



# Louisiana Part C State Performance Plan

**Louisiana Department of Health & Hospitals,  
Office of Public Health  
Office for Citizens with Developmental Disabilities**

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Revised February, 2013  
Revised April, 2014**

## Part C State Performance Plan (SPP) for 2005-2012

### Overview of the Part C System in Louisiana

Louisiana is a southern state with a diverse population of 4,468,976 according to the 2000 US Census. Louisiana is the 24<sup>th</sup> most populous state. The political subdivision in Louisiana consists of 64 parishes (analogous to counties in other states). Seventy-five percent of the population resides in metropolitan areas. Louisiana ranks 22nd in population density. The U.S. Census Bureau estimates that the average median household income in 2004 was \$42,886. The 2004 U.S. Census estimates include 323,991 children less than five years of age in Louisiana. The effects of hurricanes Katrina and Rita has had a significant impact on the population in the state, particularly the largest metropolitan area of New Orleans.

In Louisiana, the Department of Health and Hospitals (DHH), Office of Public Health is the designated lead agency for EarlySteps early intervention system established under Part C of the Individuals with Disabilities Education Act. Louisiana received a five year planning grant in 1986 to participate in the federal program. In 1989, Louisiana adopted legislation for Part H, Act 377. In October 1993, Louisiana fully implemented the program with Louisiana Department of Education as the Lead Agency. On July 1, 2003, the responsibility for administering the system was transferred to DHH. DHH is currently responsible for ensuring compliance with federal and state requirements.

DHH oversees the implementation of a family-centered, community-based, comprehensive, interagency service delivery system for infants and toddlers birth to three who are eligible for Part C services, and their families. This system is monitored and evaluated to ensure that families are supported, and that the potential of each child is maximized.

The mission of EarlySteps is to enhance the capacity of families to meet the developmental and health related needs of children birth to age three who have delays or disabilities by providing quality services and support to families and their children.

EarlySteps has established a System Point of Entry for children and families in each of the DHH, Office of Public Health regions. Contracts to SPOE agencies address the use of Part C funds, compliance with EarlySteps policies, EarlySteps and data reporting schedules & reports. SPOEs are responsible for the initial intake, evaluation and assessment, initial IFSP and data management of the child's early intervention record.

Direct early intervention services are provided by enrolled provider agencies or independent providers through provider agreements with DHH. Medicaid licensed case management agencies for infants and toddlers provide service coordination through provider agreements with DHH. These agencies employ Family Support Coordinators (FSC) to provide ongoing service coordination.

EarlySteps has a structure in place to support components of the early intervention system regionally. Each OPH regional office employs an EarlySteps Regional Coordinator who is responsible for providing training and technical assistance to SPOEs, FSCs and providers in their region of the state. Community Outreach Specialists (COSs) support families in the regions of the state. The COSs are parents of children with disabilities.

DHH implements a general supervision system that identifies non-compliance, ensures correction in a timely manner and promotes enhanced performance and results for children and families. This is accomplished through the procedural safeguards system, a Central Finance Office (CFO), data performance and compliance analysis, data verification, public reporting of data, contracts management, agency self-assessment, policies and procedures, stakeholder involvement, family surveys, complaints, inquiry reports, improvement plans, corrective action plans, on-site focused monitoring, targeted compliance reviews, personnel development, training, technical assistance, sanctions and enforcement. Quality Assurance Specialists are employees of the state and are responsible for monitoring the components of the system statewide.

Early intervention supports and services are provided in accordance with Part C statute and regulations. EarlySteps policies and procedures are disseminated statewide in a variety of formats (hard copies, electronic files,) and are available upon request from the State Lead Agency and regional offices.

### **Overview of State Performance Plan Development**

Due to the Hurricanes Katrina and Rita, the development of the SPP was delayed. The Lead Agency office was located in New Orleans and was greatly impacted by Hurricane Katrina. Louisiana was granted an extension to submit its SPP by January 30, 2006.

Louisiana has a long standing commitment to the involvement of stakeholders in the implementation of the Part C early intervention system. The State Interagency Coordinating Council (SICC) has been involved with the Part C system and advises and assists the Lead Agency with a variety of planning and implementation EarlySteps activities including the development of the State Performance Plan (SPP). In collaboration with the SICC, the Lead Agency formed committees to develop the SPP for EarlySteps (IDEA – Part C) Early Intervention System as required by in the Individuals with Disabilities Education Improvement Act of 2004. The U.S. Department of Education Office of Special Education Programs (OSEP) provided guidance and technical assistance to prepare the State for the development of this plan. The committees including lead agency representatives, Regional Coordinators, Department of Education (Part B), members of the SICC, parents, members of the SICC Service Delivery, Public Relations, CSPD committees. In collaboration with Department of Education, an outcomes task force was created with members of the SICC Service Delivery and CSPD committees. Each committee/task force was assigned SPP indicators to develop. A total of 35 stakeholders participated in the development of the SPP (See Attachment 5). In addition, staff from the National Center Special Education Accountability Monitoring (NCSEAM) provided technical assistance and reviewed the SPP.

In late October, November and December of 2005, the Outcome Task Force convened to review information and research provided by OSEP and the National Early Childhood (ECO) Center and National Center for Special Education Accountability Monitoring (NCSEAM) to assist in defining methodology and data collection processes to respond to indicator #3 and #4.

In November and December of 2004 the SPP SICC Service Delivery committee and SPP PR Committee convened to provide recommendations on the indicators provided by OSEP The SPP SICC Service Delivery committee focused on indicators # 1, 2, 7, 8 while the SPP SICC PR committee focused on indicators #5, 6. The SPP committees examined information that was provided by the State Lead Agency, including overview and description of the system;

baseline data and related discussion and explanation of baseline; and improvement activities, timelines and resources. Indicator #12 was not addressed because it is not applicable to Part C in Louisiana as EarlySteps has not adopted Part B due process procedures. The SPP committee members established measurable and rigorous targets for performance indicators (#2, 5, 6) and also recommended improvement activities, timelines and resources for each of these indicators. The committee members reviewed the baseline data and status for each of the compliance indicators for which targets are 100% (#1, 7, 8) and provided recommendations for improvement activities, timelines and resources for each indicator. Opportunities to provide input on drafts were also provided and comments were incorporated into the SPP as appropriate and the plan was finalized for submission to OSEP by January 30, 2006.

The SPP committees/task force will be reconvened in the fall of 2006 to provide input on the preparation for the February 1, 2007 Annual Performance Report (APR).

Louisiana's Part C State Performance Plan will be disseminated to the public through posting to the EarlySteps webpage, The SPP will be disseminated to the SICC members and all SPP committee members electronically for distribution throughout the State.

**Revisions to Louisiana State Performance Plan.** For Fiscal Years 2007 and 2008 the improvement strategies for Indicators 1-10 and 14 were revised. Those revisions have been added to the indicator sections which follow. In addition, the Discussion Section for Indicator 3 is also updated.

**Revisions to Louisiana State Performance Plan.** For Fiscal Year 2008 the SPP has been updated to add the revised Part C SPP/APR information collection, the updated/revised improvement strategies for each indicator, and the Indicator 3 baseline and targets in accordance with the two new Summary Statements.

**Revisions to Louisiana State Performance Plan.** For Fiscal Year 2009, OSEP required the state to extend the current SPP through 2012-2013. Activities to accomplish this require that Louisiana sets performance targets for the 2 additional years and update the improvement activities to meet the targets. In order to accomplish this task, EarlySteps drafted an **SPP Talking Points** document for distribution to and feedback from Stakeholders. The following activities were conducted:

- A draft document was distributed to the regional staff and Community Outreach Specialists in October following the OSEP TA call for which the requirements were given.
- The document was reviewed with at a joint meeting of the regional coordinators, quality assurance staff and other stakeholders on October 26, 2010.
- The document was distributed to and input solicited from the FSC and SPOE agencies and regional EarlySteps staff via a video conference on October 27, 2010. All agencies were represented at the meeting.
- The document was discussed at the November 10, SICC Executive Committee for final input. A final version of the document was completed and posted to the EarlySteps website at <http://www.earlysteps.dhh.la.gov> and a notification was sent out to providers with a link to the website.
- The final document was reviewed at the December 14 SICC Executive Committee and sent out to the whole SICC and its email distribution list.

- The regional coordinators reviewed the document at their regional meetings held between October and January, 2011.
- The document was presented at the January 12, SICCC meeting.
- Comments were solicited through January 15, 2011 and the final targets and improvement strategies are included in the SPP in the appropriate Indicator sections which follow.

**Revisions to Louisiana State Performance Plan:** To obtain stakeholder input in the development and update of the SPP and APR, the following activities were conducted:

- Discussion at the Spring, 2011 Focus Group meetings held for the development of the new SICCC-Lead Agency Strategic Plan
- Participation and information dissemination at the May, 2011 Strategic Plan Retreat.
- Monthly reports presented to the SICCC and SICCC Executive Committee of activities related to the APR.
- Dissemination of monthly reports to the Regional ICC participants by regional staff.
- A presentation at the January, 2012 SICCC meeting regarding proposed changes to State policies resulting from the September 28, 2011 Part C regulations, including indicators.

For Fiscal Year 2010, the SPP has been updated to add the updates and changes to the improvement activities for each indicator section which follows. No changes to targets are proposed. The current status of the Improvement Activities are reported in each Indicator section with an “Update” and are reported in the APR. Revisions/Additions to the Improvement Activities are included in the SPP as well as the APR.

#### **Revisions to Louisiana State Performance Plan:**

For Federal Fiscal Year 2011, the SPP has been updated with the updates and changes to the improvement activities and timelines the relevant indicator sections which follow. No changes to targets are proposed. The current status of the Improvement Activities is reported in each Indicator section of the APR with an “Update” and is reported in the indicator sections. Revisions/Additions to the Improvement Activities are included in the APR.

In 2012, Louisiana changed its eligibility criteria to more narrow criteria: 1.5 Standard Deviations below the mean in two areas of development. The change was posted for public comment with policy revisions resulting from the 2011 Part C Regulations and hearings were held to solicit input.

#### **Revisions to Louisiana State Performance Plan:**

For Federal Fiscal Year 2012, the SPP has been updated with revisions to the indicator language, measurement language, targets, data table and narrative for Indicators 8A, 8B, and 8C. In addition, a new Improvement Activity was added to Indicator 5.

**Part C State Performance Plan (SPP) for 2005-2013****Overview of the State Performance Plan Development:**

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**Monitoring Priority: Early Intervention Services In Natural Environments**

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

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

Account for untimely receipt of services, including the reasons for delays.

**Overview of Issue/Description of System or Process:**

A definition of “timely” was established through the work of stakeholders from the SICC CSPD and Service Delivery committees. The stakeholders defined “timely” as no more than 30 days from the date when parental consent was obtained on the IFSP, but recommended training and guidance be provided statewide to emphasize the importance of initiating supports and services as soon as possible following the development of the IFSP.

Infants and toddlers who are eligible for Part C and their families receive early intervention supports and services that meet IDEA Part C requirements in accordance with EarlySteps policies and procedures. All early intervention providers must meet applicable licensure and/or personnel standards as defined in the Louisiana IDEA Part C State Application. In collaboration with the CSPD committee of the State Interagency Coordinator Council (SICC) the minimal state requirements for each provider discipline are set. Louisiana implements a system for the enrollment and payment of service providers through a Central Finance Office (CFO). Providers who meet the personnel standards are verified and enrolled in the system through the CFO. The Louisiana system has both provider agencies as well as independent providers. This type of provider system allows for increased availability of service providers as well as provides families choices in the selection of providers to meet their child and family needs.

Although currently there are a total of 1,500 providers enrolled in the system, there are constant challenges faced by Louisiana to ensure adequate numbers of providers in rural areas and to ensure services are available to underserved populations of the State. Regional Coordinators, employed by the State are responsible for recruitment of early intervention providers in their regions of the state. Through activities of Regional Interagency Coordinating Councils (RICCs) meetings, Regional Coordinators conduct recruiting sessions as an effort to bring new providers in the system. By monitoring provider enrollment, RCs track provider enrollment and identify shortage areas. RCs also attend community events and health fairs to distribute

EarlySteps materials targeting providers from various disciplines. In addition, the State conducts presentations at various statewide discipline conferences.

Service coordination is provided in a “dedicated” model in Louisiana. This means that service coordinators function only as service coordinators and do not provide other intervention supports and services to the children and families for whom they provide service coordination. Service coordinators are employed through a licensed Case Management Agency. In addition to Part C requirements Service Coordination agencies must meet Medicaid licensure requirements and must follow all Medicaid policies and procedures.

Louisiana’s Comprehensive System of Personnel Development (CSPD) requires providers to complete a core set of three modules. These modules are currently being revised to be in a web-based format by Summer 2006.

1. Orientation to EarlySteps. In this module, early intervention providers learn how Louisiana implements Part C of IDEA. The purpose, mission and philosophy of the system are described as well as expectations for providers.
2. Evaluation and Assessment in EarlySteps: This module describes in detail the process of eligibility determination (evaluation in Part C) and assessment for IFSP planning. A seminar will be required for providers to attend. This seminar will use a case study methodology is used to assist early intervention providers in application of the knowledge obtained.
3. Individualized Family Service Plan (IFSP): This module leads early intervention providers through the planning and development process of a quality IFSP. A seminar will be required for providers to attend. This seminar will use a case study methodology is used to assist early intervention providers in application of the knowledge obtained.

The EarlySteps CSPD Consortium comprised of representatives from colleges and universities under the leadership of Louisiana State University Health Sciences Center will develop the EarlySteps training modules. The Consortium will also facilitate the E & A and IFSP module seminars by using trained personnel composed of parents and professional. The Consortium strives to increase faculty knowledge, to increase participation of therapy disciplines in the consortium and to promote inclusion of early intervention content in coursework at the college and university level.

**Baseline Data for FFY2004 (2004-2005):**

For FFY2004, **75.55%** of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

**Discussion of Baseline Data:**

The current Early Intervention Data System (EIDS) is designed to collect the IFSP consent date, authorization start date and provider(s) for each service agreed to within the IFSP and claims information that identifies the date each service is provided for the first time. The new requirement for a definition of timely and measurement for this indicator provided under the SPP were not made available to states until August 2005. In order to accurately report data for this indicator requires a costly revision to the EIDS system. Although Louisiana is reporting baseline data, the percentage identified in the baseline may not adequately reflect performance in this area. Louisiana anticipates a revision to the baseline in the 2007 APR.

The current data system does not have the ability to accurately report on the provision of timely services. The current electronic data system does not distinguish between the first date the service was provided based on the initial IFSP consent and the initial date of the provision of a new service added through an IFSP review. As a result, the data may inaccurately conclude untimely provision of a service to a child when in fact the services on the initial IFSP were provided within the state’s definition of timely.

In order to establish the baseline for this indicator, SPOE data was run on children that received an initial IFSP during the period April 1, 2005 and June 30, 2006. The claim data on these children were analyzed against services authorized on the IFSP to determine if services were provided within 30 days of the date of the IFSP. As previously stated, this data may include revisions to services that were done prior to the 30-day timely definition.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2011 (2011-2012)  2012 (2012-2013)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

**Improvement Activities/Timelines/Resources:** Revised Improvement Activities for FFY 2009-2013:

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008-2009. Unless otherwise indicated, most improvement activities approved for the State Performance Plan are ongoing.** Updated timelines and activities are provided below. One additional improvement activity is planned for 2009-2010. Many are underway and performance improvement has continued. No revisions to activities are planned.

Improvement Activities – Indicator 1	Timelines/ Resources	Discussion/Progress/Slippage
Provide ongoing training and technical assistance to provide supports for providers and service coordinators	Fall 2005 and ongoing through 2011 2013  QAS staff  Regional Coordinators	Each eligible child and the child’s family are provided with a service coordinator who is responsible for coordinating all services and acting as a single point of contact in helping parents obtain services.  The service coordinator is responsible for the implementation of the IFSP, which identifies all services in detail per the requirements of the law. Service coordinators are aware that one of their primary responsibilities is to ensure that the child receives services in a timely manner. QAS are in place in all regions but 2, and are conducting monitoring activities. Training and technical assistance are provided on an ongoing basis and in response to findings of noncompliance by the regional coordinators throughout the State.  The Practice Manual identifies responsibilities for timely services by service coordinators and providers.
Data Quality TA project beginning February, 2009 with DAC and SERRC.	February, 2009 and ongoing  QAS staff,  Regional Coordinators, Central Office staff, statewide Parent Liaison, COS’s	The project, as described in the APR introduction is ongoing. Improvements from this project have resulted in more effective and timely correction of findings as well as correction of findings from previous fiscal years.
Develop guidance materials and technical assistance for service coordinators and early intervention providers on the importance of “timely” services	Summer 2006 and ongoing /EarlySteps training coordinator	Upon identification of significant non-compliance in this area, the regional coordinators provided intensive technical assistance on this requirement. The State will develop additional guidance materials to emphasize the importance of timely services.
Develop and disseminate training materials to address best practices of service delivery	Ongoing through 2011-2013  EarlySteps Training Coordinator	A document was developed by a committee of the SICC entitled “Best Practice Guidelines”. This document has been in use since the fall of 2005. This document recommends evidence based best practice in helping a team determine the amount of service required for a child.

