extended through 3/4/17. Additional data was monitored quarterly for compliance with indicator 8b. The program did 8/8/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
not achieve 100% compliance for the CAP.

The lead agency, area agency, and program engaged in a meeting to discuss sanctions that would be enacted if immediate compliance was not achieved. The program then achieved 100% compliance at the time of FFY16 annual monitoring. The randomly selected monitoring data sample was verified through on site record review. The sample showed demonstration of 100% compliance for this monitoring period.

Describe how the State verified that each individual case of noncompliance was corrected

Program 1

Five notifications to the SEA were made ninety days or more prior to the child's third birthday. All services that were discovered to be out of compliance were completed within less than one year as follows. One notification to the SEA was completed 48 days late due to staffing challenges and data entry (within program control). The individual plan that was out of compliance due to late notification of the SEA was completed 48 days late.

Program 2

Seven notifications to the LEA and SEA were made ninety days or more prior to the child's third birthday. All services that were discovered to be out of compliance were completed within less than one year as follows. Two referrals were late to the LEA and SEA due to late referral to FCESS (exceptional family circumstances). Two referrals were timely to the LEA, but late to the SEA due to program staff misunderstanding of timely data entry (within program control). The 2 individual plans that were out of compliance due to late notification of the SEA were completed more than 31 days late. All services that were discovered to be out of compliance were completed within less than one year.

Program 3

Four notifications to the LEA and SEA were made ninety days or more prior to the child's third birthday. All services that were discovered to be out of compliance were completed within less than one year as follows. One referral was 30 days late to the LEA and SEA due to late referral to FCESS (exceptional family circumstances). One referral was timely to the LEA, but 21 days late to the SEA due to staff not submitting referral paperwork in a timely manner (within program control). Due to an existing CAP with this program for indicator 8b the program was not given 90 days to correct the discovery of noncompliance. A finding of noncompliance was issued at the time of the annual monitoring visit. Program Director has completed actions in the current Corrective Action Plan (CAP). Program Director will continue to monitor staff and ensure notifications to LEA and SEA are timely. Current CAP was extended through 3/4/17. Additional data was monitored quarterly for compliance with indicator 8b. The program did not achieve 100% compliance for the CAP.

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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 State educational agency (SEA) and the local educational agency (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	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		69.00%	93.00%	99.00%	100%	100%	100%	100%	100%	100%	100%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
96	110	100%	100%	100%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	0
Number of documented delays attributable to exceptional family circumstances <i>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" field to calculate the numerator for this indicator.</i>	14

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.

All programs are monitored using the NH Leads data system throughout the monitoring period. Data reviews for all of the children who had exited each program with the exit reason: "Eligible for Part B" between 10/1/2016 and 1/31/2017. To verify that information in the data system is reliable, a randomly selected sample of 10% of children exiting or a minimum of 6 records is reviewed annually. This year 110 records were monitored for compliance with indicators 8a, b and c. This sample of verified data is used for the Annual Performance Report. If noncompliance is discovered at the time of annual review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 8. If 100% compliance is not demonstrated in 90 days, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action

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plan process, that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs, to ensure successful correction of noncompliance.

In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries of noncompliance for the FFY16 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year.

Provide additional information about this indicator (optional)

The target for indicator 8c is 100% compliance. State of NH compliance with indicator 8c for FFY16 was 100%. Compliance with indicator 8c is defined as conducting the transition conference, 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. Only children between 2 years 3 months and age 3 are included in the denominator. Ninety six of 110 records reviewed, contained documentation of transition conferences that were in compliance with indicator 8c. Fourteen records contained documentation of transition conferences that were delayed due to exceptional family circumstances. Reasons for delay were referral after 32 months of age, transfer from another state after 32 months of age, and family opting out in a timely manner, then opting back in at a date later than 32 months of age. All services that were discovered to be out of compliance were completed within less than one year as follows. All 14 late transition conferences were held as soon as possible following delays. One transition conference was held 1-5 days late. One transition conference was held 6-10 days late. One transition conference was held 11-20 days late. Seven transition conferences were held 21-30 days late. Four transition conferences were held more than 31 days late due to late referral. Local program data is as follows.

FFY16 APR Local Program Data Indicator 8c

Region	Program	# of records reviewed	# of records in compliance	# of records not in compliance due to family circumstances	# of records not in compliance due to beyond program control	% of records reviewed in compliance
1	NHS	6	5	1	0	100%
1	CU	6	4	2	0	100%
2	Pathways	6	5	1	0	100%
3	LRCS	6	5	1	0	100%
4	CB	11	11	0	0	100%
5	Rise	6	5	1	0	100%
5	MDS	6	4	2	0	100%
6	Gateways	10	9	1	0	100%
6	TCP	6	6	0	0	100%
7	ES	6	4	2	0	100%
7	MCS	10	8	2	0	100%
8	RMCC	6	6	0	0	100%
8	CFS	6	6	0	0	100%
9	CP	6	5	1	0	100%
10	ES	7	7	0	0	100%
10	TCP	6	6	0	0	100%
	Total	110	96	14	0	100%

Actions required in FFY 2015 response

In its FFY 2016 SPP/APR, the State must confirm that additional data accepted through September 30, 2016 was based on data for infants and toddlers with IFSPs from the FFY 2015 reporting period (July 1, 2015 - June 30, 2016).

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Responses to actions required in FFY 2015 response, not including correction of findings

All programs are monitored using the NH Leads data system throughout the monitoring period. Data reviews for all of the children who had exited each program with the exit reason: "Eligible for Part B" between 10/1/2016 and 1/31/2017. To verify that information in the data system is reliable, a randomly selected sample of 10% of children exiting or a minimum of 6 records is reviewed annually. This year 110 records were monitored for compliance with indicators 8a, b and c. This sample of verified data is used for the Annual Performance Report. If noncompliance is discovered at the time of annual review, the program has 90 days to explain acceptable circumstances or demonstrate 100% compliance with indicator 8. If 100% compliance is not demonstrated in 90 days, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process, that includes one year of quarterly monitoring. Technical assistance is provided by the state office staff to programs, to ensure successful correction of noncompliance.

The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

Correction of Findings of Noncompliance Identified in FFY 2015

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Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Two of 16 programs had not achieved 100% compliance with indicator 8b at the time of annual monitoring. The monitoring process for New Hampshire Part C was reviewed with OSEP staff at an onsite monitoring visit on September 29, 2017. This process will be conducted in a corrected form for FFY17 and moving forward. Additional data for all indicators will be reviewed for dates within the monitoring period.

In accordance with the Office of Special Education Programs (OSEP) memo 09-20, lead agency staff verified correction of all instances of child specific discoveries and/or findings of noncompliance for the FFY15 monitoring period. Verification was completed by comparison of child specific IFSPs and progress notes. All services that were discovered to be out of compliance were completed within less than one year.

Program 1

The monitoring visit for program 1 was conducted on May 3 and June 16, 2016. 16 records were reviewed. Six transition conferences occurred ninety days or more before the child's third birthday. Eight transition conferences were delayed due to exceptional family circumstances. Three conferences were completed 1-5 days late due to late referral (exceptional family circumstance). One conference was delayed 21-30 days due to out of state absence (exceptional family circumstances). One conference was delayed 30 days due to family opting out and then back in to referral process (exceptional family circumstance). One conference was delayed 40 days due to late referral (exceptional family circumstance). One conference was delayed 61 days due to family opting out and then back in to referral process (exceptional family circumstance). One conference was not scheduled due to child having a prolonged illness and family need to delay entry to preschool special education (exceptional family circumstance). Two conferences were completed late due to circumstances within program control. One conference was delayed 11-20 days due to staff error (within program control). One conference was delayed 34 days with a lack of documentation to explain the delay (within program control). The program did not achieve 100% compliance at the time of the monitoring visit. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did achieve 100% compliance by the additional data review date of October 5, 2016. There is no additional action determined because the program achieved 100% compliance for the FFY16 annual monitoring period. In FFY16 NH FCESS statewide system will adjust the monitoring process to align with OSEP staff recommendations discussed and agreed upon at the NH/OSEP on site visit.

Program 2

The monitoring visit for program 2 was conducted on April 27, 2016. 6 records were reviewed. Four transition conferences occurred ninety days or more before the child's third birthday. One conference occurred 28 days late due to referral after 32 months of age to FCESS (exceptional family circumstances). One conference occurred 11 days late due to service coordinator waiting for school district response (within program control). This program did not achieve 100% compliance at the time of the monitoring visit. A finding of noncompliance was not issued because per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates May 1, 2016 through July 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did achieve 100% compliance by the additional data review date in July 15, 2016. The program achieved 100% compliance for the FFY16 annual monitoring period. There is no additional action determined because the program achieved 100% compliance for the FFY16 annual monitoring period. In FFY16 NH FCESS statewide system will adjust the monitoring process to align with OSEP staff recommendations discussed and agreed upon at the NH/OSEP on site visit.

Describe how the State verified that each individual case of noncompliance was corrected

Program 1

Eight transition conferences were delayed due to exceptional family circumstances. All services that were discovered to be out of compliance were completed within less than one year. Two conferences were completed late due to circumstances within program control. One conference was delayed 11-20 days due to staff error (within program control). One conference was delayed 34 days with a lack of documentation to explain the delay (within program control). The program did not achieve 100% compliance at the time of the monitoring visit. Per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates June 1, 2016 through August 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did achieve 100% compliance by the additional data review date of October 5, 2016. There is no additional action determined because the program achieved 100% compliance for the FFY16 annual monitoring period. In FFY16 NH FCESS statewide system will adjust the monitoring process to align with OSEP staff recommendations discussed and agreed upon at the NH/OSEP on site visit. The program achieved 100% compliance for the FFY16 annual monitoring period.

Program 2

All services that were discovered to be out of compliance were completed within less than one year. One conference occurred 11 days late due to service coordinator waiting for school district response (within program control). This program did not achieve 100% compliance at the time of the monitoring visit. A finding of noncompliance was not issued because per the existing monitoring process, the program had 90 days from the date of their monitoring visit to achieve 100% compliance with this indicator. Additional data verified for compliance with indicator 8b for this program was for exit dates May 1, 2016 through July 31, 2016. This data sample is not within the reporting period of July 1, 2015-June 30, 2016. The program did achieve 100% compliance by the additional data review date in July 15, 2016. There is no additional action determined because the program achieved 100% compliance for the FFY16 annual monitoring period. In FFY16 NH FCESS statewide system will adjust the monitoring process to align with OSEP staff recommendations discussed and agreed upon at the NH/OSEP on site visit. The program achieved 100% compliance for the FFY16 annual monitoring period.

OSEP Response

In the Correction of Findings of Noncompliance Identified in FFY 2015 data box, the State reported one finding of noncompliance identified and one finding of noncompliance corrected. However, in its narrative under FFY 2015 Findings of Noncompliance Verified as Corrected, the State reported "Two of 16 programs had not achieved 100% compliance with indicator 8B at the time of annual monitoring." Therefore, due to the discrepancies with the number of findings identified and corrected, and the State's reference to indicator 8B instead of 8C, it is not clear how many findings were identified and corrected in FFY 2015 for indicator 8C.

In the FFY 2017 SPP/APR, the State must clarify the number of findings issued in FFY 2015 and report on the status of correction of noncompliance for those findings. When reporting on the correction of noncompliance, the State must report that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015: (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 addition, the State must describe the specific actions that were taken to verify the correction.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Explanation of why this indicator is not applicable

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 under section 615 of the IDEA are adopted).

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

This indicator is not applicable.

OSEP Response

This indicator is not applicable to the State.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2014
Target ≥											
Data				100%							

FFY	2015
Target ≥	
Data	

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

FFY 2016 - FFY 2018 Targets

FFY	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 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	n	null

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			

Actions required in FFY 2015 response

none

OSEP Response

OSEP notes that on the progress page the State checked the box to indicate that this indicator was not applicable. However, this indicator is applicable because the State is required to make mediation available to infants, toddlers and families under Part C of the IDEA.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Required Actions

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**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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	2015	2016
Target		66.98%	67.00%	67.10%
Data	66.88%	64.91%	64.15%	

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	67.20%	67.25%

Key:

Explanation of Changes

COS Data for Outcome B (Acquisition and Use of Knowledge and Skills)

Baseline Date = 2013

Indicator 3B, SS1 Statewide

FFY	2013	2014	2015	2016	2017	2018
Target		84.00%	84.00%	84.50%	84.50%	85.00%
Data	85.25%	84.00%	84.55%	85.04%		

Indicator 3B, SS2 Statewide

Target		66.98%	67.00%	67.10%	67.20%	67.25%
Data	66.88%	64.91%	64.15%	64.34%		

Indicator 3, SS1, gender male

FFY	2013	2014	2015	2016	2017	2018
Target		80.00%	82.00%	84.00%	85.30%	87.30%
Data	85.1%	85.00%	83.10%	85.90%		

Indicator 3, SS2, gender male

Target		63.70%	65.70%	68.00%	70.90%	73.90%
Data	64.60%	61.60%	60.40%	61.40%		

Indicator 3, SS2, race/ethnicity minority

Target		58.30%	59.00%	63.00%	65.00%	68.40%
Data	56.00%	49.70%	46.40%	54.90%		

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 66.88% in 2013 to 67.25% 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%)

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

*** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template

The lead agency for NH Part C is the Department of Health and Human Services (DHHS). Within DHHS Part C is housed at the Bureau of Developmental Services (BDS). BDS contracts with ten area agencies that provide developmental services throughout the state, to individuals across the lifespan. New Hampshire (NH) Family Centered Early Supports and Services (FCESS) is embedded in each area agency contract. FCESS programs are either area agency providers or vendors who contract with the Area Agency.

The State office staff engaged AA staff, local provider staff, families, and ICC members with technical assistance partners to determine recommendations related to target setting for all indicators. State staff include Part Coordinator, Part C Administrator, Part C Program Specialist, Part C Data Manager, other BDS staff. Area agency staff includes intake coordinators and other area agency staff involved in the implementation of the Part C program in the ten regions of NH. Local provider staff includes program directors, intake coordinators, providers and other staff involved in the implementation of the Part C program at a local level. Families were represented by Family Voices staff, Parent Information Center staff, and parents of children who have been or are being served by the FCESS system of NH. ICC members represent families, Part C programs, Area Agencies, Part B lead agency, Part B local program, Headstart, higher education, medical community, Child Care, Maternal and Child Health, Special Medical Services, Homeless Services, Foster Care, Health Insurance, and Medicaid. ICC meetings are attended by members and visitors from the FCESS community and the public. Current ICC membership can be accessed through this link <http://www.dhhs.nh.gov/dcbcs/bds/icc/documents/members.pdf>. Technical Assistance Providers (TAP) included 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; Katy McCullough, Early Childhood TA Center & DaSy Center, FPG Child Development Institute, University of North Carolina at Chapel Hill; and Cornelia Taylor, SRI International.

Data analysis groups consisting of providers, families and other stakeholders were assisted by our NH Part C data manager in reviewing and commenting on the child outcome data results. This input helped to guide our SSIP process. Stakeholder input was further gathered through ICC meetings, Quarterly FCESS meetings, Strategic Planning work groups, and SSIP work groups. These meetings 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, provided feedback during development of the SIMR, made suggestions during the root cause analysis, offered ideas for the selection of coherent improvement strategies, and gave feedback on development of the theory of action. Much of our SSIP work was done with assistance from national technical assistance personnel.

FFY16

Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to programs in areas of education, family support, and health. The Part C state office intentionally engages stakeholder groups. Groups are chosen who are interested in or affected by significant decisions regarding the Part C System. ICC membership reflects federal requirements. The ICC is well attended. Families are supported to participate on the Interagency Coordinating Council (ICC), task forces, work groups and committees. Stakeholder input is gathered through stakeholder activities such as (a) group email discussions, (b) face to face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings are the Quarterly FCESS Meeting and the Interagency Coordinating Council meeting which convenes every other month. The SSIP is a standard agenda item for ICC and Quarterly Staff meetings. Stakeholders from ICC and Quarterly FCESS Meetings assisted in planning and implementing data analysis activity for this year. The focus was on ensuring alignment of the evaluation plan with desired outcomes.

Also see Data Analysis, Infrastructure Analysis, and Coherent Improvement Strategies.

Overview

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. Data targets are set for all children in the FCESS system statewide. Subtargets have been set for the specified groups of boys and minorities for Indicator 3, Outcome B, Summary Statement 2, due to disparities found in outcomes for when analyzing data for the initial target setting. There is an additional target for boys in Summary Statement 1 performance for this outcome, due to a disparity in outcomes when compared to girls, when analyzing data for initial target setting.

Stakeholders have engaged with the Part C program throughout the SSIP process to ensure high quality planning, implementation, and evaluation of SSIP efforts. Local teams have engaged with staff and families to gather feedback for use in planning, implementation, and evaluation. Stakeholder engagement and technical assistance have been key factors in the success of preparing for and implementing trainings in the SEE Change, Cultural Competence, and COS initiatives.

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

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

(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.

FFY16 Update on How Key Data were Identified and Analyzed

Key data for SSIP work were identified using the SSIP Action Plan Template that includes outcomes, action plans, and evaluation plans for each of the three SSIP initiatives in NH. The evaluation plan for each initiative describes which data elements will be analyzed and how we will define success for each measure. Indicator 3 data was determined as a primary data source for evaluation of the SSIP initiatives because the SIMR and targets are derived from Indicator 3, Outcome B, Summary Statements 1. The subset data and targets are based on Summary Statements 1 and 2, necessitating disaggregation of both summary statements by race/ethnicity and gender. FOS data is also considered a key determinant of successful SSIP work. This consideration is based on stakeholder feedback related to the SSIP. Analysis of Indicator 3 data was completed and compared with other data.

Analysis of the key training and implementation data elements was carried out according to the SSIP Action Plan Template for each SSIP initiative. Initiative leadership teams used the data to make decisions regarding each initiative. Tools were adjusted to collect data more effectively. Each leadership team engaged in data analysis discussions to plan for follow up coaching and sustainability planning. State office staff used data to determine budgets, plan for sustainability, and plan ongoing training for coaches, leadership teams, and staff.

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

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(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.

FFY16 Update on How Key Data were Disaggregated

The state office staff worked with our data manager to disaggregate data by summary statement, program, race/ethnicity, and gender. Trends in the disaggregated data were analyzed for FFY12 to FFY16. When disaggregated by program we found that SSI, for 2016-17, ranged from 62.5% to 97.9%. The overall state average for Indicator 3, Outcome B, Summary Statement 1 was 85%. Five programs performed 5% or more below the state average for this indicator. Eleven programs performed above the state average for this indicator. Statewide performance on Indicator 3B, Summary Statement 1 is currently trending in a positive direction. After a decline in performance from FFY13 to FFY14 the state has improved performance across FFY15 and FFY16.

*Please see attached Indicator 3B SS1 Data Sheet (graphs will not copy here)

When disaggregated by program we found that SS2, for 2016-17, ranged from 45.9% to 80%. The overall state average for Indicator 3, Outcome B, Summary Statement 2 was 64.3%. Six programs performed 5% or more below the state average for this indicator. Ten programs performed above the state average for this indicator. Statewide performance on Indicator 3B, Summary Statement 2 is currently trending upwards. After a steady decline in performance from FFY12-FFY15 the state has improved performance from FFY15 to FFY16. For Indicator 3B SS2 NH's state figure increased by 0.1 percentage points.