Improvement Activities – Indicator 1	Timelines/ Resources	Discussion/Progress/Slippage
The EarlySteps practice manual is being revised beginning Winter, 2007 and will incorporate the best practices document.		The final draft of the practice manual is targeted for completion by February 2010. The service determination guidance is under revision and will be included in the revision. Training on its use will begin in Spring, 2010.
Continue to facilitate enrollment of new service providers to increase availability to access to services.	Ongoing through 2014 2013	The Regional Coordinator meets with each potential provider as part of the enrollment process to review service guidelines, practices, requirements, etc. An average of 29 contacts per month were held with potential providers in FFY 2008. An increase of at least 300 providers in 12 months resulted.
<p>OCDD is pursuing re-establishment of reimbursement rates (cut 25% in 2006) to increase provider capacity across the state.</p> <p>Consider incentives such as travel, and/or increased rates to attract providers to rural and underserved areas.</p> <p>Review and consider rate structure proposal from SICC System Resources Committee.</p> <p>Continue to work with the Bureau of Health Services Financing (Medicaid) to refine the provider billing process.</p>	9/1/2008 and ongoing	<p>The rate increase became effective 9/1/2008 and an additional 300 providers were enrolled in 2008-2009 in a variety of disciplines and geographic areas of the state.</p> <p>An additional rate increase was requested in the 2009 Legislative session but was not approved due to budget constraints.</p>
Ensure monitoring of provider enrollment for qualified providers	Ongoing through 20142013	Regional coordinators continue to recruit new providers.
Since transition of EarlySteps to OCDD, the Interagency Agreements with Medicaid and the SICC are completed and the agreement with the Louisiana Departments of Education and Social Services (Office of Community Support, Child Care, Head Start, Early Head Start) will be finalized by June, 2008.	July 2007 and ongoing	Agreements with Medicaid, SICC, Education, Head Start/Early Head Start are in place.
Develop CSPD University Consortium to embed EarlySteps practices into pre-service training and increase participation from additional university and colleges	Spring 2008 and ongoing through 20142013	To increase awareness of early intervention as a potential career, copies of the 3 EarlySteps Training Modules were distributed to 21 university training programs who had expressed interest in receiving them. These represented several disciplines. It is hoped that the materials are incorporated into their

Improvement Activities – Indicator 1	Timelines/ Resources	Discussion/Progress/Slippage
		<p>curricula.</p> <p>The EarlySteps training coordinator worked with the SICC CSPD committee in the development of a new CSPD Plan as part of the implementation of the SICC Strategic Plan. The plan was completed and approved by the SICC in November, 2009</p>
<p>In conjunction with the transition of EarlySteps to OCDD, the SICC committees, including CSPD have been reestablished. A training contract with the CSPD consortium ends December, 2007. Opportunities for ongoing training and maintenance of current efforts will be developed beginning Spring, 2008.</p>	<p>Spring, 2008 and ongoing through 2013</p>	<p>The approval for the training contract for 2008-2009 was delayed. Activities began in January, 2009 and 4 additional modules were developed: <i>IFSP, Family-Centered Services, BDI-2 and Teaming.</i></p> <p>A new training contract was issued beginning in July 2009. A training calendar is posted for 2009-2010.</p> <p>ICC committees assisted central office staff to revise and update the original 3 training modules from the earlier contract.</p>
<p>Develop guidance materials and technical assistance for a system of cost participation by families.</p>	<p>Spring 2007</p>	<p>State Office, CFO, System Resources Committee</p> <p>Initial guidance materials were developed and technical assistance was provided. However the State has made a decision to postpone the implementation of family cost participation. Guidance materials will be developed as needed.</p> <p><b>Status: <del>postponed</del></b></p> <p><i>DHH is now planning to implement family cost participation in July, 2013. Increased numbers of children and providers have resulted in the need to capture more resources for the system. Materials and guidance will be developed as part of any implementation planning.</i></p>
<p>Develop additional guidance materials on the provision of timely services.</p>	<p>Spring 2007 and ongoing through 2011-2013</p>	<p>State Office, Service Delivery Committee</p>
<p>Improve data collection system to include tracking timely service delivery within 30 days, consider adding delays due to family circumstance</p>	<p>June, 2008 EIDS, Central Data System</p>	<p>An EIDS report was successfully generated for data collection for this indicator. The report will be revised to add family circumstances for 2009-2010.</p> <p><b>Status: Service delays due to family</b></p>

Improvement Activities – Indicator 1	Timelines/ Resources	Discussion/Progress/Slippage
		circumstances were calculated in performance results for FFY 2011 reporting.
Beginning, January, 2008, revise the service provider contact note to include addition of “1 <sup>st</sup> service date,” with justification if provided more than 30 days from IFSP date and require submission of the contact note to FSC agency to simplify data collection for timely services.	January, 2008 and ongoing	This change was added to the provider contact notes and will be used to verify correction or as a means to trigger technical assistance following chart review.  Status: postponed
Explore, through pilot activities, models for teaming and/or transdisciplinary service delivery to enhance service provider ability to meet child/family needs	September, 2008 and ongoing	Use of transdisciplinary teams enhances provider skills across traditional disciplines. The revised practice manual now contains recommendations from the SICC to enhance teaming strategies within current service delivery structure. In addition, an online module is available on teaming and regional face-to-face training activities on teaming are planned for 2009-2010
Consider adding question to Family Survey regarding timeliness of services	January, 2010- June 2010-2013	Obtain feedback from families regarding issues/problems/successes in timely service delivery.
Train, enroll and offer ongoing support to service providers in the OCDD supports and services centers.	Spring, 2009 and ongoing	OCDD has 7 regional Supports and Services Centers throughout the state providing residential options and services to adults with disabilities. Providers from the centers will be trained and enrolled to become EarlySteps providers.  Approximately 110 providers were enrolled from all the centers through June, 2009. New providers represent many needed disciplines for service delivery and these providers are available to provide services in rural and underserved areas.
Develop and implement communication strategies with SPOE’s and FSC agencies to identify effective practices and challenges in meeting 30-day timeline	Summer, 2009 and ongoing	SPOES and FSC agencies with effective strategies in achieving 100% compliance will be asked to share policies and procedures with those SPOES and FSC agencies who have had ongoing findings.
Report quarterly performance on compliance indicators, including Indicator 1 at RICC meetings	Fall, 2009 and ongoing	Identify trends for disciplines, providers, etc where timeliness is successful or not.
Include, in staff monthly reporting requirements, reports of services by discipline provided in < 30 days and those > 30days	Spring 2010 and ongoing	Provide stakeholders in the regions with a direct opportunity for “ownership” of the requirement.

Improvement Activities – Indicator 1	Timelines/ Resources	Discussion/Progress/Slippage
<p><b>New Strategy for 2009-2010</b>                      Improve process to coordinate correction of noncompliance with issuing annual determinations consistently</p>	<p>Spring 2010 and ongoing                       QACProgram                      ManagerData                      Quality TA                      Consultants</p>	<p>The timelines for issuing determinations have not been consistent, resulting in confusion with findings and correction for provider agencies.</p>
<p><b>New Strategy for 2010-2011</b>                      Add a Timely Services review item to the Cyclical Monitoring Tool</p>	<p>Fall 2010</p>	<p>Language for the item will be drafted and added to the FSC monitoring tool for use beginning in 2010-2011.</p>
<p>Require the use of a “service tickler” and monthly self-assessment by FSC Agencies to monitor timelines and service quality</p>	<p>Fall 2010-Spring 2011</p>	<p>Based on performance for Indicator 1-agencies will be required to use tickler as part of corrective action to monitor their timelines. Agencies on corrective action will also be asked to pilot the self-assessment tool.</p>
<p>Develop local activities to support the collection of provider progress reports for use in the team-decision making process.</p>	<p>Spring, 2011 and ongoing</p>	<p>With the implementation of the Team Service Decision Process in 2010, FSC’s report that providers are not submitting some of the required data for decision-making at IFSP and other team meetings. Regions will discuss and develop ways to improve meeting this requirement.</p>
<p>Update the CSPD Plan with the SICC Strategic Plan</p>	<p>July, 2011 through June, 2013</p>	<p><b>Update:</b> The SICC updated and approved its new Strategic Plan in July, 2012. The CSPD plan was updated and incorporated in it. Training needs have been identified and means to address them are being developed. <b>Status: complete</b></p>
<p>Develop a process to support team services decisions using the Team Services Decisions tool.</p>	<p>July, 2011 through June, 2013</p>	<p>This tool was developed to support the State’s use teaming by providers for the IFSP process. Additional activities are needed to support FSC’s and SPOE IC’s in the use of the tool. The State is considering a TA activity to develop this improvement activity.</p>

## Part C State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development:

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### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or **community-based settings (revised for February 1, 2011)**.

**Measurement: Revised 4/2010**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or **community-based settings**) divided by the (total # of infants and toddlers with IFSPs)] times 100.

### Overview of Issue/Description of System or Process:

The State of Louisiana assures that, to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. EarlySteps policies and procedures, in addition to training materials and instructions for use of the statewide IFSP document, support the provision of supports and services in natural environments in Louisiana. The IFSP process is used to ensure that early intervention supports and services are provided in home and community settings throughout Louisiana unless early intervention cannot be achieved satisfactorily in a natural environment. The IFSP must include a Natural Environments Justification form that must be completed for each and every service provided to a child that is not in the natural environment. EarlySteps monitors the development and implementation of IFSPs to ensure natural environment requirements are met.

The federal and state requirements for natural environment require that the IFSP team begin with the settings, routines, and activities of the child and family as the “starting point” for early intervention supports and services. In addition to services provided in the child’s home, the team looks to community programs that the child would typically participate in --such as a neighborhood childcare facility, nursery or preschool program, or playgroup. A written justification must accompany the IFSP when a service will be provided in a setting other than the home, other family location, or community setting. This justification must also state how the family will be informed and involved in the provision of services while the child receives services in restrictive settings. Restrictive settings include locations that serve only children with disabilities or where the majority of children have disabilities. These settings may be appropriate when an IFSP team has determined that this service delivery is necessary to achieve the outcomes for a particular child.

Central Office developed a Quick Fact sheet describing Natural Environments as related to Part C. Information covered includes research pertaining to providing services in the natural

environment and a series of frequently asked questions related to providing services in the natural environment. The Quick Fact sheet was distributed to all early intervention providers throughout the state and posted on the Early Steps website

In Louisiana, natural environment community settings are defined as settings when 70% or more of the enrolled children have no disabilities or development delays. In each individual classroom or group within a setting must have a ratio of 60% typical children to 40% children with disabilities.

**Baseline Data for FFY 2004 (2004-2005):**

For FFY 2004, **96.74%** percent of infants and toddlers with IFSPs primarily receive early intervention services in home or programs for typically developing children

**Discussion of Baseline Data:**

During the 04-05 reporting period, 96.74% of children received services in home and community settings that are considered Natural Environments where the majority of children served have no disabilities. 3.26% of children received services in settings that would not meet the definition of Natural Environment. The baseline data represents a point in time on December 1, 2004 of the setting in which services were primarily provided as reported to the Office of Special Education Programs. This data do not reflect where all services on the IFSP are delivered only where most services are delivered for each child.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	<b>97%</b> of Louisiana’s infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs for typically developing children.
<b>2006 (2006-2007)</b>	<b>97.25%</b> of Louisiana’s infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs for typically developing children.
<b>2007 (2007-2008)</b>	<b>97.50%</b> of Louisiana’s infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs for typically developing children.
<b>2008 (2008-2009)</b>	<b>97.75%</b> of Louisiana’s infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs for typically developing children.
<b>2009 (2009-2010)</b>	<b>98%</b> of Louisiana’s infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs for typically developing children.

## SPP Template – Part C (3)

Louisiana

<b>2010 (2010-2011)</b>	<b>98%</b> of Louisiana's infants and toddlers with IFSPs primarily will receive early intervention services in the home or community-based settings.
<b>2011 (2011-2012)</b>	<b>98%</b> of Louisiana's infants and toddlers with IFSPs primarily will receive early intervention services in the home or community-based settings.
<b>2012 (2012-2013)</b>	<b>98%</b> of Louisiana's infants and toddlers with IFSPs primarily will receive early intervention services in the home or community-based settings.

### Improvement Activities/Timelines/Resources:

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Develop Best Practices Guidelines on service delivery	Fall 2005	State Office, SICC Service Delivery Committee, Regional Coordinators
Provide ongoing training and technical assistance to provide supports for providers and service coordinators on Best Practice	Spring 2006 and ongoing through 2011	State Office, Regional Coordinators
Conduct parent focus groups on Best Practices in collaboration with State PTI	Fall 2006 and ongoing through 2011	State Office Parent Consultant, Project Prompt (PTI), and Community Outreach Specialists
Collaborate with Department of Social Services (DSS) to include in training on serving children with disabilities in childcare settings	Spring 2007	State Office, SICC Service Delivery Committee
Develop a comprehensive primary service provider module of service delivery	Fall 2008	State Office, SICC Service Delivery Committee

**Revised Improvement Strategies for FFY 2010-2012**

**Discussion of Improvement Activities Completed and Explanation of Progress that occurred for FFY 2008-2009 and revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008-2009**

When the Department of Health and Hospitals became the lead agency for EarlySteps in 2003, a priority was established to improve service delivery in natural environments through the development of a new system point of entry process, through the recruitment and enrollment of individual service providers to increase provider capacity, and through development of a tiered reimbursement rate with the highest level of reimbursement, in the natural environment. These activities have contributed to Louisiana’s continued success in meeting its target for this indicator. No additional improvement activities are proposed. Some implementation timelines have been updated as shown below.

Improvement Activities- Indicator 2	Timelines	Discussion/Progress/Slippage for 2008-2009
Develop Best Practices Guidelines on service delivery. The practice manual is currently being revised and will integrate these and other recommended guidelines throughout the document.	Fall 2005- Summer 2010	Revisions to the practice manual were presented to the ICC committees in 2009. Comments were received by the workgroup and additional revisions finalized with a February, 2010 timeline. The guidelines have been integrated in the appropriate sections throughout the document. Training on the revisions to the manual and posting to the website will follow.
Three training modules were developed and made available in Fall, 2007. Three additional modules will be developed in 2009. These six modules will form the core program content for staff, agencies, providers, families, etc.	2007 and ongoing	Contracts for development of the next 3 training modules and hosting of the 3 current Web based modules were approved to begin in January, 2009 and July 2009 respectively. Three additional modules have been completed and are being prepared to be posted on-line: <i>Teaming</i> , <i>Family-Centered Services</i> , and <i>IFSP</i> . The Teaming module also includes a face-to-face component.
Provide ongoing training and technical assistance to provide supports for providers and service coordinators on Best Practice regarding natural environments  Incorporate the 3 modules developed in Fall, 2007, into the provider enrollment process to establish a core knowledge base with all new providers. A timeline for completion of the modules has been established by the lead agency.	Spring 2006 and ongoing through 2011-2013	The IFSP contains a section to address justification for services provided outside the natural environment setting.  TA is provided to FSCs by the Regional Coordinator on appropriate justification of services provided outside the natural environment.  A contract with a web-hosting service was approved in July, 2009 and modules are available on line.
Implement a rate increase for services provided in natural environments.	9/1/2008- 6/30/2010	The rate increase, discussed earlier, was appropriated by the legislature 6/30/2008. Due to program growth, there were not sufficient funds to increase all service provider rates. Therefore, the

# SPP Template – Part C (3)

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Improvement Activities- Indicator 2	Timelines	Discussion/Progress/Slippage for 2008-2009
		25% rate increase was applied to those services provided in natural environments as a means of increasing opportunities for service delivery in natural environments as well as to address provider concerns about travel costs during that time.
<b>Additional SPP Improvement Activity for SPP Extension Period through 2013:</b>		
Utilize the Family Assessment process to support team service decision-making to develop functional outcomes in daily routines.	July 2011- June 2013	Training on the process is underway beginning January, 2011. IFSP's will be reviewed by regional staff for quality indicators regarding the use of the family assessment. Baseline data will be collected from these reviews then the data will be used to finalize a quality review tool with FSC and SPOE agencies.

## Part C State Performance Plan (SPP) for 2005-2012

## Overview of the State Performance Plan Development:

See overview section on page 3

**Monitoring Priority: Early Intervention Services In Natural Environments****Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:** Revised February 1, 2010

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

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

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

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

- a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

<b>Overview of Issue/Description of System or Process</b>
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**Description of the Outcome Measurement System for Louisiana:**

In the EarlySteps system in Louisiana, enrolled early intervention providers who meet applicable state licensure and personnel qualifications conduct eligibility evaluations and assessments for IFSP planning. The eligibility team minimally consists of the parent, provider who conducted the comprehensive development assessment (CDA), and the service coordinator. Team members are determined based upon the child and family unique needs and reason for referral. Evaluations and assessments are completed using tools or procedures from CDA, medical and health information, family reports and/or informed clinical opinion to determine eligibility. Approved norm-referenced assessment tools to assist with eligibility determination are the Battelle Developmental Inventory (BDI or BDI-2) or the Developmental Assessment of Young Children (DAYC). When a child cannot be tested with one of the approved tools, other instruments may be appropriate for use (informed clinical opinion).