*Please see attached Indicator 3B SS2 Data Sheet (graphs will not copy here)

Disaggregation of Indicator 3B, SS1, by gender revealed higher scores for males than females in FFY16. Across the state, SS1 performance was 2.7 percentage points higher for boys than for girls for the 2016-17 fiscal year. Female outcome scores decreased 4.1% from FFY15 to FFY16 following an increase in FFY15. Male outcome scores increased 2.8% from FFY15 to FFY16 following a decrease in FFY15. The FCESS system in NH has roughly 2/3 male enrollment and 1/3 female enrollment. Because boys constitute a larger percentage of children served by the NH FCESS programs, their scores have a larger impact on our state child outcome data.

*Please see attached Indicator 3B SS1 by Gender Data Sheet (graphs will not copy here)

We combined all children who were identified as not white under the heading minority group (182) and compared it to the group of children identified as white (1063). We then disaggregated Indicator 3B Summary Statement 1 and 2 data by race/ethnicity, for years FFY12 to FFY16. Indicator 3B Summary Statement 1 showed outcomes for children in the white category remained relatively constant across the five year period. Outcomes for the same years for children in the minority category declined from FFY12-14, then made a two year improvement across FFY14 -16. Indicator 3B Summary Statement 1 outcome do not show significant gaps in performance for white vs. minority categories. Indicator 3B Summary Statement 2 showed that outcomes for children in the white category again remained relatively constant. Outcomes for children in the minority category declined from FFY12-FFY15. From FFY15-FFY16 statewide outcomes for children in the minority category show a sharp improvement for Indicator 3B Summary Statement 2. The disparity between outcomes for white vs. minority children for this indicator widened from FFY12-FFY15. While the outcome gap continues, for minority vs. white children in FCESS, there was an improvement in the disparity condition for this indicator from FFY15-FFY16.

* Please see attached Indicator 3B Race/Ethnicity Data Sheet

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.

FFY16 Data Quality Update

Intensive work to improve the efficiency and effectiveness of the NH Leads data system was done by the state office in partnership with the data manager, the data system manager, and national technical assistance personnel throughout this fiscal year. Information was gathered from staff across the state in varied positions that use the data system to inform their work to determine challenges and benefits of the system. This work will lead to a body of recommendations to improve the usability, capacity, and quality of the data. Recommendations for system changes, training, and implementation are expected to be completed in FFY 17.

Currently the data system is considered to be working effectively to meet our needs. Program directors and program level data entry staff were provided with coaching from the Program Specialist of the Part C State Office, throughout FFY16 to improve their confidence and skills with the NH Leads data system, reports, and data use for decision making.

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.

FFY16 Compliance Data Update

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.

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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.

FFY16 Additional Data Update

In FFY16 additional data related to the individual initiatives was collected around training, implementation, and staff outcomes. Each of the three SSIP professional development initiatives has a body of data for use in planning, implementing, and evaluating the activities specifically related to that effort. Please refer to the SSIP Action Plan Template for detailed information regarding data collection and analysis for each SSIP initiative. The Family Outcome Survey was analyzed with stakeholders throughout FFY16. Feedback from stakeholders suggests that race/ethnicity and gender data for this survey will enhance data comparisons for the SSIP initiatives. It has been decided to add race/ethnicity and gender categories to the demographics page of this survey for FFY18 data collection.

Data Analysis- Phase II

a) COS data update FFY14 and FFY15

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.

FFY16 Data Analysis Update

Data around preparation of trainers has been established and continues to be collected for each SSIP initiative. Implementation data collection has been established and continues to be collected for each SSIP initiative. COS and FOS data will be analyzed for trends in race/ethnicity and gender outcome data. A data analysis team will engage in deep data analysis and comparison of implementation data compared with Child Outcomes and Family Outcomes data.

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

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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 reliable 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.

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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 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.

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

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- 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.
- 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.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- 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.

FFY16 Update

- 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 has been prepared, with the help of national and state experts in the area of focus for each initiative. Plan, Do, Study, Act cycles were engaged in with each state leadership team to implement training for trainers and training for staff. Minor adjustments to timelines, forms, or processes within each initiative were responsive to stakeholder input and data collected during the implementation of

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SSIP activities. No changes were made to the action plans submitted for the SSIP. Activities are currently in alignment with timelines in the action and evaluation plans.

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).

FFY16 Update 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 was transitioned from ECTA leadership, to NH SCMC leadership prior to July, 2016. The NH State Leadership Team for SEE Change planned, implemented and evaluated SEE Change activities for FFY16. Part C has one site currently implementing the DEC RPs around child and family engagement. This first cohort engaged in monthly action planning locally throughout FFY16. Quarterly planning calls, with the SEE Change Coordinator, were held throughout FFY16. Action steps aligned with the SSIP Action Plan Template were identified at monthly and quarterly meetings.

The SCMC continues to train staff and subcontractors working in the Region 1 FCESS program. Seven staff members are being coached to implement DEC Recommended Practices around child and family engagement, with children and families. Qualitative responses from staff suggest that family engagement is improving for families engaged with SEE Change implementation staff members. Two staff members from Region 1 FCESS attended the DEC national conference in FFY16.

SEE Change Outputs

1. SLT meets quarterly
2. Resources to support SCMC members identified: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching defined in writing.
3. SCMC application/selection process in writing: This is in place from the initial SEE Change rollout with ECTA.
4. SCMC members selected: This is in place and a coordinator maintains record of who is in which role on the leadership team and for implementation activities.
5. Implementation program sites application/selection process: This process is in writing from the initial rollout of the SEE Change project.
6. Implementation program sites selected: This was conducted at initial rollout. The two programs engaged in the initiative continued to work towards whole program fidelity, to the SEE Change model. The site selection process will be used to select subsequent sites to be trained by the NHS team. Two additional programs were invited to engage in the SEE Change Initiative to begin in FFY18.

*Please see updated SSIP Action Plan Template for current progress on outcomes, activities, and evaluation.

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.

FFY16 Update - Child Outcome Summary (COS)

The COS Master Cadre (COSMC) members and state staff have been fully trained by ECTA staff. This Training of Trainers curriculum has been developed with consideration being given to adult learning styles and the DEC recommended practices. The DEC recommended practices are reflected in the learning modules on the child outcomes process and includes Recommended Practices under the topic areas of Assessment, Family and Teaming and Collaboration.

Best practices on adult learning styles have been addressed in many ways. The modules themselves were developed with practice exercises and group activities in order to provide active learning. Having experienced trainers provide information and learning opportunities along with opportunities for information sharing and modeling, participants gathering information and practicing applying the new information through the use of case studies will promote learner knowledge. The modules provide participants opportunities for mastering learning content through problem-solving using real data from state or local programs, and small group processing and activities. Employing multiple methods such as video, brief lectures, and small group activities and feedback will promote learner understanding and use of newly acquired knowledge and skills that in turn will result in positive learning outcomes for the participants. The use of on-going coaching will ensure that participants retain and use the knowledge and skills they gained through the training. This training was conducted using online modules and a monthly web workshop format. Planning and training for this initiative was conducted over an 18 month period.

The COSMC was engaged in the statewide initiative planning process. Data on COSMC engagement in training events was collected throughout the training period. A dedicated coordinator was engaged for the COS statewide initiative in March 2017. The coordinator in

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partnership with Part C state staff is responsible for keeping the initiative moving forward in compliance with the SSIP Action Plan Template.

The Enhance Survey was conducted in November 2016 to assess the knowledge and skills of all staff regarding the COS process. Provider Survey results are as follows:

- Service Coordinators (who also provide services) = 64%
- Every region of NH responded
- 50% responded that they have completed more than 50 COS forms
- 97% received training on the COS process
- 81% have used a decision tree, 3% do not know what it is
- Q26, "Is there anything else you want to tell us about the child outcomes summary process or this survey"?, helped the COSMC and technical assistance staff to gather valuable open-ended responses.

Follow up coaching for individuals and teams will be provided, so staff will have the support needed to be successful. Programs may choose to participate in group coaching coordinated by the program director and coach. Individuals may contact coaches with a simple question or request up to 5 hours per year of intensive individualized support coordinated between themselves and the coach. Monitoring for the first year will be a cooperative process between program and coach. Data will be collected to help plan, implement, evaluate, and improve implementation of the COS process.

COS Outputs

1. Monthly system planning team meetings: 100% of monthly meetings happened with facilitation assistance by ECTA until intensive technical assistance ended in October 2017.
2. Monthly state leadership team meetings and quarterly face to face meetings happened as planned with facilitation assistance by ECTA until October 2017.
3. Resources identified to support COSMC members: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching is defined in writing.
4. COSMC is trained in COS curriculum and adult learning strategies: All COSMC members have been trained through online learning modules and web workshops. Training was completed by June 2017.
5. Analyses of practices and program wide COS process implementation, including review of COS ratings: Data on COS process and documentation has been collected for all FCESS programs in NH. Data was compiled at the state office and provided to the Interagency Coordinating Council (ICC). Data was presented and analyzed by ICC across several 2017 ICC meetings. Recommendations related to the COS initiative were made by ICC in response to the data.
6. COS action plan updated as needed: A work plan guided planning and preparation for the rollout of the COS training for program staff. Timelines for follow up activities associated with the COS training have been determined in writing.
7. Program staff receives initial training: The rollout of training for program staff is anticipated to begin in August 2017, with a program orientation.

Other COS outputs will occur after rollout of the initial training. Please see attachment "SSIP Action Plan Template" for more information.

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.

FFY16 Update - Cultural Competence

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 CCMC continues to access ongoing support through the CC Coordinator, quarterly trainers' circles, and quarterly master cadre calls. This leadership team will implement at least three trainings, for FCESS program staff, prior to December 2016.

Eleven of sixteen programs completed the four hour, evidence based cultural competence training in FFY16. Three of sixteen programs completed the 2 month follow up event in FFY16. The 2 month follow up is when programs initiate their action planning activities for sustainable change in practice. Two of sixteen programs completed the 6 month follow up event. The 6 month follow up event is when action plans are completed or reviewed if completed at the 2 month event. Qualitative and quantitative data have been collected and used for planning, implementation, and evaluation of cultural competence training events. The state leadership team, CCMC, and the local program teams use data for decision making.

Cultural Competence Outputs

1. Monthly SLT meetings and quarterly face to face trainers circle: 100% of monthly meetings happened as planned and facilitated by the Cultural Competence (CC) Coordinator. 100% of quarterly trainers circles occurred as planned and facilitated by the Office of Health Equity (OHE), formerly Office of Minority Health and Refugee Affairs (OMHRA).
2. Resources to support CCMC members identified: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching defined in writing.
3. Analyses of disparities in COS ratings by gender and race/ethnicity: COS data is being prepared, by the NH FCESS data manager, for presentation to the ICC at the June 2017 meeting. Activities to analyze data and gather feedback will be conducted at the June 2017 meeting.

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4. Cultural Competence action plan updated as needed: The action plan was updated by the SEE Change coordinator throughout FFY16.
5. Program staff are trained on cultural competence: Eleven of sixteen programs were trained in FFY16 by CCMC members.
6. Program self- assessment reports: Reports and other data were collected for all trainings and follow up conducted in FFY16.
7. Local program CC action plans: Eleven of eleven programs have cultural competence action plans.
8. Coaching and follow up support for all program staff: All 2 month follow up activities happened in FFY16. All 6 month follow up activities happened for FFY16. No 12 month follow up activities were due in FFY16.

*Please see updated SSIP Action Plan Template for current progress on outcomes, activities, and evaluation.

b) The Spark NH Council is the governor appointed advisory council on early childhood, birth to third grade. This council and its 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.

FFY16 Update b)

The Spark NH Council is the governor appointed advisory council on early childhood, birth to third grade. This council and its 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 continued 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 in FFY16. Part C continues 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 was explored throughout FFY16, by other early childhood partners in the state. Part C state staff engaged in this exploration with our partners to see how the CSPD initiatives in our SSIP initiatives can align with the model, as a member of the Pyramid Model State Leadership Team. 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.

FFY16 Update c)

The Part C Coordinator and the Part C Program Specialist engaged in budget planning for the initiatives with Special Bureau of Developmental Services (BDS) administrator and management team support. The FFY16 and 17 budget allocations for SSIP activity was approved. In FFY16, the MC for each initiative, with their coordinator, was engaged in detailed planning, implementation, evaluation, and adjustment cycles, to incorporate feedback from stakeholders at least annually. All staff engaged in at least one SSIP training in FFY16. Success was supported by 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.

FFY16 Update Resources

Partnerships with technical assistance providers for SSIP planning and evaluation were maintained throughout FFY16. The SEE Change initiative continued with dedicated time of the coordinator, Kathy Gray (NH Part C Program Specialist). The SLT included members of both programs currently implementing the DEC RPs in this model. Funds were 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, was provided by ECO technical assistance personnel. The COS coordinator, Kerry Wiley (NH Part C Coordinator) and the COS SLT continued to engage in planning with Early Childhood Outcomes (ECO) personnel. The COS Coordinator position was transitioned to Ardis Yahna prior to June 2017. Funds were allocated to this initiative in the Part C training budget.

The CCMC was supported by the Office of Health Equity (OHE - previously OMHRA) convened trainers' circles and the coordinator, Kathy Gray. Funds were set aside in the Part C training budget for this initiative. The ICC and quarterly constituent meetings were a source of stakeholder input for the SSIP process.
8/8/2018

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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.

*FFY16 no change

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.

FFY 16 Update - Timelines

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 implemented the model in FFY16. In FFY16 one of the two programs will be moving out of the FCESS system. In FFY17 2 programs will be invited to engage in the SEE Change initiative in FFY18. The program remaining will continue to work towards program wide expansion in FFY2017.

For the COS initiative, trainers gained intensive training and support throughout FFY16. All program orientations will occur in FFY17. All program trainings are anticipated to be completed in FFY17. All programs will be assigned a coach from the COSMC, prior to orientation, for sustained support. The CCMC has completed their initial training.

For the Cultural Competence initiative, training is expected to be complete for all programs in FFY17. All follow up activities are expected to be complete for all programs in FFY18. Following completion of training and follow up all programs will continue to be supported by an annual action planning process with their cultural competence coach. On demand support will be maintained for individual staff and program teams. Sustainability planning will commence in FFY17.

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.

FFY16 Update d)

Stakeholders from across early childhood programs and FCESS staff were 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. ICC and Quarterly staff engagement in the SSIP planning and evaluation will be sustained for FFY17 and FFY18. Other stakeholders will be engaged as needed.

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

- 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.
- 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.
- 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.

FFY 16 Update a)

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

1. 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 ended in June, 2016. Local leaders in partnership with the SEE Change coordinator have taken over the activities of data collection, support calls, etc. The coordinator maintains record of quarterly planning calls and action planning activity. 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 for FFY16 was compiled and reported back to the local leadership team by the coordinator. Program leadership teams engaged in action planning related to the transition away from ECTA supports. 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.

*Please see the SSIP Action Plan Template for updated information.

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.

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.

FFY16 b) No Change

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.

FFY 16 Update c)

The Office of Minority Health and Refugee Affairs (OMHRA) is now the Office of Health Equity (OHE). One of the two programs implementing the SEE Change initiative is slated to lose their subcontract agreement for FFY17. The children served by this program will be transitioned to the other FCESS program for that region. The staff engaged in the SEE Change Initiative will not be engaged with the FCESS system after June 30, 2017. Two programs are interested in the initiative and will be engaged by Part C staff for FFY18 to begin SEE Change training and COS Leadership Team engagement. The Cultural Competence and COS initiatives are progressing as planned. Stakeholder engagement will be expanded to include deeper involvement of families through partnership with New Hampshire Family Voices (NHFV).

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Evaluation

- (a) 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.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) 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).
- (d) 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.

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.

FFY16 Update - No Change

*Please see updated SSIP Action Plan Template and FFY16 Phase III Update

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.

FFY16 Update

The Office of Minority Health and Refugee Affairs (OMHRA) is not The Office of Health Equity (OHE)

Please see update SSIP Action Plan Template and FFY16 Phase III Update for more information.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

*** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template

1. Theory of action or logic model for the SSIP, including the SiMR

Please see attached "NH SSIP Theory of Action to Improve the NH Comprehensive System of Personnel Development"

Each SSIP initiative has a state leadership team that consists of national experts, state staff, and master cadre trainers. Each initiative has a line in the FCESS CSPD budget to support the specific work of the initiatives. Each initiative has begun to collect data on the training process such as fidelity measures and change in knowledge, skill, or practice. All initiatives are following their action plan, evaluation plan, and timeline established with the state leadership team of the initiative. Data for all three initiatives will be collected locally and maintained by the state office.

The first initiative is SEE Change which focuses on increasing child and family engagement to improve child outcomes. The second initiative is the Diversity and Cultural Competence training. This initiative focuses on increasing the awareness of all staff about cultural competence. The third initiative is the COS initiative. This initiative intends to improve the understanding of Child Outcome Summary (COS) data collection, consistency of process across the state, and family engagement in the process.

2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.

The unifying focus of the three initiatives of the SSIP for Part C NH is to increase the capacity of the Comprehensive System of Personnel Development (CSPD) system in NH to (a) implement evidence based practices (EBPs) with fidelity, (b) scale up EBPs across the system using principles of implementation science, and (c) sustain promising practices with ongoing support. The approach to this has been for state staff to engage with experts for each initiative to identify evidence based practices, train in state trainers and coaches, and roll out the new SSIP CSPD initiatives. Experts prepared the trainers using evidence based adult learning strategies. Trainers were taught adult learning strategies, and facilitation techniques. Trainers engaged in evidence based training to increase their knowledge of the specific evidence based training they would be supporting. Trainers learned how to train and support staff, to implement evidence based practices with fidelity.

The structure of the CSPD system improvements is based on the evidence based model of CSPD that was introduced to the state of NH Part B and C programs by ECTA during the SEE Change initiative. This project introduced a multi-tiered system to support staff as they learn and implement new evidence based practices in their work. In this CSPD model the staff are supported by in state trainers and coaches for ongoing integration of promising practices. Staff and trainers form a local leadership team to engage in the Plan, Do, Study, Act (PDSA) cycles needed to sustain their changes in practice. The trainers and coaches are supported by experts in the topic area, who train and coach them as they use evidence based adult learning strategies to support the staff. With experts the trainers and state staff form a state leadership team that engages in PDSA cycles to scale up each initiative in a planful and sustainable way.

FFY16 Update- Coherent Improvement Strategies and Infrastructure Improvement

The DEC Recommended Practices (DEC RPs) have been scaled up to more providers within the SEE Change initiative. A training on the DEC RPs, coaching strategies, and the SEE Change model was conducted September, 2016. A peer coaching model has been employed to provide sustainable support for staff. Data was collected on changes in practice, family engagement, and child engagement throughout FFY16. The master cadre and coordinator continue to engage in monthly leadership team and quarterly scale up planning meetings. Data is used in decision making at the local and state levels.