EarlySteps has selected the Louisiana Modified Assessment, Evaluation and Programming System (AEPS) as the curriculum based assessment (CBA) to assist IFSP teams in planning services for eligible children and outcome measurement. The Louisiana Modified AEPS was developed through an initiative of the Louisiana Department of Education (DOE). The LA DOE will utilize this same test for measuring outcomes for children receiving services in the Part B System. Having both Part C and Part B utilize the same instrument for measuring child outcomes will allow documentation of outcomes reflecting child's progress over time across both systems. The Louisiana Modified AEPS will be crosswalked to the OSEP child outcome indicators to measure child outcomes.

The Louisiana Modified AEPS is an activity-based, assessment, intervention and evaluation tool for children from birth to six years who have disabilities or at risk for developmental delays. All children found eligible at initial eligibility determination will have this assessment prior to the initial IFSP meeting. In addition, children will have the modified AEPS repeated near exit from the system.

The CBA in EarlySteps will:

- Assist the IFSP team to identify educational targets tailored for each child's needs and formulate developmentally appropriate goals
- Involve families in the entire process
- Measure outcomes of children through the services provided by the EarlySteps System

**Description of Measurement Strategies Louisiana will use:**

To initiate collection of required data on the early childhood outcome indicators, a taskforce comprised of the State Lead Agency staff, State ICC Service Delivery Committee members and the Louisiana Department of Education reviewed information and provided recommendations for measuring child outcomes. The process for measuring child outcomes is listed below:

*Who will be included in the measurement?*

At initial eligibility determination, every child enrolled in EarlySteps will be included in the measurement of child outcomes.

*What tool(s) will be used?*

Louisiana's Part C system will collect child outcome information for every child using the Louisiana Modified Assessment, Evaluation and Programming System (AEPS).

*How will the tool be completed? By whom? When?*

Entry Data:

Within the first 45 days from initial referral to EarlySteps, the first measurement will occur with every eligible child. At initial eligibility determination, the assessment provider who completed the Comprehensive Developmental Assessment will complete the modified AEPS. The provider will complete a Child Outcomes Summary form to document child outcome measures. The form will be completed prior to the initial IFSP meeting. The information compiled on the form and the Eligibility Determination form will be reviewed with each family at their child's initial IFSP meeting. Data will be collected and entered at the regional System Point of Entry (SPOE) Early Intervention Data System (EIDS).

Annual Data:

As part of the re-evaluation/ assessment and re-determination of eligibility processes, an assessment provider will be required to complete a CDA. Data will be collected and entered at the regional SPOE EIDS.

Exit Data:

Within 45 days of a child's anticipated transition or exit from EarlySteps, an assessment provider will complete the modified AEPS. The provider will complete a Child Outcomes Summary form to document child outcome measures. The form will be completed near exit from the EarlySteps system. Data will be collected and entered at the regional System Point of Entry (SPOE). Alternately, if the child is deemed eligible for Part B services, the results from modified AEPS completed by the local school system preschool special education program; those results may be used to complete the Child Outcomes Summary form. The state lead agency for Part C will work to encourage Local Lead Agency and local school system agreements to address sharing of evaluation and outcomes data for children transitioning to preschool special education. The information compiled on the Child Outcomes Summary form will be reviewed with each family at their child's IFSP transition meeting. Data will be collected and entered at the regional SPOE EIDS.

*Who will report data to whom, in what form and how often?*

Data will be collected and entered at the regional SPOE EIDS. Using the EIDS, the State Lead Agency will be able generate reports. Reports will be generated on a quarterly basis. Data will be reported to OSEP annually in the Annual Performance Report. Reports to OSEP will include data from children who were enrolled for more than six (6) months in EarlySteps. Child outcome data for children referred to EarlySteps after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP.

*What are the timelines for implementation of data collection and reporting?*

Louisiana's initial baseline data collection will occur between March 1, 2006 and September 30, 2006. Ongoing data collection will continue effective October 1, 2006. Baseline entry data from March 1 – September 30, 2006 will be reported to OSEP in the

Annual Performance Report due in February 2007. Exit data will be collected on all children who enrolled from March 1, 2006 – September 30, 2006 and exited between October 1, 2006 and June 30, 2007 for reporting to OSEP in the Annual Performance Report due in February 2008. In addition, the 2008 Annual Performance Report will include measurable and rigorous targets, improvement strategies, timelines and resources related to Indicator #3.

**Description of Sampling Methodology (if applicable):**

Not applicable. Louisiana’s Part C system will not use sampling to collect data for Indicator #3.

**Baseline Data for FFY 2004 (2004-2005):**

Will be reported in the Annual Performance Plan (APR) due on February 1, 2007.

**Discussion of Baseline Data:**

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006)</b>	Not required
<b>2006 (2006-2007)</b>	Not required
<b>2007 (2007-2008)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2008 (2008-2009)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2009 (2009-2010)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2010 (2010-2011)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.

**Targets for the remaining reporting periods are given on page 40.**

**Improvement Activities/Timelines/Resources:**

Will be developed and submitted with the February 2008 Annual Performance Report.

The following section for Indicator 3 is the addendum which was submitted February, 2008

**Part C State Performance Plan (SPP) Addendum for 2005-2010—2/1/2008****Overview of the State Performance Plan Development:**

Louisiana has a long-standing commitment to the involvement of stakeholders in the implementation of the Part C early intervention system. The State Interagency Coordinating Council (SICC) has been involved with the Part C system and advises and assists the Lead Agency planning and implementation of a variety of EarlySteps activities including the development of the State Performance Plan (SPP) and the Annual Performance Report (APR). In collaboration with the SICC, the Lead Agency formed committees to develop the SPP for EarlySteps, Louisiana's Early Intervention System, as required by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA – Part C). The U.S. Department of Education Office of Special Education Programs (OSEP) provided guidance and technical assistance to prepare the State for the development of this plan. The committees included lead agency representatives, Regional Coordinators, the Department of Education (Part B), members of the SICC, parents, members of the SICC Service Delivery, Public Relations, and CSPD committees. In collaboration with Department of Education, an Outcomes Task Force was created with members of the SICC Service Delivery and CSPD committees. Each committee/task force was assigned SPP indicators to develop. A total of 33 stakeholders participated in the development of the SPP. In addition, staff from the National Center for Special Education Accountability Monitoring (NCSEAM) provided technical assistance and reviewed the SPP.

In late October, November and December of 2005, the Outcomes Task Force convened to review information and research provided by OSEP and the National Early Childhood Outcomes (ECO) Center and National Center for Special Education Accountability Monitoring (NCSEAM) to assist in defining methodology and data collection processes to respond to indicators #3 and #4.

In November and December of 2004 the SPP SICC Service Delivery committee and SPP PR Committee convened to provide recommendations on the indicators provided by OSEP. The SPP SICC Service Delivery committee focused on indicators # 1, 2, 7, & 8 while the SPP SICC PR committee focused on indicators #5 & 6. The SPP committees examined information that was provided by the State Lead Agency, including an overview and description of the system; baseline data and related discussion and explanation of baseline; and improvement activities, timelines and resources. Indicator #12 was not addressed because it is not applicable to Part C in Louisiana because EarlySteps has not adopted Part B due process procedures. The SPP committee members established measurable and rigorous targets for performance indicators (#2, 5, & 6) and also recommended improvement activities, timelines and resources for each of these indicators. The committee members reviewed the baseline data and status for each of the compliance indicators for which targets are 100% (#1, 7, & 8) and provided recommendations for improvement activities, timelines and resources for each indicator. Opportunities to provide input on drafts were also provided to committee members and these comments were incorporated into the SPP as appropriate. The plan was finalized for submission to OSEP by January 30, 2006.

The SPP committees/task force reconvened in the fall of 2006 and the January of 2007 to provide input on the preparation for the February 1, 2007 Annual Performance Report (APR). The SPP committee members established measurable and rigorous targets for performance indicators (#3,4) and also recommended improvement activities, timelines and resources for each of these indicators. In addition, the Lead Agency assigned APR teams lead by state office or regional staff who were responsible for preparing the report for each indicator. In January 2007, the Southeast Regional Resource Center (SERRC) held an EarlySteps Retreat to provide technical assistance and guidance to the APR.

The Addendum to the Louisiana's Part C State Performance Plan and Annual Performance Report will be disseminated to the public through posting to the EarlySteps website <http://www.earlysteps.dhh.Louisiana.gov>. The Addendum to the SPP and APR will be disseminated to the SICC members and all SPP/APR committee members electronically for distribution throughout the State

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved (SPP Addendum):

- 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)

<b>Measurement:</b>
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A. Positive social-emotional skills (including social relationships):

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

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

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

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

times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

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

**Overview of Issue/Description of System or Process (SPP Addendum February 2009):**

**BDI-2 Entry Data – BDI-2 Assessments conducted from May – December, 2006**

Domain	Children Entering Comparable to Same-age peers		Children Enter below same-age peers		Totals
	Number	%	Number	%	
A. Positive Social emotional skills	39	75%	13	25%	52
B. Acquisition and use of knowledge Communication Domain	54	71%	22	29%	76
C. Use of Appropriate behaviors to meet their needs Physical Domain	45	76%	14	24%	59
Total children assessed					76

**Discussion of BDI-2 Baseline Entry Data:**

The entry data reported here represents BDI-2 assessment data for a total of 76 individual children. Not all of the children received assessment in all domains as can be seen above in the totals which vary across the domains. This variation occurred because several tests were in use at the time and one domain of the BDI-2 could be used as a single domain assessment to substantiate eligibility. It was anticipated that this variation would not occur for the 2007-2008 reporting period because the BDI-2 is now the single tool required for eligibility and is also used for outcome reporting. When this entry data was analyzed, the current definition of the EarlySteps eligibility criteria was applied to establish comparability to same-age peers (became effective July 1, 2007). That is, children qualify with a -1.5 standard deviation in one domain. Therefore, children functioning at a level comparable to same-age peers had z-scores or standard deviations of above -1.5, and children functioning at a level below comparable same-age peers had a standard deviation below -1.5.

Progress Data for 2006-2007 using AEPS

<p><b>Baseline Data at Entry in EarlySteps with the AEPS-RV</b></p> <p><b>5/2006-10/2006</b></p>	<p><b>Measurable and Rigorous Target</b></p> <p><b>2006-2007</b></p>	<p><b>AEPS Progress Data at exit of child from EarlySteps -2006-2007</b></p>	
		<p><b>Number of children</b></p>	<p><b>% of children</b></p>
<p>A. Positive social-emotional skills (including social relationships):</p> <p>a. 91.4% of children functioning at a level comparable to same-aged peers. N=1576</p> <p>b. 8.6% of children functioning at a level below same-aged peers N= 149</p> <p>N=1725</p> <p>B. Acquisition and use of knowledge and skills</p> <p>a. 93.8% of children functioning at a level comparable to same-aged peers N=1618</p> <p>b. 6.2% of children functioning at a level below same-aged peers. N=107</p> <p>Total N=1725</p>	<p>A. Positive social-emotional skills (including social relationships):</p> <p>a. 1 % percent of infants and toddlers who did not improve functioning.</p> <p>b. 3.3 % percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.</p> <p>c. 3.3 % percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.</p> <p>d. 1 % percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.</p> <p>e. 91.4% percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers.</p> <p><b>Totals</b></p> <p>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p>a. 1 % percent of infants and toddlers who did not improve functioning.</p> <p>b. 2.1 % percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.</p>	<p>A. Positive Social-emotional</p> <p>a. 44</p> <p>b. 11</p> <p>c. 34</p> <p>d. 01</p> <p>e.133</p> <p>N=223</p> <p>B. Use of Knowledge</p> <p>a. 24</p> <p>b. 3</p>	<p>A. Positive Social-Emotional skills</p> <p>a.19.7%</p> <p>b. 4.9%</p> <p>c.15.2%</p> <p>d. 0.4%</p> <p>e.59.6%</p> <p>100%</p> <p>B. Use of Knowledge</p> <p>a.10.76%</p> <p>b.1.35%</p>

SPP Template – Part C (4)

February 1, 2009  
Louisiana

<p><b>Baseline Data at Entry in EarlySteps with the AEPS-RV</b> <b>5/2006-10/2006</b></p>	<p><b>Measurable and Rigorous Target</b> <b>2006-2007</b></p>	<p><b>AEPS Progress Data at exit of child from EarlySteps -2006-2007</b></p>	
<p>C. Use of appropriate behaviors to meet their needs.</p> <p>a. 88.9% of children functioning at a level comparable to same-aged peers N=1534</p> <p>b. 6.2% of children functioning at a level below same-aged peers. N= 191</p> <p>Total N=1725</p>	<p>c. 2.1 % percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.</p> <p>d. 1 % percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.</p> <p>e. 93.8 % percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers.</p> <p><b>Totals</b></p> <p>C. Use of appropriate behaviors to meet their needs:</p> <p>a. 1 % percent of infants and toddlers who did not improve functioning.</p> <p>b. 4.5 % percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.</p> <p>c. 4.6 % percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.</p> <p>d. 1 % percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.</p> <p>e. 88.9 % percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers.</p> <p><b>Totals</b></p>	<p>c. 15</p> <p>d. 0</p> <p>e. 181</p> <p>n=223</p> <p>C. Use appropriate behavior</p> <p>a.24</p> <p>b.12</p> <p>c. 32</p> <p>d.1</p> <p>e.154</p> <p>n=223</p>	<p>c.6.7%</p> <p>d.0%</p> <p>e.81.2%</p> <p>100%</p> <p>C. Use appropriate behavior</p> <p>a.10.76%</p> <p>b. 5.38%</p> <p>c.14.3%</p> <p>d.0.4%</p> <p>e.69.05%</p> <p>100%</p>

**Data Source and Measurement Considerations****Discussion of Baseline AEPS Entry Data - 2005-2006:**

The following reviews the baseline data collection process from the State Performance Plan posted on the EarlySteps website at [www.earlysteps.dhh.louisiana.gov](http://www.earlysteps.dhh.louisiana.gov).

Summary of Data Analysis-Entry Data

EarlySteps analyzed raw AEPS-RV scores from May 1, 2006-October 31, 2006 for each outcome.

Number of children assessed:

- Data for 1767 children were collected using the AEPS Test Level I.
- Due to data errors and/or incomplete data 42 children were removed from the final analysis.
- **Total of 1725 children between 1 month and 35 months comprised the final sample.**

Chronological age:

- Children's chronological age was calculated by subtracting the child's date of birth (DOB) from the Test date when the AEPS was scored. Children's age in months was rounded to the next month when over 15 days passed since the day on which the child was born.
- Teams were not instructed to adjust for prematurity.

Criteria used to determine performance as same age peers:

- The AEPS Test has been constructed to provide benchmarks for reliable comparison with same-aged peers (as defined by OSEP). AEPS benchmarks were constructed using a national non-random sample of children with the chronological ages of birth through 5 years. Age expected functioning scores for AEPS items aligned with OSEP child outcomes were converted to logits under the Rasch One-Parameter model using WINSTEPS 3.61.1.
- Rasch measures (logits) were used to establish age expected functioning cut-scores utilizing OSEP 90/10 criterion for three month intervals with two exceptions. A single age interval was used for the age range of 0-6 months and same age peer benchmark scores deviated from the 90/10 recommendation for Outcome 2 between birth and 21 months to maintain a linear progression of scores.
- The OSEP 90/10 criteria were established with a regression-informed line. Children with scores at the line or above were considered to be functioning at the same level as their same-aged peers. For ease of interpretation, the Rasch measures (logits) were transformed back to the AEPS scale (i.e., converted to same age peer benchmark scores).
- Children with scores (derived from performance on AEPS Test items aligned to OSEP child outcomes) below the regression-informed line (same age peer benchmark) were considered not to be functioning as their same aged peers (=b "basket"). Children with scores at or above the regression-informed line (same age peer benchmark) were considered to be functioning as their same age peers (=a "basket").

**Outcome One**

A total of 44 AEPS Tests Level I items align to OSEP Outcome 1 resulting in a total possible score for Outcome 1 of 88. Children's scores for Outcome 1 in Louisiana Part C program ranged from 0 to 88 with a mean score of 49.94 (SD=23.5).

1576 children were performing as same age peers

*Percentage of children performing as same age peers (a) = 91.4% for Outcome 1*

149 children were not performing as same age peers

*Percentage of children not performing as same age peers (b) = 8.6% for Outcome 1*

**Outcome Two**

A total of 64 AEPS Test Level I items align to OSEP Outcome 2 resulting in a total possible score for Outcome 2 of 128. Children's scores for Outcome 2 in Louisiana Part C program ranged from 0 to 128 with a mean score of 33.13 (SD=26.20).

1618 children were performing as same age peers

*Percentage of children performing as same age peers (a) = 93.8% for Outcome 2*

107 children were not performing as same age peers

*Percentage of children not performing as same age peers (b) = 6.2% for Outcome 2*

### **Outcome Three**

A total of 96 AEPS Test Level I items align to OSEP Outcome 3 resulting in a total possible score for Outcome 3 of 192. Children's scores for Outcome 3 in Louisiana Part C program ranged from 0 to 192 with a mean score of 101.17 (SD=50.19).