The evidence based cultural competence training has been completed by 11 of the 15 NH FCESS programs between 10/2016 – 6/2017. This training has resulted in an increased awareness of cultural competence attitudes and practices in NH. In line with implementation science principles programs are being systematically trained and supported to implement the new cultural competence knowledge and skills. Sustainability planning began in FFY16 with discussion about maintaining a master cadre of trainers and coaches.

The COS master cadre completed their formal training in November of 2016. The master cadre then engaged with technical assistance personnel, state staff, and the initiative coordinator for planning and roll out. COS training policies were disseminated to the program directors of the 15 NH FCESS programs at the quarterly FCESS meeting in December, 2016.

3. The specific evidence-based practices that have been implemented to date.

"Implementation science principles support sustainable integration of evidence based practices into systems of education and healthcare, (Metz, A., Blase, K., Bartley, L., Wilson, D., Redmond, P., Malm, K., 2012, Using Implementation Science to Support and Align Practice and System Change: A Case Study of the Catawba County Child Wellbeing Project, Child Trends, Website: <http://www.childtrends.org>, or http://www.childtrends.org/Files/Child_Trends-2012_07_01_RB_Catawba2.pdf. Taking the time to plan effectively for sustainable change is a foundational facet of implementation science. Planning infrastructure to sustain change after training was identified as logical way to justify the intensive time and resource investments in the SSIP initiatives. For each of the three improvement initiatives, for NH FCESS, a stakeholder informed planning process was the initial stage of the effort. Next, infrastructure changes were planned and put in place to sustain change in practice after training. Budget lines for each initiative were added to the CSPD budget. In state trainers were trained by experts in each content area. Financial and other supports for trainers were identified in writing. Action plans with outputs, timelines, and other details were developed in writing with technical assistance and stakeholder input.

Each initiative has its own master cadre of in state experts on their initiative. The master cadre of trainers are supported by experts and state staff to engage in state leadership teams. The state leadership teams plan, implement, and evaluate training and coaching to local FCESS providers across the state. Data will be collected by trainers and analyzed by the leadership teams, state staff, and stakeholders. Plan, do, study, act (PDSA) cycles are used to guide the ongoing planning and evaluation of each SSIP initiative. The PDSA model is an evidence based tool to guide systemic change. Please refer to <http://www.health.state.mn.us/divs/opi/qi/toolbox/pdsa.html> for more information.

Child Outcome Summary (COS)

ECTA has created a COS Training of Trainers Curriculum that integrates evidence based adult learning strategies and Division of Early Childhood (DEC) recommended practices. For more detail about the COS Training of Trainers Curriculum please see attachment, "Training of Trainers Curriculum". Throughout this year state staff and the Child Outcomes Summary Master Cadre (COSMC) have engaged an intensive training program facilitated by ECTA staff. Trainers were trained in (a) COS evidence based best practice, (b) data based decision making, (c) adult learning strategies, and (d) facilitation strategies. Training was conducted by online learning modules paired with web workshops. 100% of planned trainings were conducted. Face to face meetings were conducted quarterly with COSMC and state staff to plan for rollout, implementation, and sustainability of the COS initiative. ECTA staff called in to face to face meetings to provide support for planning activities. Please see the attachment, "NH COS TtT Attendance List 2015-2016".

Diversity and Cultural Competence

FCESS trainers have trained 5 staff at 5 (Family Centered Early Supports and Services (FCESS) programs using the evidence based model that is intended to increase awareness of cultural bias, competence, and differences. The skill level of Cultural Competence trainers is maintained through attendance at trainer's circles. The trainer's circle is a form of peer coaching in which trainer's meet quarterly to coach each other through challenges, share successes, and polish their training skills. Evidence based adult learning strategies are a foundational facet of this training. Self-assessment, reflection, action planning, and other adult learning strategies that respect the breadth of experience of the NH FCESS staff have been key factors in the training's success.

Partnership with the Office of Minority Health and Refugee Affairs (OMHRA) has helped FCESS to build system capacity, to provide cultural competence training. We are now able to use this capacity to bring cultural competence training to all personnel in our system. Follow up activities for programs trained last year are scheduled for this year. 2-3 additional trainings will be initialized this year for FCESS program staff. There are 16 FCESS programs to be trained, so we anticipate that by the end of this year one half of the total FCESS staff in NH will have completed the initial training. We anticipate that equitable engagement with providers, will increase active participation of all eligible families, in FCESS services.

Sustainable Early Engagement for Change (SEE Change)

The SEE Change initiative teaches providers how to coach parents to use evidence based engagement practices from the Division of Early Childhood (DEC) recommended practices (RPs). 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 increased coordination with the Part B system and other early childhood partners for the benefit of children and their families. This partnership is focused 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, SEE Change, focused on the DEC RPs related to child engagement. Focusing 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 C to increase child outcomes. Involvement in this project is expected to increase the capacity of providers to engage children and their families. The project is also focused on increasing the capacity of families to engage their children.

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DEC RPs related to child and family engagement continue to be used to enhance the effectiveness of the FCESS program. Between July 1, 2015 and June 30, 2016 staff and families have; (a) implemented DEC RPs, (b) implemented DEC RPs, (c) engaged in coaching with internal and external coaches, (d) maintained a state and local leadership teams for planning and evaluation, (e) collected data on child engagement, family engagement, coaching fidelity, and provider fidelity.

Capacity of the NH FCESS system to implement evidence based practices was increased by introducing state and local leadership teams to the system. Engaging local programs in planning and evaluation activities increases their investment in the initiative. The leadership teams increased their understanding of; (a) data based decision making, (b) evidence based practices, (c) implementation science, and (d) PDA cycles through training, coaching, and action. Data collected shows that child and family engagement increased for families engaged in the SEE Change initiative. Data shows that providers engaged in training and coaching activities improved their implementation fidelity during this year.

4. Brief overview of the year's evaluation activities, measures, and outcomes.

Child Outcome Summary (COS)

a. Tracked attendance of trainers at web workshops and planning calls. Attendance of COSMC members ranged from 80% to 100% for the web workshops.

b. Conducted pre and post assessment of trainer knowledge and skills. Pre assessment of trainers was conducted through questions, embedded in web workshops. Ongoing assessment of trainers was reliant on self-assessment paired with discussion embedded in web workshops. ECTA personnel supported COSMC members to increase knowledge, skills, and confidence within self-identified areas of need. Evidence of self-assessment and incorporation of COSMC needs into subsequent web workshops is evident in planning team and web workshop notes. Post assessment of trainers was gathered by ECTA professionals using the COS Competency Check. This tool is an ECTA pilot developed to assess trainers for readiness to conduct COS training. The COS Competency Check was conducted, by ECTA staff, through one to one phone interview with each of the COSMC trainers. Due to the "pilot" status of the assessment tool details and data are not available to share publicly at this time.

c. Enhance survey. Pre-assessment of all staff was conducted using the Enhance Survey. The survey measures the knowledge and skills of staff regarding COS data and best practices. Provider Enhance Survey, initial summary of results is as follows; (a) Survey was sent out to all NH FCESS program staff on November 15, 2016, (b) Service Coordinators (who also provide services) = 64%, (c) Every region of NH responded, (d) 50% responded that they have completed more than 50 COS forms, (e) 97% received training on the COS process, (f) 81% have used a decision tree, 3% do not know what it is, (g) Q26 includes valuable open-ended responses to the question, "Is there anything else you want to tell us about the child outcomes summary process or this survey?" ... Lots of feedback.

Diversity and Cultural Competence

a. Attendance at initial cultural competence train the trainer event was tracked. Six Cultural Competence Master Cadre members were trained. Six of six FCESS Cultural Competence Master Cadre (CCMC) members attended 100% of the five day training.

b. Participation of CCMC members on facilitator planning calls was tracked. One trainer withdrew from service. Participation ranged from 83% to 100% on calls for five of the five CCMC members.

c. Participation in face to face trainers circle events was tracked. The target for participation was 75%. Two CCMC trainers showed 50% participation. 2 trainers showed 75% participation. One trainer showed 100% participation.

d. Facilitator evaluations were collected at each program training. This data has not been prepared for public reporting at this time.

e. Trainings were rated by program participants. Participants rated the training between 16 of 25 quality points to 25 of 25 quality points. This tells us that the training is considered valuable to participants.

f. Pre and post-assessment of program participants for this training is done by self- assessment of their own understanding of cultural competence. Of the 42 participants trained thus far, all reported an increase of 0.1 thru 0.4 in their cultural competence skills following the training. Change in team practices will be assessed by progress on program action plans and qualitative data collected during periodic cultural competence follow up activities. Follow up activities are planned for 2, 6, and 12 months during the first year following the training. Annual follow activities will be conducted for subsequent years following the training.

Sustainable Early Engagement for Change (SEE Change)

a. There are specific tools generated by ECTA to measure child engagement, family engagement, provider changes in practice, coaching activities, and leadership team progress.

b. The SEE Change tools have been used to measure outcomes for this initiative.

c. The Benchmarks of Quality tool generated by ECTA will be used to measure local and state leadership team program.

d. A local action plan for this initiative will be used to evaluate the teams progress with program wide expansion of the initiative. COS and FOS data will be compared with SEE Change measurements to further evaluate progress.

e. SEE Change teams increased their fidelity across the year.

f. The providers engaged in coaching activities with fidelity to the internal and external coach model.

g. Providers increased their use of evidence based practices with families.

h. The families engaged with this initiative increased their use of evidence based practices with their children.

i. Child engagement increased for children whose families and providers used evidence based practices to improve the child's engagement with peers, caregiving adults, and activities.

5. Highlights of changes to implementation and improvement strategies.

To date there have been no changes made to implementation of the original action plans for the NH SSIP improvement strategies.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

*** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template

1. Description of the State's SSIP implementation progress:

(a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.

All SSIP initiative as on track with the projected timelines in the SSIP Action Plan Template. Activities have been carried out as planned. Please refer to coherent improvement strategies and evaluation activities sections for more detail.

Child Outcome Summary (COS)

COS train the trainer activities have been conducted as planned. COSMC members participated in a pilot assessment to measure their knowledge and skills related to the COS curriculum. Trainers were prepared with 8/8/2018

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training by ECTA staff on COS theory, process, and data. Trainers were also trained in adult learning strategies and facilitation techniques.

COS initiative has progressed from training of trainers to planning for implementation. The State Leadership Team for this initiative has engaged in planning for how, when, and where the initiative will roll out. Trainers have been assigned to programs so that each program will have a lead trainer/coach to consult with and to conduct follow up training. The trainer/coach will be available to program staff for individual and team coaching.

Part of the planning for implementation has included joint meetings with the IFSP revision work group. The IFSP revision work group has been working to create a state form for the IFSP that all programs will use. This work is part of a broad effort to increase consistency of effort across the FCESS system in NH. The IFSP form was used as the foundation for discussion about integration of COS process with the IFSP process. Discussion and feedback from the COSMC and the IFSP revision work group led to a state staff decision to integrate the IFSP and COS process and documentation. Training for the new form and process will be embedded in the COS pre-work, training, and follow up.

There will be a pre-module to enhance buy in and understanding. Staff will then have 6 weeks to complete online modules. A four hour wraparound training will then be conducted for program staff. Post training each program will work with their COSMC member to create an action plan that includes their follow up activities and coaching needs. Activities can be added to the action plan as needed or identified by trainer/coach or program staff members. Following this there will be subsequent follow up visits with programs to address challenges and collect data around their changes in practice, knowledge, and skills.

A new integrated IFSP form is being drafted and is scheduled to be finalized in April 2017. Training on the new form will be embedded in the COS training and periodic follow up activities in 2017 and 2018. The COSMC, with state staff and ECTA personnel, are planning the rollout of COS training for June of 2017. Each program will then pilot the new form and process following their COS training date. Support will be provided to address opportunities and barriers that arise during the pilot period. Monitoring for fidelity to the form and process will be ongoing and conducted by COSMC members. Each program will be assigned a COSMC member as their program coach. This coach will conduct follow up activities, action planning, PDSA cycles, and coaching with their assigned program. Follow up activities will be scheduled for 2 months, 6 months, and 12 months from training for the first year. Annual PDSA follow up will be facilitated by the coach annually for subsequent years.

Data was collected on each local program for the purpose of analyzing the differences in COS process and documentation that exist across the FCESS system. This data will be analyzed by the ICC and recommendations will be made on how to improve the consistency of effort across the system. This stakeholder feedback will be used to inform the planning conducted by the SLT. Through the Enhance Survey, data for the COS initiative, has been collected to assess the preexisting knowledge and skills of statewide program staff regarding COS theory, process, and data. A post-test will be conducted following each program training.

System planning meetings have happened monthly by phone and web meeting. State leadership teams of COSMC, state staff, and ECTA staff have met monthly by web workshop and web meeting. Resources have been identified to support the trainers who will in turn support staff. The budget has a line item for COS. Technical assistance from ECTA has been extended until August. A coordinator has been engaged for the COS initiative.

COS Outputs

- a. Monthly system planning team meetings: 100% of monthly meetings happened with facilitation assistance by ECTA
- b. Monthly state leadership team meetings and quarterly face to face meetings happened as planned with facilitation assistance by ECTA
- c. Resources identified to support COSMC members: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching defined in writing.
- d. COSMC is trained in COS curriculum and adult learning strategies: All COSMC members have been trained through online learning modules and web workshops.
- e. Analyses of practices and program wide COS process implementation, including review of COS ratings: Data on COS process and documentation has been collected for all FCESS programs in NH. Data was compiled at the state office and provided to the Interagency Coordinating Council (ICC). Data will be analyzed by ICC in a 2017 ICC meeting. Recommendations will be made by ICC in response to the data.
- f. COS action plan updated as needed: COSMC has crafted a work plan with assistance from ECTA. This work plan is currently guiding preparation for the rollout of the COS training for program staff. Timelines for follow up activities associated with the COS training have been determined in writing.
- g. Program staff receive initial training: The rollout of training for program staff is anticipated to begin June 2017.
- h. Other COS outputs will occur after rollout of the initial training. Please see attachment "SSIP Action Plan Template" for more information.

Diversity and Cultural Competence

The cultural competence training initiative is following the activities and timelines set in the SSIP Action Plan Template. Trainers have completed 5 of 16 program trainings to date. Evaluation data is being collected by trainers and compiled at the FCESS state office by the CCMC Coordinator. Data collected at trainings is showing positive evaluation of trainers and training. Action plans are being developed with each program soon after the training to sustain staff growth in the area of cultural competence. Follow up activities are planned for each local FCESS program that has completed training. 3 additional program trainings and follow up activity sets are scheduled to be initiated this year.

Cultural Competence Outputs

- a. Monthly SLT meetings and quarterly face to face trainers circle: 100% of monthly meetings happened as planned and facilitated by the Cultural Competence (CC) Coordinator. 100% of quarterly trainers circles occurred as planned and facilitated by the Office of Health Equity (OHE), formerly Office of Minority Health and Refugee Affairs (OMHRA).
- b. Resources to support CCMC members identified: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching defined in writing.
- c. CCMC is trained in cultural competence and adult learning strategies: All CCMC members attended 5 of 5 days of the train the trainer event related to this cultural competence evidence based training.
- d. Analyses of disparities in COS ratings by gender and race/ethnicity: COS data is being prepared, by the NH FCESS data manager, for presentation to the ICC at the June 2017 meeting. Activities to analyze data and gather feedback will be conducted at the June 2017 meeting.
- e. Cultural Competence action plan updated as needed
- f. Facilitation teams chosen for program trainings and support: Pairs of trainers have been identified for each program training. This data is maintained by the CC Coordinator.
- g. Program training order: The order of trainings is being determined by the CC SLT as program staff is available for training.
- h. Program staff are trained on cultural competence: To date, 5 of 16 programs have been trained by CCMC members.
- i. Program self- assessment reports
- j. Local program CC action plans
- k. Coaching and follow up support for all program staff

Sustainable Early Engagement for Change (SEE Change)

The SEE Change initiative for NH FCESS has transitioned away from ECTA intensive support, to a Part C State Leadership Team (SLT). The local leadership team works with state office staff to coordinate their PDSA cycle. This year the two Part C programs engaged in the SEE Change initiative have held training events to expand the initiative to include all providers in their programs. Peer coaching has been initiated to support the scale up. Data is being collected about child engagement, family engagement, and provider change in practice. This initiative is supported by Bureau of Developmental Administration, CSPD budget funding, and state staff. Data is collected by local staff and compiled at the state FCESS office by the SEE Change Coordinator. Data collected shows that children, families, and providers are experiencing change. The SEE Change Coordinator facilitates planning meetings at least quarterly and the local leadership team meets monthly. Technical assistance is available as needed from ECTA.

SEE Change teams increased their fidelity across the year. The providers engaged in coaching activities with fidelity to the internal and external coach model. Providers increased their use of evidence based practices with families. The families engaged with this initiative increased their use of evidence based practices with their children. Child engagement increased for children whose families and providers used evidence based practices to improve the child's engagement with peers, caregiving adults, and activities.

- a. SLT meets quarterly
- b. Resources to support SCMC members identified: Budget line item maintained in FCESS CSPD budget. Agreement of rates to be paid for training and coaching defined in writing.
- c. SCMC application/selection process in writing: This is in place from the initial SEE Change rollout with ECTA.
- d. SCMC members selected: This is in place and a coordinator maintains record of who is in which role on the leadership team and for implementation activities.
- e. Implementation program sites application/selection process: This process is in writing from the initial rollout of the SEE Change project.
- f. Implementation program sites selected: This was conducted at initial rollout. It is expected that for the remainder of 2017 the two programs engaged in the initiative will continue to work towards whole program fidelity to the SEE Change model. The site selection process will be used to select subsequent sites to be trained by the NHS team.

Please refer to SSIP Action Plan Template for more detail about action/evaluation plans.

2. Stakeholder involvement in SSIP implementation:(a) How stakeholders have been informed of the ongoing implementation of the SSIP and(b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

Throughout the SSIP process updates have been shared with early childhood partners at ICC meetings 4 to 5 times per year. Evidence of SSIP updates and feedback are included in ICC meeting agendas and minutes. ICC minutes are posted publicly on the FCESS website. At each meeting stakeholder questions were answered and feedback was gathered to inform the SSIP ongoing planning, implementation, and evaluation. In February of 2016 logic models for each initiative were distributed to the ICC. Feedback from the council led to simplified versions of the information to be shared with stakeholders. In August of 2016 ICC and state staff planned for data analysis with the group. In November of 2016 the ICC discussed action plans for each initiative and what data they would like to analyze. State staff asked for input on what materials and activities would be most helpful to ICC members for data analysis and giving feedback. In February 2017 the ICC was provided with a collection of SSIP data and action plans for each initiative. The group requested acronym lists, descriptions for each data element, and agreed to review the data prior to the April 2017 ICC meeting.