1534 children were performing as same age peers

*Percentage of children performing as same age peers (a) = 88.9% for Outcome 3*

191 children were not performing as same age peers

*Percentage of children not performing as same age peers (b) = 11.1% for Outcome 3*

### **Baseline Data Source Considerations**

Threats to the validity of the outcome scores calculated based on the sample of 1767 children that were tested with the AEPS from May 1, 2006 through October 31, 2006, range from test implementation to data entry errors. It is therefore necessary that the results be interpreted in light of multiple sources of bias. Practitioners who provided the diagnostic assessment were determined to implement the test in a non-uniform manner. This subsequently introduced a significant source of information bias through a low inter and intra-rater reliability value. The magnitude of this has yet to be determined; however reports from the field indicate non-random test implementation occurred. Possible sources of this bias may be lack of extensive training on test implementation, as well as supervision of implementation and score calculation.

Another noted source of potential bias relates to the aggregation of test scores. Although calculations compare the sample to a same age peer comparison, developmental delay determination is frequently not as apparent in younger children.

### **Discussion of Progress Data for Measuring Child Outcomes – Activities of 2006-2007 Reporting Period**

Following results from entry data analysis, additional training on the AEPS was planned by the Office of Public Health as proposed in the SPP addendum submitted in February, 2007. Due to the problems described above with the AEPS-RV and implementation process, the decision was made by OPH to change to the use of the BDI-2 for collection of child outcome data for this indicator. This decision was made just prior to the transition of EarlySteps to OCDD and the use of the BDI-2 became effective in July, 2007. As a result of this decision, the transition of the program, staffing changes and shortages, and the short time frame available to develop a process for comparing outcomes from the baseline entry data using the AEPS-RV and exit data with the BDI-2, it was decided to report exit data for this time period only using scores for those children for whom exit data was obtained using the AEPS-RV.

#### Data Analysis – Exit Data- Description of Selection Process for Children Included in Analysis

The raw data table of the 1725 children from whom entry data was collected was used to make comparisons with exit scores. Exit AEPS-RV scores from all children who exited the program during 2006-2007 and for whom exit scores were available with the AEPS-RV were collected by the 9 regional coordinators. Scores were available for 223 children or 13% of the total possible, from the 1725 children in the original cohort. Criteria for inclusion in the cohort include: child exited during the reporting period, child had been in EarlySteps for six months, child was among cohort from whom AEPS-RV entry data was collected, exit scores were obtained using the AEPS-RV. Children were represented from all 9 regions of the state and ranged in age from 22-36 months at exit. The majority

of children (197 or 89%) were between 30 and 36 months of age, 147 children were between 34 and 36 months. Only 7 children were 24 months or less. Data from all 223 is included and summarized in the table which follows.

The same procedure described above for the baseline data collection process was used to collect and compare each child’s entry and exit scores. The exit scores were compared to same age peer benchmark scores and placed in “a” or “b” categories/baskets and determined to improve, to remain the same, or to regress. Children were then categorized according the measurement categories (“a” through “e” as described in the Measurement Table above) for each outcome. Placement of child results into the “a” through “e” measurement categories was determined based on descriptions for the ECO Center report: *OSEP’s Revised Child Outcomes Reporting Requirements for Part C and Part B/619 Programs: What the Changes Mean for States* (September 7, 2006). Application of the decision-making process follows:

ECO Center Description	Early Steps Determination of Child Placement	Outcome area results* AEPS-RV – 3 skill areas		
		1.N=44	2.N=24	3.N=24
a. Percentage who did not improve functioning— Children acquired no new skills or behaviors or their level regressed between entry and exit	No improvement in exit scores or Regression (decrease) of scores	19.7%	10.76%	10.76%
b. Percentage who improved, but not sufficient to move nearer to functioning comparable to same-aged peers—children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At exit skills were at the same or lower rates than at entry	Child showed improvement in exit scores Child entered in “a” basket and exited in “b” basket	4.9%	1.35%	5.38%
c. Percentage who improved functioning to a level nearer same age peers, but did not reach it—these children acquired skills at a faster rate, there was a positive change, but they had not attained functioning comparable to same-aged peers at exit.	Child showed improvement in exit scores Child entered in “b” basket and Exited in “b” basket	15.2%	6.7%	14.3%
d. Percentage who improved functioning to reach a level comparable to same-aged peers—children did not show functioning comparable to same-aged peers at entry, but did at exit.	Child showed improvement in exit scores Child entered in “b” basket and Exited in “a” basket	0.4%	0	0.4%
e. Percentage who maintained functioning at a level comparable to same-aged peers—children showed functioning comparable to same-aged peers at entry and exit.	Child showed improvement in exit scores Child entered in “a” basket and Exited in “a” basket.	59.64%	81.2%	69.05%
		Total= 223	Total = 223	Total= 223

\* See preceding table:

Outcome 1=Positive social-emotional skills

Outcome 2=Acquisition and use of knowledge and skills (including language and literacy)

Outcome 3= Appropriate behaviors to meet their needs.

**Exit Data Source Considerations**

- As expected, based on the baseline entry data using the AEPS-RV in Louisiana in FFY 2005, the largest numbers of children had exit scores in category “e” (59.64%, 81.2%, and 69.05%, respectively). This has been interpreted to describe the children as entering and exiting at a level comparable to same-aged peers. This high percentage was discussed in the analysis of the baseline entry data above and was possibly a function of the sensitivity of the test, especially in view of Louisiana’s narrow eligibility criteria in use during the time period from which entry data was collected.
- Unexpected, however, was the high number of children who showed no progress or who regressed (19.7%,10.7%,10.7%). This could be a function of baseline data source considerations described above, including inconsistent test administration across practitioners. Test-Retest reliability should also be considered.
- The next largest group of scores across 2 out of the 3 ( 15.2%, 6.7%, 14.3%) outcome areas fell into category “c,” that is, children who showed improvement but who were not functioning comparable to same-aged peers at exit. These children entered in the “a” basket, improved, and exited in the “b” basket, interpreted to mean that although they showed improvement, these children were below the “cut-off” scores compared to age-level peers at exit. These children may have entered in the “b” basket if another test (with greater sensitivity) had been utilized for collection of baseline data.
- Very low numbers of children were identified in category “d,” interpreted as children who entered below age level peers, who showed improvement, but exited comparable to same age peers. This means there was only 1 child who entered in the “b” basket and exited in the “a” basket. Reasons for this result could include the decision making process used to apply this determination in Louisiana or could be a reflection of the large numbers of children who entered at age level according to the AEPS-RV.

The analyses of the exit data with the AEPS-RV are informative for experience in making decisions regarding future data collection, determination of placement into the OSEP categories, and for developing/selecting a data collection and reporting system. However, as a result of the program transition to OCDD and the implementation of the use of the BDI-2, effective July, 2007, it felt that sufficient information is not available at this time to adjust previously submitted targets for 2007-2008. Also, Louisiana requested from OSEP, the opportunity to recollect baseline data using the BDI-2, due to the changes discussed above and due to the results of the AEPS-RV data.

**Progress Report for Measuring Child Outcomes – Activities of 2007-2008 Reporting Period**

As discussed in the Overview section (page 4), with the transition of EarlySteps to OCDD, the BDI2 was selected as the sole tool for eligibility determination and outcome measurement. An EIDS system modification was made to accommodate entering of BDI2 scores by the SPOE’s. For the FFY 2006 APR, charts were reviewed for all children for whom entry and exit scores were available using the AEPS-RV. For reporting entry data for FFY 2007, entry data was collected on children who had previously been assessed using the BDI-2 (prior to July, 1 2007 requirement). Entry scores are collected during eligibility determination and are reported above for 76 children. For progress reporting for FFY 2007, a data report was developed in EIDS to collect entry and exit scores for children who had been in the program for at least 6 months. Results were obtained from 96 children.

The process for categorizing entry and exit scores to place children in OSEP’s categories a. through e. may be summarized as follows:

- Entry and exit data was collected for children exiting from July 1, 2007 through June 30, 2008 who had been in the system for a minimum of 6 months. Data was collected on 96 children.

- Children were considered to be functioning at a level *below same-age peers* if the standard score for the domain was below 78 or if the z-score was greater than  $-1.47$ . These scores were chosen because they are commensurate with the eligibility criteria for Louisiana of 1.5 standard deviations below the mean. Scores at or below 80 or a z-score less than  $-1.47$  and at or greater than  $-1.33$  were considered to be *a level nearer to same-age peers*. Standard scores above 80 or a z-score less than  $-1.33$  are considered to be *comparable to same age peers*. This distinction recognizes that children may not qualify for EarlySteps services but may still be functioning below typically developing peers. According to the *BDI-2 Examiner's Manual* (page 74), children with standard scores below 80 (but above the 78 cut off for EarlySteps) fall into a mild developmental delay category.
- Exit assessment is defined at the latest BDI-2 administered for annual eligibility determination or the “exit outcomes assessment” prior to the child’s exit. The child must have been in the program for 6 months.
- The BDI-2 developmental domains were utilized for reporting as follows:
  1. The Personal-Social Domain was used to report “positive social-emotional skills, including social relationships.”
  2. The Communication Domain was used to report “acquisition and use of knowledge and skills (including early language/communication).”
  3. The Motor Domain was used to report the “use of appropriate behavior to meet needs.”

The process for determining progress and placing a child in one of the five OSEP reporting categories was taken from the ECO Center report referenced above and applied as follows:

- a. Children in this reporting category either acquired no new skills or behaviors, or their level of functioning regressed between entry and exit. Category a. includes children whose exit scores were at or below their entry score, regardless of whether they were functioning typically at entry or not.
- b. Children in this category improved functioning, but not sufficient to move nearer to functioning comparable to same-age peers. These children had improved exit scores and had a standard score between 78 and 80 and a z-score of  $-1.47$  to  $-1.33$ , placing them out of the eligibility score for EarlySteps but still within “mild developmental delay” category according to the BDI2.
- c. Children in this category entered below typical peers and whose exit scores were improved from their entry score but they exited below “typical” or with less than a standard score of 78 or z-score of  $-1.47$  for that developmental domain. Scores in this category would generally indicate continuing eligibility for EarlySteps.
- d. Children in this category entered below typical peers and whose exit scores were improved with a standard score at or greater than 80 at exit indicating improvement to a level comparable to same-age peers.
- e. Children in this category entered at or above their same-age peers, with standard scores of 80, who showed improvement at exit with standard scores above 80.

**Child Outcome Data – BDI-2 at Entry and Exit:**

ECO Center Description	Early Steps Determination of Child Placement	Outcome area results*		
		PS	COM	Motor
a. Percentage who did not improve functioning— Children acquired no new skills or behaviors or their level regressed between entry and exit	No improvement in exit scores or Regression (decrease) of scores Includes children with scores in typical range and well as those below typical peers.	1.N=51	2.N=48	3.N=49
		53%	50%	49%
b. Percentage who improved, but not sufficient to move nearer to functioning comparable to same-aged peers—children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At exit skills were at the same or lower rates than at entry	Child showed improvement in exit scores BDI-2 standard scores were improved, but remain between 78-80.	N=1	N=0	N=0
		1%	0%	0%
c. Percentage who improved functioning to a level nearer same age peers, but did not reach it— these children acquired skills at a faster rate, there was a positive change, but they had not attained functioning comparable to same-aged peers at exit.	Child showed improvement in exit scores  Entry score below 78, BDI-2 standard scores were improved, but remain below 78.	N=16	N=13	N=18
		17%	14%	19%
d. Percentage who improved functioning to reach a level comparable to same-aged peers—children did not show functioning comparable to same-aged peers at entry, but did at exit.	Child showed improvement in exit scores  BDI-2 standard scores were below 78, improved at or above 80.	N=4	N=4	N=4
		4%	4%	4%
e. Percentage who maintained functioning at a level comparable to same-aged peers—children showed functioning comparable to same-aged peers at entry and exit.	Child showed improvement in exit scores  BDI-2 entry score at 80 or above, with improvement, exit above 80.	24	31	25
		25%	32%	26%
Total =96		N=96	N=96	N=96

\* See preceding table:

- Outcome 1=Positive social-emotional skills
- Outcome 2=Acquisition and use of knowledge and skills (including language and literacy)
- Outcome 3= Appropriate behaviors to meet their needs.

**FFY 2007 Exit Data Discussion:**

Children residing in all regions of the state are included in the cohort of 96 children. The average age at the time of the exit assessment was 26 months. The average time between entry and exit assessment was 12 months. The numbers of children across the 3 outcome areas was consistent for all categories (a-e). Approximately 50% of the children exited with scores comparable to same-age peers.

Analysis of child outcome results produced unexpected results again this reporting period:

- The number of children in category a, that is, those with no progress or with regression. Approximately 50% of the 96 children with scores reported showed no progress or had regression as

indicated by BDI-2 scores. Results were consistent across the three outcome areas. Two possible reasons are being considered:

1. The use of the BDI-2 was relatively new to most providers since its use was not required until July 1, 2007. This factor may have effected the administration and performance measurement as examiners became more proficient with the test over time. The second administration of the test may have better represented a child's performance.
  2. Item analysis was not used for reporting a child's progress, only the standard deviations were compared. This measure alone may not be sensitive enough to measure changes in performance.
  3. Of the children placed in category a, approximately 46% had entry and exit scores comparable to same age peers, despite scores which were flat or showed regression. The decision rule to include all children who made no progress or showed regression including those with scores of same-age peers may have inflated the numbers in category a.
- The number of children in category b, that is, those who improved, but not sufficient to move nearer to same-age peers. The decision rule to make this determination was based on a standard score between 78 and 80. Virtually no children fell in this category. It is felt that the score range is too narrow to be used to place children in category b.
  - The low numbers of children in category d compared with the relatively higher numbers of children in category e. Since 25-32% of the children entered comparable to same-age peers, it was anticipated that more children (as compared to the 4% result across the outcome areas) would have exited near typical peers.
  - Despite results for categories a and b, results for categories c and e are not unlike those reported by other states in FFY 2006 as reported in the *2008 Indicator Analyses* document—
    1. Category c: Other states=18.5%, 23.7%, 16.5%  
EarlySteps= 17%, 14%, 19%
    2. Category e: Other states=34.15, 24.5%, 32.2%  
EarlySteps=25%, 32%, 26%

Lead agency staff have requested assistance from SICC committees to re-assess the process by which the children are placed in categories a-d for more accurate interpretation of child outcomes. In addition, using scoring processes available with the BDI-2 through the publisher will allow for more in-depth analysis of child performance.

#### **Technical Assistance Resources used:**

- The ECO Outcomes Conferences and OSEP Conferences in 2007 and 2008: many of the resource materials were reviewed for decision making for reporting progress data, making decisions about applying data to the 5 reporting areas, and interpreting results
- ECO Center website used for the concept papers used for analysis of the data and for reporting formats
- Discussions with and review of other states' materials who are using similar procedures
- ECO Center/NECTAC TA call addressing this indicator in June, 2007, *Trends in the Child Outcomes Data*, comparing progress data across states, supporting the decision that the 2005-2006 entry data was not valid.
- *Part C SPP/APR 2008 Indicator Analyses (FFY 2006-2007)*: used for analysis of outcome data

#### **Progress Report for Measuring Child Outcomes – Activities of 2008-2009 Reporting Period**

For the 2008-2009 reporting period, an EIDS data report was used to report on child outcomes. Data was reviewed for all children for whom the BDI-2 entry and exit data was available and who exited the system

between July 1, 2008 and June 30, 2009. The data analysis for 256 children who met the inclusion criteria are shown in the table which follows. The same methodology used to place children in reporting categories a-e last year was applied for this reporting period.

**2008-2009 Child Outcome and Baseline Data – BDI-2 at Entry and Exit:**

ECO Center Description	Early Steps Determination of Child Placement	Outcome area results*		
		PS	COM	Motor
a. Percentage who did not improve functioning— Children acquired no new skills or behaviors or their level regressed between entry and exit	No improvement in exit scores or Regression (decrease) of scores Includes children with scores in typical range and well as those below typical peers.	1.N=147	2.N=101	3.N=110
		57.4%	39.5%	43%
b. Percentage who improved, but not sufficient to move nearer to functioning comparable to same-aged peers—children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At exit skills were at the same or lower rates than at entry	Child showed improvement in exit scores BDI-2 standard scores were improved, but remain between 78-80.	N=16	N=31	N=14
		6.3%	12.1%	5.5%
c. Percentage who improved functioning to a level nearer same age peers, but did not reach it— these children acquired skills at a faster rate, there was a positive change, but they had not attained functioning comparable to same-aged peers at exit.	Child showed improvement in exit scores  Entry score below 78, BDI-2 standard scores were improved, but remain below 78.	N=10	N=50	N=15
		3.9%	19.5%	5.9%
d. Percentage who improved functioning to reach a level comparable to same-aged peers—children did not show functioning comparable to same-aged peers at entry, but did at exit.	Child showed improvement in exit scores  BDI-2 standard scores were below 78, improved at or above 80.	N=31	N=48	N=36
		12.1%	18.8%	14.1%
e. Percentage who maintained functioning at a level comparable to same-aged peers—children showed functioning comparable to same-aged peers at entry and exit.	Child showed improvement in exit scores  BDI-2 entry score at 80 or above, with improvement, exit above 80.	N=52	N=26	N=81
		20.3%	10.2%	31.6%

\* See above table: Total =100% N=256 N=256 N=256

Outcome 1=Positive social-emotional skills

Outcome 2=Acquisition and use of knowledge and skills (including language and literacy)

Outcome 3= Appropriate behaviors to meet their needs.