Throughout the SSIP process updates have been shared with area agency and local program staff at quarterly staff meetings 4 times per year. Evidence of SSIP updates and feedback are included in quarterly meeting agenda and notes. SSIP updates at quarterly staff meetings included next steps for the initiatives and timelines of when trainings would roll out to program staff. At each meeting stakeholder questions were answered and feedback was gathered to inform the SSIP ongoing planning, implementation, and evaluation processes. Staff leaders were provided with expectations for training. Individualized follow up was conducted verbally and in writing. Feedback from the staff group informed timing, pacing, and incentive provision for each initiative. The need for training was balanced with the need for programs to pace training around their other work responsibilities. Financial concerns were also considered to keep the burden of funding staff time for training, low for local programs. This has increased buy in for the new trainings.

Leadership teams for the SSIP initiatives consist of state staff and in state trainers. ECTA has been instrumental in the success and continued energy of the teams. Teams meet monthly for detailed planning of implementation and evaluation activities for their particular initiative. Stakeholder feedback is brought to the leadership teams by state staff. The feedback is then considered by the team when planning and evaluating their work.

Bureau of Developmental Services administration is also engaged in feedback cycles about SSIP activities. Administrators give feedback and guidance regarding infrastructure development, system change, and budget management. This feedback informs leadership teams when making decisions about pacing, funding, and other planning for initiatives.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

***** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template**

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

Evaluation measures for each initiative align directly with the action and evaluation plans. Each initiative has measures to evaluate; (a) state level activities, (b) outcomes disaggregated by program, (c) provider changes in knowledge, skills, and/or practice, (d) family outcomes, and (e) child outcomes related to the SIMR. Each training team will collect evaluation feedback from providers. Each coordinator will collect fidelity check information on trainers.

For all three initiatives COS and FOS data will be disaggregated by, (a) program, (b) race/ethnicity, and (c) gender. For each initiative training implementation will use pre and post assessment, attendance records for training and support activities, and action plans to assess trainer level outcomes. Master cadre member participation in monthly leadership team activity will be monitored for all initiatives. Local program outcomes will be assessed using individual program action plans and program COS and FOS data. Provider level outcomes will be evaluated using attendance record, pre and post assessment. Family outcomes will be evaluated using FOS data. Child outcomes will be evaluated using COS data.

Child Outcome Summary (COS)

In addition to the above information the COS initiative has specific measures to evaluate the content specific work. Specific to the COS initiative will be an in depth analysis of COS data disaggregated by program, race/ethnicity, and gender. COS forms were assessed for each program to determine documentation of process and evidence supporting the COS ratings. Monitoring data of the new IFSP/COS form use will be used to evaluate changes in practice at program and individual provider levels. The Enhance Survey was used as a pre assessment and will be used again for post assessment of providers.

Diversity and Cultural Competence

In addition to the information in paragraph one, the CC initiative has specific measures to evaluate the initiative. Specific to the CC initiative ongoing development of trainers provided through a trainer's circle. The trainer's circle is similar to a peer coaching model, but is done with the whole group of trainers. Attendance at trainer's circles will be monitored for the CCMC members. Program level evaluation will be gathered through individual program action plans. Providers will participate in self- assessment pre and post training. Child and family outcomes will be evaluated by analysis of COS and FOS data disaggregated by program, race/ethnicity, and gender.

Sustainable Engagement for Early Change (SEE Change)

There are specific tools that were generated by ECTA to measure child engagement, family engagement, provider changes in practice, coaching activities, and leadership team progress. The SEE Change tools will be used to measure outcomes for this initiative. The Benchmarks of Quality tool generated by ECTA will be used to measure local and state leadership team progress. A local action plan for this initiative will be used to evaluate the team's progress with program wide expansion of the initiative. COS and FOS data will be compared with SEE Change measurements to further evaluate progress.

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 66.88% in 2013 to 67.25% in 2018.

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

SS1. % of boys showing improvement increases (baseline 2013 80%, 2014 80%, 2015 82%, 2016 84%, 2017 85.3%, 2018 87.3%)

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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%)

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.

COS data was collected through the NH Leads data system. This system is the data collection system for NH Part C, FCESS system and also for the Bureau of Developmental Services other disability services in NH. Data is entered by program and area agency staff. Data for FCESS is monitored and managed by the Part C Data Manager and the Part C Program Specialist. The data is considered to be valid and reliable. Data for the SSIP follows the Federal Fiscal Year of the APR.

Implementation data has been collected for each initiative using initiative specific tools and measures. Data collected for the SSIP includes pre and post assessment of trainers, pre and post assessment of staff, evaluation of trainer and staff practices, and change in child and family outcomes. Please see attached SSIP Action Plan Templates for detail about initiative specific data collection procedures and associated timelines.

Sampling will not be used for SSIP data. COS statewide and program level numbers will be compared. FOS statewide and local program numbers will be compared. COS and FOS data will be disaggregated by program and compared. COS data disaggregated by race/ethnicity and gender will be compared with all other data. Trainer level data will be compared with fidelity data and provider evaluation of training.

The data we are collecting in the NH Leads system helps us to measure and analyze Child Outcomes; (a) statewide, (b) by race/ethnicity, and (c) by gender. The data can also be easily disaggregated in other ways. The data collected through the Family Outcome Survey helps us to measure and analyze Family Outcomes; (a) statewide, (b) by region, (c) by program, and (d) by other demographics. Initiative specific tools are being used to collect data as each stage of the initiative is being planned and implemented. The data collected for each initiative is being used to inform PDSA cycles for each initiative. The data informs discussion with ICC and staff. The data guides next steps and decisions. Please refer to the SSIP Action Plan Template for more detail regarding initiative specific data collection.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

Key data has been reviewed internally with a team consisting of the Part C Coordinator, Part C Program Specialist, Bureau of Developmental Services Administrator and Part C Data Manager. The data was then organized and prepared for presentation to stakeholders. Data was shared and discussed with ICC and staff at quarterly meetings. Data and feedback were used to inform decision making of each initiatives leadership team.

The COS initiative has not yet begun rollout to staff. The Cultural Competence initiative has just begun rollout within the last 6 months. The SEE Change initiative has gathered evidence of positive change in practice, change in family engagement, and change in child engagement . This initiative is still in the process of scaling up and at this time is only benefitting two programs in the state. It is expected that the expansion of the SEE Change work to all providers in the model program, will be complete next year. Then the SEE Change initiative will scale up to include one or two more programs that will be trained by the model program.

Data has informed each initiative in the areas of trainer preparation, staff need assessment, and follow up planning. Follow up coaching for individuals and teams is being guided by data collected and disaggregated by program. Each program will have its own action plan for each initiative that they are engaged in. The COS and Cultural Competence initiatives are mandatory for all FCESS staff. The SEE Change initiative is at this time voluntary and will invite other programs to participate as scale up continues. There have been no changes as of this year to any of the intended outcomes for any of the three SSIP initiatives or planned infrastructure developments for NH Part C.

3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Stakeholder input has been considered at every stage of the SSIP from initial analysis and choice of direction to current plans for implementation and evaluation. State staff, technical assistance personnel, and leadership teams have incorporated stakeholder feedback into each PDSA cycle. Planning, implementation, and evaluation activities are informed by stakeholder input through face to face meeting, distance meeting, email discussions, and phone.

Throughout the SSIP process updates have been shared with early childhood partners at ICC meetings 4 to 5 times per year. Evidence of SSIP updates and feedback are included in ICC meeting agendas and minutes. ICC minutes are posted publicly on the FCESS website. At each meeting stakeholder questions were answered and feedback was gathered to inform the SSIP ongoing planning, implementation, and evaluation. In February of 2016 logic models for each initiative were distributed to the ICC. Feedback from the council led to simplified versions of the information to be shared with stakeholders. In August of 2016 ICC and state staff planned for data analysis with the group. In November of 2016 the ICC discussed action plans for each initiative and what data they would like to analyze. State staff asked for input on what materials and activities would be most helpful to ICC members for data analysis and giving feedback. In February 2017 the ICC was provided with a collection of SSIP data and action plans for each initiative. The group requested acronym lists, descriptions for each data element, and agreed to review the data prior to the April 2017 ICC meeting.

Throughout the SSIP process updates have been shared with area agency and local program staff at quarterly staff meetings 4 times per year. Evidence of SSIP updates and feedback are included in quarterly meeting agenda and notes. SSIP updates at quarterly staff meetings included next steps for the initiatives and timelines of when trainings would roll out to program staff. At each meeting stakeholder questions were answered and feedback was gathered to inform the SSIP ongoing planning, implementation, and evaluation processes. Staff leaders were provided with expectations for training. Individualized follow up was conducted verbally and in writing. Feedback from the staff group informed timing, pacing, and incentive provision for each initiative. The need for training was balanced with the need for programs to pace training around their other work responsibilities. Financial concerns were also considered to keep the burden of funding staff time for training, low for local programs. This has increased buy in for the new trainings.

Leadership teams for the SSIP initiatives consist of state staff and in state trainers. ECTA has been instrumental in the success and continued energy of the teams. Teams meet monthly for detailed planning of implementation and evaluation activities for their particular initiative. Stakeholder feedback is brought to the leadership teams by state staff. The feedback is then considered by the team when planning and evaluating their work.

Bureau of Developmental Services administration is also engaged in feedback cycles about SSIP activities. Administrators give feedback and guidance regarding infrastructure development, system change, and budget management. This feedback informs leadership teams when making decisions about pacing, funding, and other planning for initiatives.

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

***** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template**

There are no concerns about limitations related to the quality or quantity of the data used to report progress or results. The data system in NH allows us to easily pull data reports for multiple data point combinations. The Part C Data Manager assists with disaggregation of data for use in SSIP and other Part C data analysis. Presentation of data is created by the Part C Program Specialist, the Part C Coordinator, and the Bureau of Developmental Services Administrator. It is believed at this time that Part C will have all of the data and ability to organize that data for use with stakeholders for the duration of the SSIP. Initiative specific data tools and collection plans are expected to meet the needs of the Part C program for assessing the progress and results of the SSIP work.