**FFY 2008 Exit/Baseline Data Discussion**

The same process as that used for FFY 2007 for analysis of the child outcome data was used for this reporting period. Children included in the results represent all geographic areas of the state. Average age at entry was 19.8 months and average age at exit was 33.3 months. Average time in early intervention services was 13.4 months.

A comparison of results for the reporting Categories across both years is shown:

<b>ECO Center Description</b>	<b>Outcome 1</b>		<b>Outcome 2</b>		<b>Outcome 3</b>	
	<b>PS FFY 2007</b>	<b>PS FFY 2008</b>	<b>Comm FFY 2007</b>	<b>Comm FFY 2008</b>	<b>Motor FFY 2007</b>	<b>Motor FFY 2008</b>
a. Percentage who did not improve functioning— Children acquired no new skills or behaviors or their level regressed between entry and exit	53.1%	57.4%	50%	39.5%	49%	43.0%
b. Percentage who improved, but not sufficient to move nearer to functioning comparable to same-aged peers—children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At exit skills were at the same or lower rates than at entry	1%	6.3%	0%	12.1%	0%	5.5%
c. Percentage who improved functioning to a level nearer same age peers, but did not reach it—these children acquired skills at a faster rate, there was a positive change, but they had not attained functioning comparable to same-	16.7%	3.9%	13.5%	19.5%	18.8%	5.9%
d. Percentage who improved functioning to reach a level comparable to same-aged peers—children did not show functioning comparable to same-aged peers at entry, but did at exit.	4.2%	12.1%	4.2%	18.8%	4.2%	14.1%
e. Percentage who maintained functioning at a level comparable to same-aged peers—children showed functioning comparable to same-aged peers at entry and exit	25.0%	20.3%	32.3%	10.2%	26%	31.6%
Totals	100%	100%	100%	100%	100%	100%

In reviewing outcome results across the two fiscal years, percentage results for the reporting categories were not consistent across the two fiscal years in most cases. See table above. The low number of children (96) reported for FFY 2007 may explain the variations of these results across the two years. However, when results for the two years are combined, the trends across FFY 2008 and the two years combined are generally consistent within 3-4 percentage points. One exception occurred for reporting

category e for use of knowledge with a difference of six percentage points. The table below shows the percentage results for FFY 2007, FFY 2008 and the two years combined:

<b>Social</b>	<b>2007-08</b>	<b>2008-09</b>	<b>Both</b>	<b>All 2207*</b>	<b>All 2008*</b>
a	53.1	57.4	56.3	6.4	6.3
b	1	6.3	4.8	16.6	17.3
c	16.7	3.9	7.4	18.4	15.9
d	4.2	12.1	9.9	24	23.6
e	25	20.3	21.6	34.1	37.6
Totals	100	100	100	99.5	100.7
<b>Know</b>	<b>2007-08</b>	<b>2008-09</b>	<b>Both</b>		
a	50	39.5	42.3	5.7	5.5
b	0	12.1	8.8	17.8	19.1
c	13.5	19.5	17.9	23.7	20.7
d	4.2	18.8	14.8	28.2	30.1
e	32.3	10.2	16.2	24.5	25.3
Totals	100	100.1	100	99.9	100.7
<b>Meet need</b>	<b>2007-08</b>	<b>2008-09</b>	<b>Both</b>		
a	51	43	45.2	5.5	4.2
b	0	5.5	4	16.6	16.8
c	18.8	5.9	9.4	16.5	17.1
d	4.2	14.1	11.4	29.2	29.3
e	26	31.6	30.1	32.2	32.8
Totals	100	100.1	100.1	100	100.2

\* All States data from SPP/APR 2007 and 2008 Indicator Analyses from the TA&D Network

In comparing outcomes across the category areas (for example 2008 category c for social [3.9%], knowledge [19.5%] and meet needs [5.9%]), Louisiana’s data is inconsistent when compared to summary data from all states as presented in the *State Performance Plan/Annual Performance Report Indicator Analyses* for FFY 2007 and FFY 2008 (for example 2008 category b for social [16.6%] knowledge [17.8%] and meet needs [16.6%]). The columns All 2007 and All 2008 above show percentages in each progress category by outcome area. Data presented for all states was more consistent across years, outcome areas, category areas than the data from EarlySteps. Louisiana recognizes that its procedure for using the child standard scores at entry and exit has probably contributed to these discrepancies.

**FFY 2008 Summary Statements Results**

Summary Statements	% of children
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>	
1. 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	20.1%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	32.4%

Summary Statements		% of children
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
1	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	42.6%
2.	The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	28.9%
Summary Statements		% of children
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
1	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	29.1%
2.	The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	45.7%

Analyzing summary statement results across years and combined years results in a similar observation for outcome results applied to the summary statements analyses as shown below. The summary statements were also calculated from the data from all states from the *SPP/APR Indicator Analyses* from the TA&D Network. Louisiana’s data is different from other states combined data.

Outcome	FFY 2007	FFY 2008	Both	All 2007*	All 2008*
<b>Social</b>	%	%	%		
Sum St 1	27.8	20.1	22.1	64.8	62.6
Sum St 2	29.2	32.4	31.5	58.4	60.7
<b>Know</b>					
Sum St 1	26.2	42.6	39	68.8	67.4
Sum St 2	36.5	28.9	31	52.8	55
<b>Needs</b>					
Sum St 1	31	29.1	29.7	67.4	68.9
Sum St 2	30.2	45.7	41.5	61.4	61.9

\*Percentages were used from all states 2007 and 2008 from the *SPP/APR Indicator Analyses* from

**Measurable and Rigorous Target:**

Targets for Infants and Toddlers Exiting in FFY 2009 (2009-10), FFY 2010 (2010-2011), FFY 2011 (2011-2012) and FFY 2012 (2012-2103) and Reported in Feb 2011 and Feb 2012 and Feb 2013

Summary Statements	Targets for FFY 2009 (% of children)	Targets for FFY 2010 (% of children)	Targets for FFY 2011-2013
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>			
1. 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	20.5%	21.5%	22%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	32.9%	33.9%	34%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>			
1 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	43.1%	44.1%	45%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	29.4%	30.4%	33%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>			
1 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	29.6%	30.6%	32%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	46.2%	47.2%	48%

**Discussion: Setting Baseline and Targets**

In order to establish baseline data and set targets the following procedures and technical assistance resources have been used:

- Participating in ECO-Center Outcomes conferences and TA calls
- Participating in TA calls sponsored by OSEP and NECTAC including calls with other states using the BDI-2 as the tool for child outcomes data collection.
- Reviewing materials from websites including other states' SPP/APR's
- Requesting stakeholder participation from the Louisiana ICC in the form of a task force for this purpose. The task force met following the review of information distributed by the lead agency for

their consideration. At a meeting of the task force the results of previous years' data was reviewed as well as the results of State's aggregated data presented for two years in the Part C FFY 2006-7 and FFY 2007-8 *Indicator Analyses* by the TA&D Network. Acknowledging that the decision-making methodology from 2007-2008 Indicator 3 SPP yielded results which were inconsistent across years and did not compare with other states' results (as seen in the preceding table) the task force recommended the following:

1. calculate and compare outcome results for FFY 2007 and 2008.
2. apply the Summary Statement formulas to the 2007-2008 and 2008-2009 BDI-2 results using the ECO calculator
3. compare the results of the two years and analyze baseline data.
4. review the summary statement data from all states from the *Indicator Analyses* for two years and consider these results in setting targets.

The task force and lead agency recognize that the process being utilized by Louisiana and resulting in outcomes which do not compare well with other states' data may mean rethinking the process for placing children category areas. The current process assumes that changes will be evident at entry and exit, when actually using the standard score rather than item analysis does not provide sufficient change scores to reflect real child progress. The State has considered using processes that other states that are reporting outcomes with the BDI-2 are using, such as item analysis using the Riverside Publishing Data Manager. If the process changes in the future, baseline and target data would have to be re-established. For this reason, the State's targets for the next two years are conservative estimates of change.

Revised February, 2010-2013 Improvement Activities/Timelines/Resources - Indicator 3

Improvement Activities-Indicator 3	Timelines/Resources	Discussion
<p>Implement use of AEPSi or another method to collect outcomes data.</p> <p>Utilize the BDI-2 as the sole tool for entry and exit data collection for child outcome reporting effective July, 2007:</p> <p>--update provider matrix to include evaluation and assessment providers who have completed BDI-2 training</p> <p>--Collect scores of all children at entry into EarlySteps utilizing BDI-2 for updated baseline data through June, 2008 and compare to exit data available for all children who have been in the program for at least 6 months.</p> <p>--develop process to collect and analyze new baseline data for FFY 2007 in APR due February, 2010</p>	<p>July 2007-through June, 2008</p> <p>State Office</p> <p>Riverside Publishing</p> <p>July 1, 2007 and ongoing</p> <p>Completed</p>	<p>256 BDI-2 assessments conducted during reporting period for eligibility determination and outcome measurement.</p> <p>Covansys Corp completed the update of provider matrix to include designation of providers with credential to conduct evaluation and assessment in EarlySteps based upon licensure/certification and training in BDI-2</p> <p>--task force of the ICC was formed to assist the lead agency in developing a process for and setting baseline data and targets for outcomes</p>
<p>Revise data system to collect information from AEPSi or another method.</p> <p>Hire EarlySteps central office staff with skills to develop data collection and reporting process</p>	<p>Summer 2007 through Summer 2009</p> <p>State Office</p>	<p>Due to hiring freezes imposed by the Governor, this position was not filled. OCDD has hired a data analyst and that person will be available to assist in the development of this process.</p>
<p>Conduct AEPS “Train the Trainer” Workshops. Trainers recommended through Brooks Publishing will be used for this training. Brooks is the publisher for AEPS.</p> <p>Continue BDI-2 training</p>	<p>Summer 2007 through Summer 2011 and as necessary to maintain sufficient provider availability</p> <p>EarlySteps central office and CSPD</p>	<p>Processing of a contract to provide additional BDI-2 training</p>

<b>Improvement Activities-Indicator 3</b>	<b>Timelines/Resources</b>	<b>Discussion</b>
<p>opportunities to expand number of trained providers available to administer test as well as reporting results to the Riverside web reporting system.</p>	<p>Riverside Publishing</p>	<p>was delayed. This activity began implemented in Summer, 2009 with 4 trainings planned.</p>
<p>Provide 2 day mandatory statewide trainings for all EarlySteps providers on the full AEPS and entering of data correctly. Trainers recommended through Brooks Publishing will be used for this training. Brooks is the publisher for AEPS. A total of 8 trainings will be held statewide during Spring/Summer 2007.</p> <p>Continue BDI-2 training opportunities to expand number of trained providers available to administer test as well as reporting results to the Riverside web reporting system.</p>	<p>Spring/Summer 2007 and ongoing</p> <p>State Office</p> <p>Riverside Publishing</p>	<p>As above</p>
<p>Provide statewide trainings to all providers if a method other than AEPS is used for outcomes measurement.</p> <p>Collect and analyze entry and exit data using the BDI-2 and add to AEPS entry and exit data to develop process to determine comparability of scores for the two tools for the current cohorts as well as new entries with BDI-2. Exit data will be collected using the BDI-2 for some children for whom their entry data was collected using the AEPS-RV.</p>	<p>July , 2007 through June <del>2008</del> 2013</p> <p>State/Regional Staff/CSPD</p>	<p>As above</p> <p>Exit data was collected using the BDI-2 after July, 2007 with statewide use of this tool for all reporting as of the 2007-2008 APR reporting period.</p>
<p>Provide statewide training and technical assistance to all providers on OSEP child outcome requirements. This training will be initiated during the AEPS or other assessment method trainings and ongoing</p>	<p>Spring 2007 and ongoing through June, <del>2011</del>2013</p> <p>State/Regional Office</p>	

<b>Improvement Activities-Indicator 3</b>	<b>Timelines/Resources</b>	<b>Discussion</b>
<p>through technical assistance provided by Regional Coordinators.</p> <p>Analyze BDI-2 entry and exit data using above procedure for progress reporting and considerations in establishing targets in 2008-2009. Consider including current AEPS-RV entry and exit data collected to date.</p>	<p>CSPD</p>	<p>Entry and exit data with the BDI-2 is being used for reporting purposes.</p>
<p>Develop quality assurance procedures to monitor outcome testing procedures and accuracy/completeness of outcomes data entered into AEPSi or other method data system.</p> <p>Develop and implement QAS procedures to monitor outcome testing procedures for accuracy/completeness of outcomes data entered using the BDI-2.</p>	<p>Spring 2008 and ongoing through June, <del>2011</del>2013</p> <p>QAS</p> <p>Regional Staff</p>	<p>EarlySteps is participating in a TA project with DAC and SERRC on data quality and the QAS process. This activity will be a target for that project in 2009</p>
<p><b>Additional SPP Improvement Strategies for SPP Extension Period through 2013.</b></p>		
<p>Utilize new CFO outcomes report to monitor score data entry to verify data entry accuracy.</p>	<p>Spring, 2011 through 2013</p>	<p>A new report is available on the CFO report module which can be accessed by regional staff. A review process will be developed so that regional coordinators and SPOE staff can review and improve data entry for BDI-2 data</p>
<p>Establish review schedule for Exit Evaluation Authorizations to increase exit BDI-2's, including a tickler system to alert FSC</p>	<p>Summer, 2011-2013</p>	<p>Results from 361 children were obtained in 2009-2010. Implementation of this process is hoped to increase the number of exit evaluations available for progress reporting.</p>

## Part C State Performance Plan (SPP) for 2005-2012

## Overview of the State Performance Plan Development:

See overview section on page 3

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

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

(20 USC 1416(a)(3)(A) and 1442)

<b>Measurement:</b>
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- |  |
|--|
| <ul style="list-style-type: none"> <li>A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.</li> <li>B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the # of respondent families participating in Part C)] times 100.</li> <li>C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the # of respondent families participating in Part C)] times 100.</li> </ul> |
|--|

**Overview of Issue/Description of System or Process:**

The EarlySteps System is designed to support and promote family-centered practices in all aspects of program implementation. After initial eligibility determination, the Service Coordinator completes the *Family Assessment of Concerns, Priorities, and Resources* form with the family. The family assessment is voluntary on the part of the family. Family assessment is a collaborative activity between the family members and Service Coordinator that addresses family resources, priorities, and concerns. The family assessment is designed to determine the strengths and needs of the family related to the child's growth and development. The information gathered assists the team in IFSP development.

It is important to approach the provision of early intervention services from a needs based perspective, rather than related to the specific diagnosis of the child. Federal regulations require that the focus of service delivery is the child in the context of his/her family. The focus is the family as the primary client. The intent of early intervention is to build upon the natural routines and supports of families and children within their communities and to support families in their abilities to meet the health and developmental needs of their child. Integrating services into

the naturally occurring activities and routines of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

The State of Louisiana is responsible for ensuring effective implementation of the procedural safeguards by each early intervention service provider working in the Part C system. These procedural safeguards are a critical component of the early intervention system and protect the rights of participating, eligible children and their families pursuant to state and federal regulations.

Part C procedural safeguards apply at all steps in the process of intake, eligibility determination, IFSP development and IFSP implementation. The EarlySteps *Parent Rights* is provided at each required step in the process to ensure that families have multiple opportunities to be informed of their rights, including rights to dispute resolution. EarlySteps Community Outreach Specialists provide technical assistance to families to educate them about their rights and roles in Part C including participating in the family assessment and in being an active member of IFSP development.

Service coordinators and service providers are trained and oriented to family-centered practices, appropriate practices that are responsive to diverse cultures, and infant/toddler and family rights under Part C of the Individuals with Disabilities Education Act through Orientation module and ongoing technical assistance and training initiatives.

The Regional Coordinators hold technical assistance monthly meetings with service providers and service coordinators. These meetings are designed to provide updates, share information on resources, and assist with any barriers they may be experiencing in helping families with supports, services and resources.

Family support and education efforts that are supported by the EarlySteps system in Louisiana to capture family input include family surveys and focus groups. The Statewide Parent Consultant and Regional Community Outreach Specialist (COS) staff collaborates with the Project Prompt, Louisiana's Parent Training and Information (PTI) to facilitate focus groups of enrolled families to discuss best practices in early intervention. Educational materials for parents including a Best Practice Fact Sheet was developed and distributed to families. The Fact Sheet provided information to families about Early Intervention services, how to advocate for their child and how to work with providers to achieve the outcomes for their child. A powerpoint presentation was developed for COS staff to use in community settings and focus groups.

#### **Description of the Family Outcome Measurement System for Louisiana:**

EarlySteps established a system to gather feedback from families regarding their experiences with the Part C System. In the fall of 2004, EarlySteps sent a Family Survey to every family who had been enrolled in the system since July 1, 2003 (date of lead agency change). EarlySteps sought information from this survey to gain knowledge and insight from families who were a part of the EI system during its first transition year as well as to evaluate family satisfaction with Part C services. Analysis of the information gathered from the survey indicated that most families reported satisfaction with services received. Specific data include:

- 94% of families responded that EI had a positive impact on their family.

- 88% of families reported that they had learned how to work with professionals and advocate for their children
- 90% of families reported that it was easy to obtain services that were needed for their child and family
- 92% of families reported that they received appropriate information and explanations about the services their child needed
- 85% of families reported that they became more knowledgeable about services EarlySteps offered after receiving their Explanation of Benefits (monthly statement sent to families listed services paid)

Although the Louisiana survey captured useful information, it did not include questions to capture all required family outcome indicators. Therefore the stakeholders from the SICC Outcomes Task Force recommended the use of the National Center for Special Education Accountability Monitoring (NCSEAM) family survey. As a NCSEAM partner state, Louisiana piloted the initial survey.

**Description of Measurement Strategies Louisiana will use:***Who will be included in the measurement?*

Every family whose child or children were enrolled in EarlySteps will be included in the measurement of family outcomes.

*What tool(s) will be used?*

Louisiana's Part C system will collect information from every family transitioning from EarlySteps using the National Center for Special Education Accountability Monitoring (NCSEAM).

*How will the tool be presented to families? By whom?*

The survey will be given to families by family service coordinators (FSC) prior to the transition meeting. The family will have four options to respond to the survey:

- Complete and give to the FSC at the transition meeting to mail to the Statewide Parent Consultant
- Complete and survey back to the Statewide Parent Consultant
- Complete the survey via telephone by the Statewide Parent Consultant, Regional COS or PTI staff
- Complete the survey using the web-based version online

*When will the measurement occur?*

Measurement will occur with each family during the child's exit from Part C, which occurs within 30 days of the date of transition.

*Who will report data to whom, in what form, and how often?*

Data will be collected at the state level. The surveys will be conducted on an ongoing basis with analysis occurring annually. In the first year of implementation analysis will be conducted by NCSEAM's and Piedra (NCSEAM's analysis center) to verify the valid and reliable data and receipt of statewide representative data. Data will be reported to OSEP annually in the Annual Performance Report and to the SICC. Reports to OSEP will include data from surveys completed by families whose children were enrolled for more than six (6) months in EarlySteps.

*What are the timelines for implementation of data collection and reporting?*

Louisiana's initial baseline data collection will occur between March 1, 2006 and September 30, 2006. Ongoing data collection will continue effective October 1, 2006. Baseline data as well as measurable and rigorous targets, improvement strategies, timelines and resources will be reported to OSEP in the Annual Performance Report due in February 2007.

**Description of Sampling Methodology (if applicable):**

Not applicable. Louisiana's Part C system will not use sampling to collect data for Indicator #4. Sampling was subsequently added in 2008 and approved.

**Baseline Data for FFY 2004 (2004-2005):**

Will be reported in the Annual Performance Plan (APR) due on February 1, 2007.

**Discussion of Baseline Data:**

Will be reported in the Annual Performance Plan (APR) due on February 1, 2007.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006)</b>	Not required
<b>2006 (2006-2007)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2007 (2007-2008)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2008 (2008-2009)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2009 (2009-2010)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2010 (2010-2011)</b>	To be established in Annual Performance Plan (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.

**Improvement Activities/Timelines/Resources**

Will be developed and submitted with the February 2007 Annual Performance Report.

The Indicator 4 Addendum submitted February 1, 2007 follows.

**Overview of the State Performance Plan Development (SPP Addendum – February 1, 2007):**

See preceding overview section and in the section which follows:

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process (SPP Addendum – February 1, 2007):**

The EarlySteps System is designed to support and promote family-centered practices in all aspects of system implementation. It is important to approach the provision of early intervention services based on the needs of the child and family, rather than focusing on the specific diagnosis of the child. The intent of early intervention is to build upon the natural routines and supports of families and children within their homes and communities, and to support families in their abilities to meet the health and developmental needs of their children.

EarlySteps conducted a survey in fall of 2004 to gather feedback from families regarding their experiences with Louisiana's Part C System. EarlySteps sent a survey to every family enrolled in the system since July 1, 2003 [date Department of Health & Hospitals (DHH) became Lead Agency]. EarlySteps sought to gain knowledge and insight from families who were a part of the early intervention system during its transition year as well as evaluate family satisfaction with Part C services in Louisiana.

Although the survey captured useful information, it did not include questions to capture all required family outcome components.

In State FY 2005, Louisiana piloted the National Center for Special Education Accountability Monitoring (NCSEAM) Family Survey. As participants in this pilot, EarlySteps families responded to comprehensive surveys in order to assist NCSEAM in establishing the validity of certain family-centered service questions. The pilot has enabled NCSEAM to revise and streamline the survey to be a more "family-friendly" version and to ensure data can be captured for family outcomes. The stakeholders from the State Interagency Coordinating Council (SICC) Outcomes Task Force recommended the use of the NCSEAM Family Survey for this indicator because of the relationship already established with NCSEAM and the experience gained from participating in the pilot.

The EarlySteps Statewide Parent Consultant, Community Outreach Specialists (COS), Regional Coordinators, and Service Coordinators are responsible for carrying out the implementation process for the NCSEAM Family Survey in Louisiana.

## Implementation Process February 1, 2007 Addendum

- ❖ The NCSEAM Family Survey is to be utilized to collect information from families transitioning from EarlySteps services.
- ❖ Every family whose child or children are enrolled in EarlySteps is included in the measurement of family outcomes.
- ❖ The survey is given to families by service coordinators prior to the Transition Meeting. The following steps are taken to collect information using the NCSEAM Family Survey.
  1. The service coordinator receives the blank NCSEAM Family Surveys from the Regional Coordinator or COS to distribute to transitioning families.
  2. The service coordinator mails the survey to families with the Team Meeting Announcement for Transition.
  3. The COS calls the transitioning families in their region to offer any assistance, ensure receipt of the survey, or if needed, complete the survey with them by phone.
  4. The service coordinator collects the completed surveys from families at their Transition Meeting.
  5. The service coordinator mails the completed surveys to the COS or Regional Coordinator.
  6. The COS or Regional Coordinator mails the completed surveys to the EarlySteps Statewide Parent Consultant.
- ❖ Measurement occurs with each family during the child's exit from Part C. The child and family must have received EarlySteps for at least 6 months.
- ❖ Data is collected at the state level. The surveys will be conducted on an ongoing basis with analysis occurring annually. In the first year of implementation analysis is being conducted by Piedra Data Services (NCSEAM's analysis center) to verify the validity and reliability of the data and receipt of statewide representative data.

## Baseline Data for FFY 2005 (2005-2006) February 1, 2007 Addendum:

Indicator #4A: **73%** of families reported that early intervention services helped the family know their rights.

Indicator #4B: **71%** of families reported that early intervention services helped the family effectively communicate their children's needs.

Indicator #4C: **85%** of families reported that early intervention services helped the family help their children develop and learn.

## Discussion of Baseline Data February 1, 2007 Addendum:

EarlySteps conducted the NCSEAM Family Survey with families who were transitioning from early intervention services during the period of June 1, 2006 through December 31, 2006. Data from three (3) items on the NCSEAM survey's Impact of EI Services on Your Family scale were collected to establish baseline for this indicator.

- ❖ **Indicator #4A:** 73% of families gave a response of "agree", "strongly agree", or "very strongly agree" to the item "Over the past year, Early Intervention services have helped me and/or my family: know about my child's and family's rights concerning Early Intervention services".

- ❖ **Indicator #4B:** 71% of families gave a response of “agree”, “strongly agree” or “very strongly agree” to the item “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family”.
- ❖ **Indicator #4C:** 85% of families gave a response of “agree”, “strongly agree” or “very strongly agree” to the item “Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs”.

FFY	Measurable and Rigorous Target
<p><b>2005</b> (2005-2006)</p>	<p><b>Not Required; Baseline established.</b></p>
<p><b>2006</b> (2006-2007)</p>	<p>A. <b>74%</b> of families participating in Part C will know their rights.</p> <p>B. <b>72%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>86%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2007</b> (2007-2008)</p>	<p>A. <b>75%</b> of families participating in Part C will know their rights.</p> <p>B. <b>73%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>87%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2008</b> (2008-2009)</p>	<p>A. <b>76%</b> of families participating in Part C will know their rights.</p> <p>B. <b>74%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>88%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2009</b> (2009-2010)</p>	<p>A. <b>77%</b> of families participating in Part C will know their rights.</p> <p>B. <b>75%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>89%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2010</b> (2010-2011)</p>	<p>A. <b>78%</b> of families participating in Part C will know their rights.</p> <p>B. <b>76%</b> of families participating in Part C will be able to effectively communicate</p>

	<p>their children’s needs.</p> <p>C. <b>90%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2011 (2011-2012)</b></p>	<p>A. <b>80%</b> of families participating in Part C will know their rights.</p> <p>B. <b>80%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>91%</b> of families participating in Part C know how to help their children develop and learn.</p>
<p><b>2012 (2012-2013)</b></p>	<p>A. <b>80%</b> of families participating in Part C will know their rights.</p> <p>B. <b>80%</b> of families participating in Part C will be able to effectively communicate their children’s needs.</p> <p>C. <b>91%</b> of families participating in Part C know how to help their children develop and learn.</p>

**Improvement Activities/Timelines/Resources February 1, 2007 addendum:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Provide education and training to families on a variety of early intervention topics such as but not limited to Procedural Safeguards & Family Rights, Transition, & Best Practice Guidelines.	Spring 2007 and ongoing through 2011	COS, Project Prompt, DOE
Conduct phone interviews of families on the quality of their early intervention services through the monitoring process.	Fall 2006 and ongoing through 2011	Quality Assurance Specialists
Conduct phone interviews of families on the quality of their early intervention services utilizing the NCSEAM Family Survey to collect information on their satisfaction of early intervention services.	Fall 2006 and ongoing through 2011	COS
Develop family survey to be distributed at different phases of EarlySteps Services	Summer 2007 and ongoing through 2011	Statewide Parent Consultant, COS, Regional Coordinators, State Office
Provide technical assistance (TA) and training to FSCs, SPOEs and evaluation providers on family directed assessments. The TA and training will include: interviewing skills, understanding and explaining the evaluation and assessment process, cultural sensitivity, procedural safeguards & family rights.	Fall 2007 and ongoing through 2011	CSPD, Regional Coordinators, Statewide Parent Consultant, COS, State Office
Provide training opportunities to families by means of	Summer 2009	Statewide Parent

Improvement Activities	Timelines	Resources
posted information on the EarlySteps website on the following topics: child development, procedural safeguards & family rights, IFSP, transition, and the importance of the family surveys.	and ongoing through 2011	Consultant, COS, State Office
Produce EarlySteps materials and documents in languages other than English. A committee will be formed to establish the resources needed.	Winter 2009 and ongoing through 2011	Stakeholders, Regional Coordinators, COS, Statewide Parent Consultant, State Office

Revised February, 2010 Improvement Strategies:

Improvement Activities – Indicator 4	Timelines	Resources	Discussion and Revisions with Justification 2009-2010 Improvement Activities
Provide education and training to families on a variety of Early Intervention topics such as but not limited to Procedural Safeguards & Family Rights, Transition, & Best Practices Guidelines.	Spring 2007 and ongoing through 2014 2013	COS, the PTI, DOE	The COS's developed a training module for new parents in EarlySteps to serve as "orientation to the system." Orientation activities are scheduled monthly in each region. The COS's also developed a presentation called "Getting the most from your EarlySteps Experience" which will be posted to the Parent Page of the website.
Conduct phone interviews and written surveys families on the quality of their early intervention services through the monitoring process.	Fall 2006 and ongoing through 2014 2013	Quality Assurance Specialist	Quality Assurance Specialists have been added to the EarlySteps regional offices/districts/authorities. Timelines have been adjusted due to state hiring freezes and delays in hiring staff. Currently 2 positions are vacant. OCDD has implemented a Quality Process for all agency providers. Part of the process requires the development of a quality enhancement plan. Some agencies have targeted activities related to this indicator based on state and regional performance in 2008-2009.

Improvement Activities – Indicator 4	Timelines	Resources	Discussion and Revisions with Justification 2009-2010 Improvement Activities
<p>Conduct phone interviews of families on the quality of their Early Intervention services utilizing the NCSEAM Family Survey to collect information on their satisfaction of early intervention services. This item was revised as below.</p> <p>Participation in the OCDD family/consumer survey process using revised procedures to sample and increase the number of survey respondents</p>	<p>Fall 2006 and ongoing through 2014 2013</p>	<p>COS, OCDD Consultant</p>	<p>The Family Outcomes survey is now being used and the process revised as below.</p> <p>Continued participation in OCDD consumer survey with revised strategies to increase participation. Sampling plan submitted to OSEP in 2009.</p> <p>The sampling process for 2010 has been developed and will be submitted to OSEP for approval.</p>
<p>Develop family survey to be distributed at different phases of Early Steps Services</p>	<p>Summer 2007 and ongoing through 2014 2013</p>	<p>Statewide Parent Consultant, COS, Regional Coordinators, Lead Agency</p>	<p>EarlySteps intends to post the survey to the parent page of the website for families to complete and send in at will.</p>
<p>Provide technical assistance (TA) and training to FSC's, SPOE's and evaluation providers on family-directed assessments. The TA and training will include: interviewing skills, understanding and explaining the evaluation and assessment process, cultural sensitivity, procedural safeguards &amp; family rights.</p>	<p>Fall 2007 and ongoing through 2014 2013</p>	<p>CSPD, Regional Coordinators, Statewide Parent Consultant, COS, Lead Agency, training consultant</p>	<p>See discussion below regarding new, completed training modules.</p>
<p>The 3 current training modules (Orientation to EarlySteps, Evaluation and Assessment, and Child Development) are now required for all providers. Development of 3 additional training modules will begin in 2009, due to lengthy delays in the contract approval process for their development. Modules will address IFSP, team process and family-centered services. Content of these modules includes activities that will assist in improving family outcomes.</p>	<p>Spring, 2009 and ongoing through 2014 2013</p>	<p>Contractor, Training coordinator, regional staff and COS's</p>	<p>A contract was awarded in 2009 to develop the next 3 training modules: <i>IFSP, Teaming, and Family-Centered Services</i>. In addition, the 3 original modules described have been updated to reflect changes to EarlySteps since OCDD became the administrative office. These six modules will be web-based and required for all providers. In addition, face to face training on Teaming is required and is being offered during 2009-2010.</p>

Improvement Activities – Indicator 4	Timelines	Resources	Discussion and Revisions with Justification 2009-2010 Improvement Activities
<p>Provide training opportunities to families by means of posted information on early Steps website on the following topics: child development, procedural safeguards &amp; family rights, IFSP, transition, and the importance of family surveys.</p>	<p>Summer 2009 and ongoing through <del>2011</del> 2013</p>	<p>Statewide Parent Consultant, COS, State Office, CSPD</p>	<p>Development of the parent page on the EarlySteps website is ongoing. The revised practice manual is posted to the website and incorporates revisions to the family section including parent's rights, and a teaming process developed by the service delivery committee of the SICC. The final revisions to the Practice Manual are planned for March 2010.</p>
<p>With the move of EarlySteps to OCDD, the website was revised. A committee of COS's, the statewide parent consultant and the central office training coordinator have activities underway to revise the website Parent page to incorporate this information in the form of a parent handbook. The handbook will also be contained in the revised practice manual.</p>	<p>2007 and ongoing through <del>2011</del> 2013</p>	<p>COS, OCDD central office, State Parent Consultant.</p>	<p>See above</p>
<p>Produce Early Steps material and documents in the languages other than English. A committee will be formed to establish the resources needed</p>	<p>Winter 2009 and ongoing through <del>2011</del> 2013</p>	<p>Stakeholders, Regional Coordinators, COS, Statewide Parent Consultant, State Office</p>	<p>A committee began meeting in March 2009 to address shortages in interpreter services statewide following a complaint about interpreter availability. 22 additional foreign language interpreters are now available. A contract is in development to translate updated documents and will be completed in 2010.</p>

Improvement Activities – Indicator 4	Timelines	Resources	Discussion and Revisions with Justification 2009-2010 Improvement Activities
<p>Incorporate family perspectives in all aspects of the EarlySteps system by providing “One Consistent Message” about EarlySteps. This will be accomplished through:</p> <ol style="list-style-type: none"> <li>1. Development of a new CSPD plan with the SICC</li> <li>2. Develop consistent training content and activities for the regional COS staff</li> <li>3. work with the Families Helping Families agencies to incorporate advocacy and resource training in COS interactions with families</li> <li>4. develop a video for each family who enters the system.</li> <li>5. develop “family contract” component to the Parents Right’s Document.</li> <li>6. develop three additional core-content training modules and award contract for web-hosting for all 9 modules</li> <li>7. Include family comments about their experiences in EarlySteps from the Family Outcome Survey on the EarlySteps website</li> <li>8. Include use of the Spanish version of the survey</li> </ol>	<p>July, 2008 through June, 2011 2013</p>	<p>Statewide Parent Consultant, COS, Training Coordinator, SICC CSPD committee</p>	<p>The COS’s and state Parent Liaison participate with regional and central office staff in all activities planned for the fiscal year:</p> <ol style="list-style-type: none"> <li>1.the new CSPD plan was drafted and approved in August, 2010. The SICC recommended and EarlySteps agreed to involve the regional COS’s in training activities with new providers, especially FSC’s</li> <li>2. the COS’s, Parent Liaison, and central office staff developed a Parent Orientation Presentation and will be conducting orientation activities with new families each month in 2009-2010</li> <li>3. The Families Helping Families agencies have been coordinating COS training activities</li> <li>4. A power point presentation and face-to-face orientation are currently being used.</li> <li>5. The family contract has been drafted and is under review.</li> <li>6. The modules will be available through web-hosting in 2009-2010</li> <li>7. Comments from the surveys will be posted in 2009-2010</li> <li>8. The Spanish version of the survey is available from the ECO center.</li> </ol>
<p>Continue training focus on Family-Centered Services and Family Assessment of Concerns Priorities and Resources.</p>	<p>January, 2011 through June, 2013</p>	<p>Training Contractors, Central and Regional Office Staff</p>	<p>Conduct training for all FSC’s and SPOE’s in Spring, 2011 and ongoing as needed.</p> <p>Review IFSP’s using quality indicators according to process to be developed by June, 2011.</p> <p>Provide technical assistance to FSC and SPOE staff based on quality reviews.</p>

**SPP Template – Part C (4)**

February 1, 2009

Louisiana

<b>Improvement Activities – Indicator 4</b>	<b>Timelines</b>	<b>Resources</b>	<b>Discussion and Revisions with Justification 2009-2010 Improvement Activities</b>
Increase survey participation rate by surveying every family exiting the system.	January, 2011- June 2013	Central Office Contact, State Parent Liaison, Community Outreach Specialists.	Processes are being discussed to increase family responses to the surveys which will not also impact program expenditures (that is, mailing costs)
Add demographic data to the surveys, including FSC agency and other identifying information to family survey to track and respond to regional/agency trends in results.	January 2011- June, 2013	Parent Liaison, Community Outreach Specialists, Central Office Contact	The state has generally shown performance improvement for this indicator, but the gains are small each year. The surveys have not had identifying information about the respondents, additional information will allow for better tracking of performance across the regions and within agencies.