An infrastructure project, unrelated to the SSIP is being conducted to assess the ease and efficiency of use, of the NH Leads data system for staff at all levels of the system. Although unrelated at this time to SSIP work, the results could benefit the SSIP work in the future. A data system workgroup has been organized that consists of state staff and technical assistance personnel. This group will analyze the NH Leads data system. This project is intended to help state staff identify areas for improvement related to data system use. Intended outcomes are: (a) a map of the system, (b) recommendations to improve data entry efficiency, (c) opportunities to improve efficiency of system work through data reports, and (d) ensuring consistency of data entry and use statewide at all levels of the FCESS system.

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

*** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

For all SSIP initiatives line items were added to the CSPD budget to support the work. Trainers were trained by experts in each area. Evidence based adult learning strategies and implementation science strategies were also implemented throughout the SSIP implementation of all three initiatives. Training on adult learning strategies, coaching strategies, and initiative specific concepts was planned and conducted with experts in each area. Trainers were given support from state staff and technical assistance for each initiative.

2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects

Each initiative has data collection tools to help teams assess the fidelity of train the trainer activities, coaching activities, and implementation activities. Fidelity to the COS best practices training is being monitored by ECTA staff. Fidelity to the training model will be tracked by data collected during implementation of training and follow up activities for this initiative. Fidelity to the "Diversity and Cultural Competence Training" model is ensured by trainer's circle participation and data collected at each training. Follow up activities will also be tracked to ensure that recommended follow up activities are being conducted on recommended timelines. SEE Change has a specific fidelity checklist that tracks the fidelity of providers to the recommended practices they have been trained on. Please refer to the SSIP Action Plan Template attachment for more detail.

3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR

Outcomes for all three initiatives include; (a) development of infrastructure to support the long term implementation of the initiatives, (b) preparation of in state trainers, (c) development of evaluation tools to gather initiative specific data, and (d) data to inform decision making.

Infrastructure improvements have been progressing according to planned timelines. The FCESS CSPD budget has line items to support each initiative. Content experts for each initiative have been accessed. A leadership team for each initiative has been facilitated by state staff and technical assistance personnel. Meetings have occurred as planned. Trainers have been trained in evidence based practices. COS rollout is being planned. Please see attachment "COS Work Plan" for more detail. Cultural Competence training has been delivered to 5 programs and data has been collected as planned. SEE Change teams are expanding the initiative to subcontractors and all staff in their programs. The model site is working to bring all providers to fidelity with the model. Next steps for this initiative include scale up to other programs in the state. Data has been collected and shows that fidelity is high across the first cohort of implementers. PDSA cycles are being carried out by each initiative team. Action plans are being developed at provider and program levels.

4. Measurable improvements in the SIMR in relation to targets

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. The statewide COS data was not expected to show improvement until the staff had been trained in the new evidence based practices. Training is still in progress. It is anticipated that there may be a decrease in outcomes as staff begin to implement their new knowledge and skills. This dip in outcomes is expected to level out and then increase as all programs are trained in COS best practices, Diversity and Cultural Competence, and SEE Change, DEC Recommended Best Practices.

SS1. % of boys showing improvement increases (baseline 2013 80%, 2014 80%, 2015 82%, 2016 84%, 2017 85.3%, 2018 87.3%). Data from FY13 showed that 80% of males showed improvement for indicator 3, outcome B, summary statement 1. FY14 showed an increase of males showing improved outcomes for this indicator at 85.1%, exceeding the target. In FY15 the data showed 85% of males making progress for indicator 3, outcome B, summary statement 1, again exceeding the target. A decrease in the percentage of males making progress for this indicator in FY16, showed 83.1% with improved outcomes. This did not meet the target of 84% of males will show improved outcomes.

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%). Data for indicator 3, outcome B, summary statement 2 showed 63.7% of males exited FCESS at age expected level of development, in FY13. FY14 target of 63.7% was met as 64.6% of males exited at age expected level of development. In FY15 the target of 65.7% was not met. 61.6% of males exited at age expected development. In FY16 there was another decrease in males exiting in this category. 60.4% of males exited at age expected developmental level.

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%). In FY13 58.3% of minority children exited Part C at age expected developmental levels. In FY 14 there was a decrease to 56% of minority children who exited Part C at age expected level for indicator 3, outcome B, summary statement 2. FY15 continued the downward trend with 49.7% of children in the minority category exiting with age expected development. FY 16 once again showed a decrease in number of children in the minority group exiting at age expected developmental level.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

*** For FFY16 update please see attached FFY16 SSIP Phase III Update and FFY16 Action Plan Template

1. Additional activities to be implemented next year, with timeline

All SSIP initiative master cadre members want and need a general overview of coaching strategies. By December a trainer or training will be chosen to provide a coaching strategies training for all SSIP initiative master cadre members. Content specific coach training will be pursued with technical assistance personnel as needed. We anticipate access to some training on coaching, through partnership with the Pyramid project and national technical assistance personnel.

COS data will be disaggregated by program, gender, and race ethnicity. By June 2017 ICC and staff will be engaged in data analysis of COS data at stakeholder meetings. Feedback will be gathered and shared with initiative leadership teams. The data analysis feedback will be used by leadership teams for PDSA cycles.

2. Planned evaluation activities including data collection, measures, and expected outcomes

COS and FOS data will continue to be disaggregated by program, race/ethnicity, and gender. This data will be analyzed by state staff, initiative leadership teams, and stakeholders. We expect to evaluate data and gather recommendations from state staff, leadership teams, and stakeholders. This feedback will be used to plan and adjust initiatives as needed.

Child Outcome Summary (COS)

Attendance of staff to training will be tracked for each program. Post training assessment data will be collected on staff after they complete the training modules and wraparound training. The Enhance survey will be used to collect this data. We expect to see an improvement in attitude, knowledge, skill, and buy in post training. Data will be collected about trainer fidelity to the planned model of training. This will be done through observation of trainers as they conduct training. State leadership team meeting attendance will be tracked. COS training evaluation feedback will be gathered. Implementation of recommended practices and integrated IFSP form will be monitored through follow up activities and PDSA cycles informing the individual program action plan. All will be tracked through follow up activities with coach and program. Data will be shared with stakeholders to enhance evaluation discussions.

Diversity and Cultural Competence

Attendance of staff to training will be tracked for each program. Post training assessment data will be collected using data tools specific to the Diversity and Cultural Competence Training. Trainers and staff will participate in training and follow up activities. Data will be collected in the form of state and program level action plans, agenda and meeting notes, and initiative specific tools. Data will be shared with stakeholders to enhance evaluation discussions.

Sustainable Early Engagement for Change (SEE Change)

SEE Change will continue to coach providers in the implementing program to use the DEC RPs with fidelity. Providers, families, and children will be tracked for change in behavior or practice. The state and local leadership teams will use the Benchmarks of Quality tool to assess their fidelity to the best practices for leadership teams. Training and coaching will continue to be tracked using the ECTA tools already in place. Data will be shared with stakeholders to enhance evaluation discussions.

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3. Anticipated barriers and steps to address those barriers

High quality, generalized, coaching training has been a challenge to access. A line item in the budget for this will help to fund a trainer on this subject. Work with NH Part B and Headstart on becoming a Pyramid Model state will also help to increase access to coaching training. This partnership will also help to align Part B, Part C, and other early childhood partners for infrastructure improvements for early childhood systems.

Child Outcome Summary (COS)

Fear of learning and implementing the new integrated IFSP/COS process and form is anticipated to be a hindrance for buy in to the COS training. To address this challenge COSMC members will; (a) meet with each program for a brief orientation module prior to COS training, (b) work with ECTA staff to ensure that modules will introduce concepts of integration and documentation, (c) implement wraparound training that includes information about the new process and form, (d) assist staff to understand and feel comfortable with use of the new form, (e) facilitate coaching activities and technical assistance to help providers feel comfortable. Monitoring of the new process and form use will be geared towards improvement feedback rather than compliance and correction for the initial training and follow up period.

Diversity and Cultural Competence

Master cadre members for this initiative are wanting to roll out the training at a rapid rate. Trainers want to do all program trainings right away and are not considering follow up activity planning for the already trained programs, pressure on budget, and other systemic factors. The coordinator will work with the Cultural Competence Master Cadre (CCMC) to be planful and scale up in a way that considers lessons learned from prior training and coaching activities.

Sustainable Early Engagement for Change (SEE Change)

Fear of scale up is beginning to be verbalized by the local leadership team for the SEE Change Initiative. The leadership team is afraid that they will not have the capacity to train others. Time commitment is another fear. The team is currently expanding the practices to their subcontractors and gathering data on child, family, and practitioner changes. Money for scale up, is another concern that is beginning to arise in discussions about bringing on another program. Providing money to the trainers will be critical. Incentive for other programs to join will be a challenge.

4. The State describes any needs for additional support and/or technical assistance

Training in general coaching strategies is needed. Technical assistance to procure this training will be requested. Partnership with other early childhood partners on becoming a Pyramid Model State is also expected to increase system coaching capacity. Part C state level currently holds a place on the Pyramid Model State Leadership Team.

Technical assistance to increase the technology capacity of trainers and coaches will help to maintain connections and ease of access to coaching and training. A consultant will be engaged to assist the teams to choose equipment, applications, and to training all trainer/coaches to utilize the new technology capacity. Preliminary needs assessment has been conducted and next step is to analyze needs with the consultant. Recommended capacity building and training plan will be created by the consultant. The consultant will assist with the procurement, set up, and training needed to increase technology equipment and skill capacity.

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
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.

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