**Part C State Performance Plan (SPP) for 2005-2012****Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement: Revised 4/2010**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

The Louisiana Department of Health and Hospitals (DHH), as lead agency has implemented a comprehensive child find and public awareness that focuses on early identification of children who may be eligible for EarlySteps services. DHH along with the advice and assistance of the State Interagency Coordinating Council (SICC) has taken several measures to inform the public about the purpose and scope of the EarlySteps system. Effective public awareness efforts reach out to referral sources, engage and inform them about the EarlySteps system, and alert them to their responsibilities related to referral.

The EarlySteps public awareness program focuses on both internal and external audiences.

Internal Audiences include all appropriate state agencies, local providers, and agency personnel that are working with early intervention.

External Audiences include the medical community and members of formal organizations interested in early intervention (e.g., advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, churches, child care, educators, and teachers).

Targeting Internal Audiences: EarlySteps has developed several methods of providing information on early intervention to appropriate state agencies, local providers, and agency personnel working with early intervention which includes a toll free number (1-866-EarlySteps) and a comprehensive website at <http://www.oph.dhh.state.la.us/childrensspecial/earlyinterventionservices/index.html> contains information for parents, providers, and all stakeholders. By accessing the website, parents can obtain information on child development, early intervention resources, and best practices. Providers can obtain information on personnel standards, Part C laws and regulations, and enrollment information. EarlySteps holds bi-monthly videoconferences to provide information to

stakeholders and provides a mechanism to ask questions. Furthermore, quarterly State Interagency Coordinating Council (SICC) meetings were held as a resource of information.

Targeting External Audiences: EarlySteps has developed methods of providing information on early intervention to external audiences. Zehnder Communications, a local advertisement agency, assisted the lead agency in developing the following materials:

- **EarlySteps**, new name recognition for the system formerly known as ChildNet
- **Brochures** that explain the purpose and scope of the system, how to make referrals, how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and provide the toll free number to the central directory. Brochures are available in English, Vietnamese, and Spanish, the three most common languages spoken in
- **Posters** that provide information on how to make referrals and how to access the central directory
- **Developmental Wheels** that enable parents and referral sources to compare their child development to developmental milestones at 3, 6, 9, 12, 18, and 24 months. This wheel serves as a tool to determine whether a referral should be made. It also contains information to access the central directory
- **Promotional items** such as stress ball pens, water bottles, rolodex cards, folders, and post it note pads were also use to promote the program to external audiences
- **Television and radio advertisements** contained the same information as the brochure and were aired statewide during two week periods in July 2004

Child Find efforts at the state level and in local service areas include a variety of approaches designed to inform and educate families and providers about:

- Issues and concerns for children and their development
- Resources and contacts for information, identification, and referral

Child Find activities reflect public and private partnerships and are sensitive to issues related to accessibility, cultural and ethnic diversity, and diverse communication styles. These efforts are:

- Built on community-based networking among a diverse group of early intervention professionals, including local education, social service, medical clinics and hospitals, childcare agencies, Head Start representatives etc
- Coordinated through Regional Interagency Coordinating Councils (RICCs)
- Developed to reflect the service delivery system that exists in the community

### **Role of the Regional Coordinators (RC) and Community Outreach Specialists (COS) in Child Find**

In each of the nine regions of the state, a RC representing the Lead Agency and COS, a contract employee who has a child or family member with a developmental disability, work together to promote public awareness of Part C to encourage early identification and referral of children suspected of having a developmental delay. Both the RCs and COSs engage in ongoing identification of state and local agencies, social service agencies who focus on

implementing the Child Abuse Prevention and Treatment Act (CAPTA), community stakeholders, medical providers, hospitals, NICUs, service organizations, parent advocacy and support groups to educate through presentations and distribution of printed materials. Presentations include information on eligibility requirements, referral process as well as mandatory reporting requirements per IDEA. Visits are made periodically to encourage continuing identification and referral to EarlySteps.

Printed materials such as EarlySteps Brochures, EarlySteps Developmental Wheels, Part C Fact Sheets and other PR materials are distributed during presentations; health fairs, and at sites visited by children and families. Materials are refurbished periodically by the COS.

Interagency and community partnerships are established by RCs and COSs participation in regional and local activities, serving on local councils, boards, etc. Facilitation and coordination of development of Regional Interagency Coordinating Councils are important roles of RCs and COSs. Regional Councils promote Child Find in local, rural and underserved areas.

In order to develop a comprehensive outreach system, many different methods of outreach are utilized throughout the state. Health fairs, conferences, job fairs and Baby Days at Wal-Mart offered additional opportunities for outreach throughout the state. In addition to the many places where presentations were held, the Regional Coordinators and Community Outreach Specialists found many additional and unique places to distribute EarlySteps brochures, posters and other informational materials. Some examples of these are grocery stores, gas stations, rest stops, churches, battered women shelters, and pre-natal classes and homeless shelters.

Presentations are given at local daycares, physician offices, schools, civic organizations, parish health units, local hospitals, and other state agencies. Furthermore, EarlySteps conducted presentations to the Louisiana Social Work Association, Louisiana Childcare Association, Louisiana Occupational Therapy Association, and the American Association of Pediatrics. Presentations that discussed CAPTA and how it applies to Part C were conducted at the Office of Community Support (OCS) Prevent Child Abuse Conference and at the Department of Social Service Annual Conference for Supervisors and Managers. These presentations provided information on the requirements of a child find system and where to refer children for eligibility determination.

EarlySteps also collaborates with the statewide New Born Hearing and Screening program, Birth Defects registry, and the Sound Start programs statewide. Information on EarlySteps is provided to these programs to include in their brochures and print materials. Furthermore, providers from several disciplines, teachers for the hearing and vision impaired, FSCs and SPOE personnel attended EarlySteps videoconferences, trainings, and meetings to keep abreast of early intervention activities within the state.

### **Role of the State Interagency Coordinating Council (SICC) in Child Find**

The SICC provides advice and assistance on the Comprehensive Child Find and Public Awareness components of the system. The SICC Public Relations committee collaborates and coordinates events and workshops to promote child find efforts at the state and regional level. The SICC works collaboratively with the Regional Interagency Coordinating Councils (RICC's) to promote EarlySteps and interagency collaboration through public awareness and child find

efforts at the regional level. Role of the Regional Interagency Coordinating Council (RICC) in Child Find

The RICC assists with locating and coordinating existing services and planning a local system that meets the community's needs for locating, referring, and serving infants and toddlers, and their families. Local child find efforts are supported through a variety of state-level efforts including state-level interagency agreements. These inter-and intra-agency agreements ensure that the Part C system Child Find component is coordinated with all major Child Find efforts of other state agencies.

**Referral Procedures**

Referral is actually the first service that an eligible child and his/her family receive from the Part C system. The System Point of Entry (SPOE) system ensures that every child in Louisiana and their family have equal access to the early intervention system; regardless of where they live. Each RICC works to strengthen their local Part C system, building a strong network between the RICC's, the SPOE's and the primary referral sources in their community.

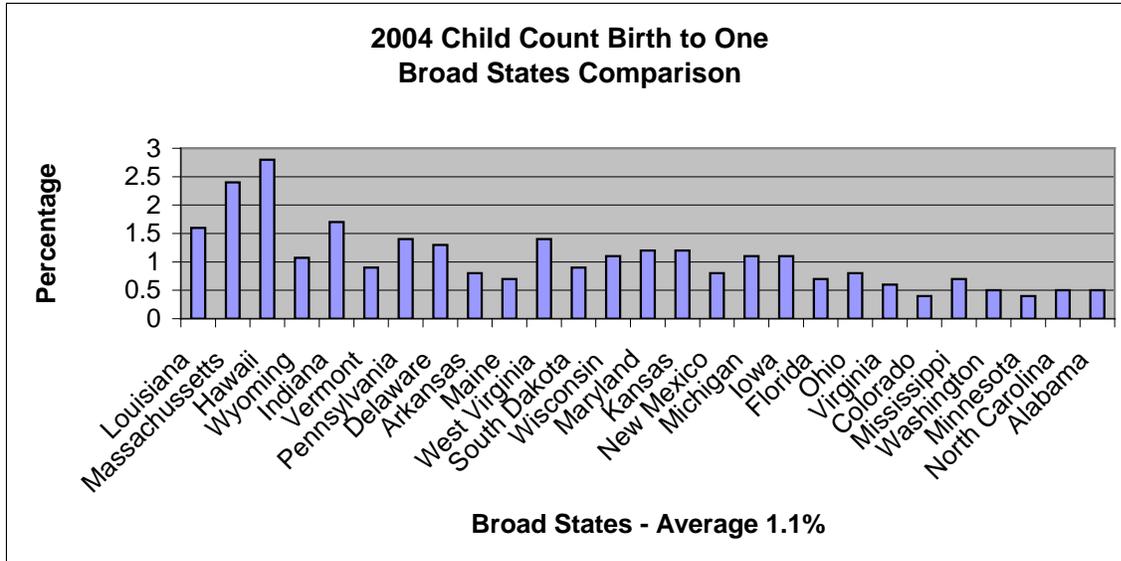
A primary referral source is the individual or agency that first referred the child to the SPOE. A standardized referral form has been developed, along with a cover letter intended for distribution by the local SPOE's, for all referral sources.

At the point of referral, the SPOE will open both the paper and electronic early intervention records. An Intake Coordinator is required to contact the family within 2 business days.

**Baseline Data for FFY 2004 (2004-2005):**

- A. For Federal fiscal year (FFY) 2004 (2004-2005), Louisiana served **1.6%** of infants, birth to one, with IFSPs, compared to states with similar (broad) category eligibility whose average was **1.1%**
  
- B. For Federal fiscal year (FFY) 2004 (2004-2005), Louisiana served **1.6%** of infants, birth to one, with IFSPs, compared to national average of **.92%**

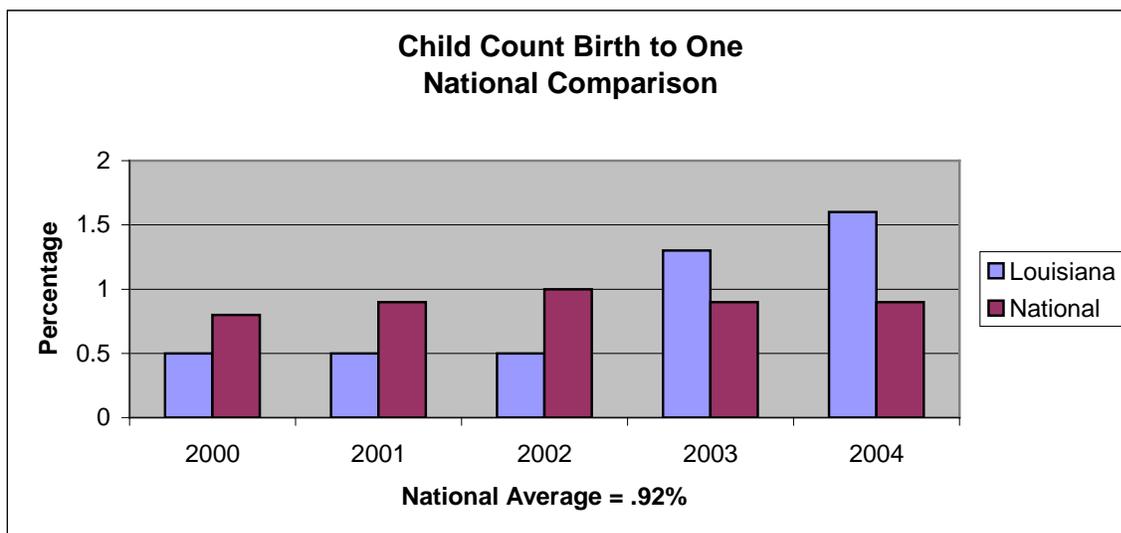
**Discussion of Baseline Data:**



**Figure 1**

Figure 1 shows a point in time data report to the Federal Office of Special Education Programs (OSEP) of broad states eligible infants and toddlers who had active IFSP and receiving services on December 1, 200-2004. EarlySteps served above the broad states I average for children birth to one years of age.

In its 2005 state application, Louisiana proposed changes to its eligibility criteria. These proposed changes would move Louisiana from a broad eligibility category to the moderate eligibility category, therefore changing the states comparison.



**Figure 2**

Figure 2 shows a point in time data report to the Federal Office of Special Education Programs (OSEP) of EarlySteps eligible infants and toddlers who had active IFSP and receiving services on December 1, 200-2004. EarlySteps served above the national average for children birth to one years of age. EarlySteps’ public awareness efforts specifically targeted to NICU and primary referral sources have contributed greatly to reaching families and young children early.

## SPP Template – Part C (4)

February 1, 2009

## Louisiana

Louisiana ranked number 1 nationally with the greatest percentage of change (257%) by states from 2000 through 2004 for infants and toddlers birth to one.

In its 2005 state application, Louisiana proposed changes to its eligibility criteria. These proposed changes would move Louisiana from a broad eligibility category to the moderate eligibility category. This shift may have impact on the percentage of children Louisiana will serve and the proposed targets below may be adjusted as a result of changes to eligibility.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	1.61% of infants and toddlers birth to one will have IFSPs.
<b>2006 (2006-2007)</b>	1.62% of infants and toddlers birth to one will have IFSPs. Revised FFY 2005 to 1.25%
<b>2007 (2007-2008)</b>	1.63% of infants and toddlers birth to one will have IFSPs. Revised FFY 2005 to 1.30%
<b>2008 (2008-2009)</b>	1.64% of infants and toddlers birth to one will have IFSPs. Revised FFY 2005 to 1.35%
<b>2009 (2009-2010)</b>	1.65% of infants and toddlers birth to one will have IFSPs. Revised FFY 2005 to 1.40%
<b>2010 (2010-2011)</b>	1.65% of infants and toddlers birth to one will have IFSPs. Revised FFY 2005 to 1.45%
<b>2011 (2011-2012)</b>	1.50% of infants and toddlers birth to one will have IFSPs.
<b>2012 (2012-2013)</b>	1.50% of infants and toddlers birth to one will have IFSPs.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Updating all PR materials to reflect the most current information including	1 <sup>st</sup> update Winter 2006 and Ongoing through 2011	State Office SICC PR Committee RICC
Updating statewide toll-free number	Spring 2007	State Office
Updating the Public Service Announcements	Spring 2007	SICC PR Committee SICC
Revise all Fact Sheets	1 <sup>st</sup> update Winter 2006/ Ongoing	State Office Regional Coordinators Community Outreach Specialists
Updating the website with current information.	Ongoing through 2011	SICC PR Committee State Office Regional Coordinators
Develop scripts for presentations targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011	PR Committee State Office Regional Coordinators
Develop outreach packets targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011	SICC PR Committee Regional Coordinators Community Outreach Specialists
Identify specific outreach methods of targeting the homeless and Native American populations.	Winter 2006	SICC PR Committee Regional Coordinators Community Outreach Specialists
Continue collaboration between DHH and DSS and identify specific outreach methods of targeting the CAPTA population and ensure appropriate referrals under CAPTA	Winter 2006 and ongoing through 2011	State Office DSS SICC PR Committee Regional Coordinators Community Outreach Specialists
Identify facilities/physicians in and out of state who would be serving the Louisiana high risk/premature infant population.	Summer 2007	Regional Coordinators Community Outreach Specialists
Identify schools of nursing, medical schools, technical colleges and the contact persons for these facilities to offer in-services during pediatric rotations.	Summer 2009	Regional Coordinators Community Outreach Specialists
Intensify outreach efforts to churches and faith-based organizations by obtaining comprehensive lists of all churches from all major denominations in Louisiana.	Summer 2010	Regional Coordinators Community Outreach Specialists
Develop a Q&A Fact Sheet for parents/caregivers.	Summer 2006	SICC PR Committee State Office

		Community Outreach Specialists Regional Coordinators
Develop a video for parents to be shown at intake to introduce the Best Practices Delivery of Services in a uniform and consistent manner.	Summer 2010	PR Committee State Office Community Outreach Specialists
Review distribution logs for the past 12 months for each region to identify gaps in outreach and develop regional outreach plans.	Winter 2006 and ongoing through 2011	Regional Coordinators RICC
Develop data reports for each region to ensure the provision of services to all children and to identify potential underserved areas in regards to age, race, percentage of the target population served in each Region, etc and develop and implement regional outreach plans.	Winter 2006 and ongoing through 2011	State Office Regional Coordinators
Establishment of fully functional Regional Interagency Coordinating Councils in every Region, including parent participation.	Fall 2009	Regional Coordinators Community Outreach Specialists

Revised Improvement Strategies FFY 2008

Louisiana exceeded its target for 2008-2009. Improvement Activities below are updated, but no revisions or additions are proposed.

SPP 2005-2010 Improvement Activities Indicator 5	Timelines	Discussion/Progress/Slippage
Updating all PR materials to reflect the most current information The revisions to the PR materials will begin in Spring, 2009	1 <sup>st</sup> update Winter 2006 and Ongoing through 2011-2013	With the transition of EarlySteps to OCDD, the EarlySteps website and practice manual were revised to reflect eligibility criteria changes, effective July, 2007. The implementation of family cost participation has been postponed.  A marketing class at the University of Louisiana at Lafayette offered to take the current EarlySteps PR materials and recommend revisions as a class project. The materials will be presented in December, 2009. Recommendations will be considered by the SICC public relations committee and central office and the materials will be updated by June, 2010
Updating the website with current information.	Ongoing through 2011-2013	The website was relocated with the transition of EarlySteps to OCDD. The address is: <a href="http://www.earlysteps.dhh.louisiana.gov">http://www.earlysteps.dhh.louisiana.gov</a>

SPP 2005-2010 Improvement Activities Indicator 5	Timelines	Discussion/Progress/Slippage
		Content is frequently updated to keep stakeholders up-to-date with program changes.
Develop scripts for presentations targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011-2013	This improvement activity was identified in order to achieve consistency across the state with regards to information presented to the public. Two scripts were developed. One script targeted healthcare professionals and the other script targeted general referral sources, such as parents and child care programs. From these scripts, two power points were developed in order to present this information visually to potential referral sources. Although this task was targeted to be completed in the summer of 2006, the scripts were completed and distributed in February of 2006. Copies of the power point presentation were submitted with a survey being conducted by the American Academy of Pediatrics in a December, 2008 survey.
Develop outreach packets targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011-2013	<p>EarlySteps staff often gives outreach packets during presentations to potential referral sources. The identification of specific items for these packets was identified as an improvement activity in order to achieve consistency throughout the state with regards to distributed information. The public relations committee of the State Interagency Coordinating Council (SICC) identified information to be included in all outreach packets. Although this task was targeted to be completed in the summer of 2006, the list of needed materials for the outreach packets was completed in February of 2006.</p> <p><b>Update:</b> Materials will be updated with revisions to other PR materials in 2010. An average of 15 child find activities per month are conducted by regional staff.</p>
Beginning July, 2007 implement new eligibility criteria to a more moderate criteria. Changing the eligibility criteria to a more moderate definition of developmental	May 1, 2007 and ongoing through 2010	<p>Activities include: --Submit proposed revised eligibility to The criteria went into effect on July1, 2007. Referral rates increased and increasing numbers of children have</p>

SPP 2005-2010 Improvement Activities Indicator 5	Timelines	Discussion/Progress/Slippage
<p>delay will allow identification of more children referred to the program as seen by the increased number of children identified in the December 1, 2007 child count follow implementation of the moderate criteria in July, 2007.</p>		<p>been enrolled. <b>Status: complete</b></p>
<p>--Work with MedImmune, Inc to distribute brochures regarding the impact of prematurity on development and health</p> <p>--Update PR materials to include requirements for timely services, transition at age 3 and 45 day timelines</p>	<p>Fall, 2010 to Fall, 2011</p>	<p>The brochures were distributed in Spring, 2009</p> <p>--EarlySteps and the LDE have been coordinating activities through a TA project with DAC and SERRC to update the materials. <b>--Update:</b> regional transition groups have been meeting since May, 2009 to identify and resolve local issues. PR materials will be updated to include clarification to transition provided in the 12/09 USDOE transition FAQ.</p>
<b>Additional SPP Improvement Activities:</b>		
<p>Conduct outreach to Substance Abuse Treatment programs which provide services to Mother-Child units to identify and address service and service coordination needs</p>	<p>January 2011- June, 2013</p>	<p>Based on discussion from Louisiana stakeholder group at August 2010 Early Childhood Conference, services for the infants and toddlers of women undergoing substance abuse treatment was identified as a statewide need. Activities will include: --having a follow up meeting with substance abuse treatment providers, --assisting with establishing regional connections between EarlySteps regional staff and providers --developing procedures for identifying and meeting family/child needs --identifying training needs and developing training for EarlySteps SPOE/FSC/providers</p>
<p>Conduct outreach to Nurse-Family Partnership Sites to increase knowledge of EarlySteps resources for participating families</p>	<p>September, 2011-June, 2013</p>	<p>Establish contacts with regional sites</p> <p>Identify EarlySteps provider needs regarding participating with NFP sites</p> <p>Develop and Conduct training for providers and NFP sites.</p>
<p><b>New for 2013-14:</b> Identify and/or develop materials for all agencies and providers to support conversion from ICD-9 to ICD-10</p>	<p>July 2013- December, 2014</p>	<p>Central Office staff participated in DHH-sponsored training for this change which goes into effect on October, 1,</p>

<b>SPP 2005-2010 Improvement Activities Indicator 5</b>	<b>Timelines</b>	<b>Discussion/Progress/Slippage</b>
<p>codes.</p> <ol style="list-style-type: none"> <li>1. Central Office staff participate in DHH-sponsored training with Medicaid staff</li> <li>2. Resources are obtained and shared with providers and agencies on a regular schedule</li> <li>3. ICD-9 codes which match to the state's eligibility diagnoses are cross-walked to ICD-10 codes</li> <li>4. ICD-10 codes are added to all program documents</li> <li>5. Staff assist providers and agencies will billing and other issues which may result following the implementation beginning in October, 2014</li> </ol>		<p>2014. CMS's contractor provides weekly webinars which staff participate in as needed based on the topics. In addition, information will be shared with agencies and providers on a regular schedule to prepare and successfully make the change to the new codes.</p>



Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6: Revised February, 2011** Percent of infants and toddlers birth to 3 with IFSPs compared to National data.:

~~A. Other States with similar eligibility definitions; and~~

(20 USC 1416(a)(3)(B) and 1442)

**Measurement: Revised 4/2010**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the population of infants and toddlers birth to 3)] times 100 compared to National data.

Overview of Issue/Description of System or Process:

The Louisiana Department of Health and Hospitals (DHH), as lead agency has implemented a comprehensive child find and public awareness that focuses on early identification of children who may be eligible for EarlySteps services. DHH along with the advice and assistance of the State Interagency Coordinating Council (SICC) has taken several measures to inform the public about the purpose and scope of the EarlySteps system. Effective public awareness efforts reach out to referral sources, engage and inform them about the EarlySteps system, and alert them to their responsibilities related to referral.

The EarlySteps public awareness program focuses on both internal and external audiences.

Internal Audiences include all appropriate state agencies, local providers, and agency personnel that are working with early intervention.

External Audiences include the medical community and members of formal organizations interested in early intervention (e.g., advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, churches, child care, educators, and teachers).

Targeting Internal Audiences: EarlySteps has developed several methods of providing information on early intervention to appropriate state agencies, local providers, and agency personnel working with early intervention which includes a toll free number (1-866-EarlySteps) and a comprehensive website at <http://www.oph.dhh.state.la.us/childrensspecial/earlyinterventionservices/index.html> (as of July, 2007: <http://new.dhh.louisiana.gov/index.cfm/page/215>)

contains information for parents, providers, and all stakeholders. By accessing the website, parents can obtain information on child development, early intervention resources, and best practices. Providers can obtain information on personnel standards, Part C laws and regulations, and enrollment information. EarlySteps holds bi-monthly videoconferences to provide information to stakeholders and provides a mechanism to ask questions. Furthermore, quarterly State Interagency Coordinating Council (SICC) meetings were held as a resource of information.

Targeting External Audiences: EarlySteps has developed methods of providing information on early intervention to external audiences. Zehnder Communications, a local advertisement agency, assisted the lead agency in developing the following materials:

- **EarlySteps**, new name recognition for the system formerly known as ChildNet
- **Brochures** that explain the purpose and scope of the system, how to make referrals, how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and provide the toll free number to the central directory. Brochures are available in English, Vietnamese, and Spanish, the three most common languages spoken in
- **Posters** that provide information on how to make referrals and how to access the central directory
- **Developmental Wheels** that enable parents and referral sources to compare their child development to developmental milestones at 3, 6, 9, 12, 18, and 24 months. This wheel serves as a tool to determine whether a referral should be made. It also contains information to access the central directory
- **Promotional items** such as stress ball pens, water bottles, rolodex cards, folders, and post it note pads were also use to promote the program to external audiences
- **Television and radio advertisements** contained the same information as the brochure and were aired statewide during two week periods in July 2004

Child Find efforts at the state level and in local service areas include a variety of approaches designed to inform and educate families and providers about:

- Issues and concerns for children and their development
- Resources and contacts for information, identification, and referral

Child Find activities reflect public and private partnerships and are sensitive to issues related to accessibility, cultural and ethnic diversity, and diverse communication styles. These efforts are:

- Built on community-based networking among a diverse group of early intervention professionals, including local education, social service, medical clinics and hospitals, childcare agencies, Head Start representatives etc
- Coordinated through Regional Interagency Coordinating Councils (RICCs)
- Developed to reflect the service delivery system that exists in the community

### **Role of the Regional Coordinators (RC) and Community Outreach Specialists (COS) in Child Find**

In each of the nine regions of the state, a RC representing the Lead Agency and COS, a contract employee who has a child or family member with a developmental disability, work

together to promote public awareness of Part C to encourage early identification and referral of children suspected of having a developmental delay. Both the RCs and COSs engage in ongoing identification of state and local agencies, social service agencies who focus on implementing the Child Abuse Prevention and Treatment Act (CAPTA), community stakeholders, medical providers, hospitals, NICUs, service organizations, parent advocacy and support groups to educate through presentations and distribution of printed materials. Presentations include information on eligibility requirements, referral process as well as mandatory reporting requirements per IDEA. Visits are made periodically to encourage continuing identification and referral to EarlySteps.

Printed materials such as EarlySteps Brochures, EarlySteps Developmental Wheels, Part C Fact Sheets and other PR materials are distributed during presentations; health fairs, and at sites visited by children and families. Materials are refurbished periodically by the COS.

Interagency and community partnerships are established by RCs and COSs participation in regional and local activities, serving on local councils, boards, etc. Facilitation and coordination of development of Regional Interagency Coordinating Councils are important roles of RCs and COSs. Regional Councils promote Child Find in local, rural and underserved areas.

In order to develop a comprehensive outreach system, many different methods of outreach are utilized throughout the state. Health fairs, conferences, job fairs and Baby Days at Wal-Mart offered additional opportunities for outreach throughout the state. In addition to the many places where presentations were held, the Regional Coordinators and Community Outreach Specialists found many additional and unique places to distribute EarlySteps brochures, posters and other informational materials. Some examples of these are grocery stores, gas stations, rest stops, churches, battered women shelters, and pre-natal classes and homeless shelters.

Presentations are given at local daycares, physician offices, schools, civic organizations, parish health units, local hospitals, and other state agencies. Furthermore, EarlySteps conducted presentations to the Louisiana Social Work Association, Louisiana Childcare Association, Louisiana Occupational Therapy Association, and the American Association of Pediatrics. Presentations that discussed CAPTA and how it applies to Part C were conducted at the Office of Community Support (OCS) Prevent Child Abuse Conference and at the Department of Social Service Annual Conference for Supervisors and Managers. These presentations provided information on the requirements of a child find system and where to refer children for eligibility determination.

EarlySteps also collaborates with the statewide New Born Hearing and Screening program, Birth Defects registry, and the Sound Start programs statewide. Information on EarlySteps is provided to these programs to include in their brochures and print materials. Furthermore, providers from several disciplines, teachers for the hearing and vision impaired, FSCs and SPOE personnel attended EarlySteps videoconferences, trainings, and meetings to keep abreast of early intervention activities within the state.

### **Role of the State Interagency Coordinating Council (SICC) in Child Find**

The SICC provides advice and assistance on the Comprehensive Child Find and Public Awareness components of the system. The SICC Public Relations committee collaborates and coordinates events and workshops to promote child find efforts at the state and regional level. The SICC works collaboratively with the Regional Interagency Coordinating Councils (RICC's)

to promote EarlySteps and interagency collaboration through public awareness and child find efforts at the regional level. Role of the Regional Interagency Coordinating Council (RICC) in Child Find

The RICC assists with locating and coordinating existing services and planning a local system that meets the community's needs for locating, referring, and serving infants and toddlers, and their families. Local child find efforts are supported through a variety of state-level efforts including state-level interagency agreements. These inter-and intra-agency agreements ensure that the Part C system Child Find component is coordinated with all major Child Find efforts of other state agencies.

### Referral Procedures

Referral is actually the first service that an eligible child and his/her family receive from the Part C system. The System Point of Entry (SPOE) system ensures that every child in Louisiana and their family have equal access to the early intervention system; regardless of where they live. Each RICC works to strengthen their local Part C system, building a strong network between the RICC, the SPOEs and the primary referral sources in their community.

A primary referral source is the individual or agency that first referred the child to the SPOE. A standardized referral form has been developed, along with a cover letter intended for distribution by the local SPOEs, for all referral sources.

At the point of referral, the SPOE will open both the paper and electronic early intervention records. An Intake Coordinator is required to contact the family within 2 business days.

### Baseline Data for FFY 2004 (2004-2005):

- A. For Federal fiscal year (FFY) 2004 (2004-2005), Louisiana served **2.3%** of infants, birth to three, with IFSPs, compared to states with similar (broad) category eligibility whose average was **2.6%**
- B. For Federal fiscal year (FFY) 2004 (2004-2005), Louisiana served **2.3%** of infants, birth to three, with IFSPs, compared to national average of **2.2 %**

Discussion of Baseline Data:

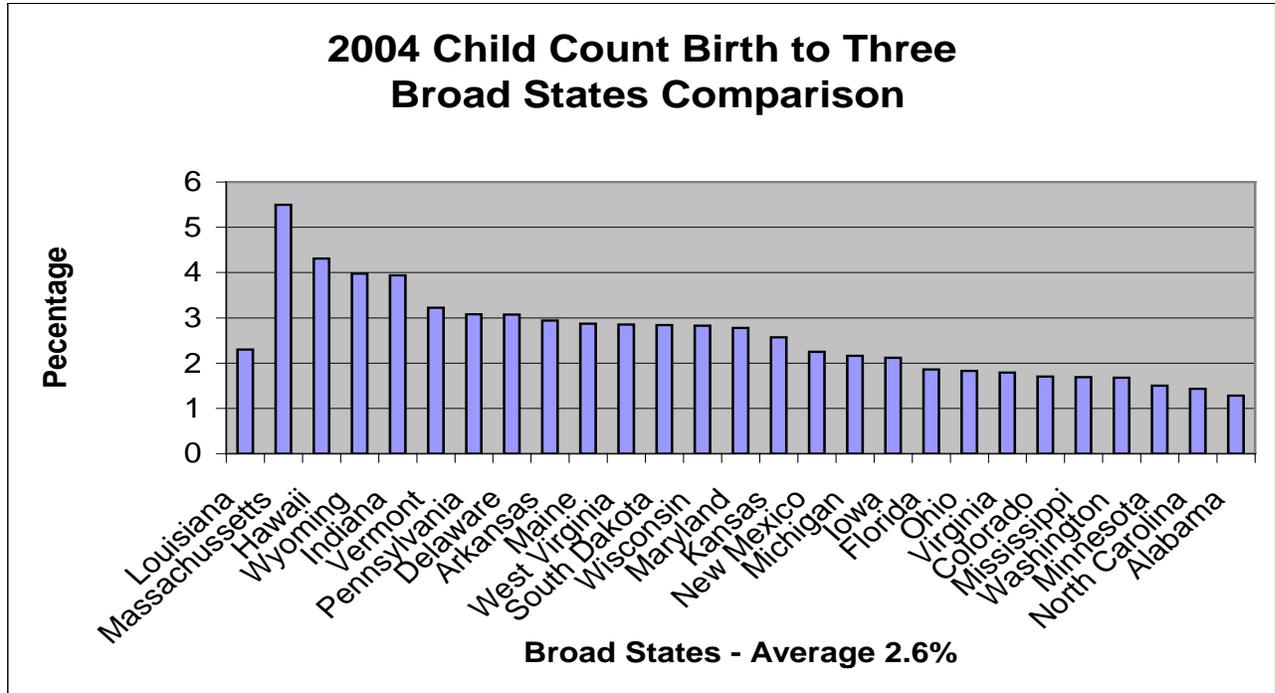
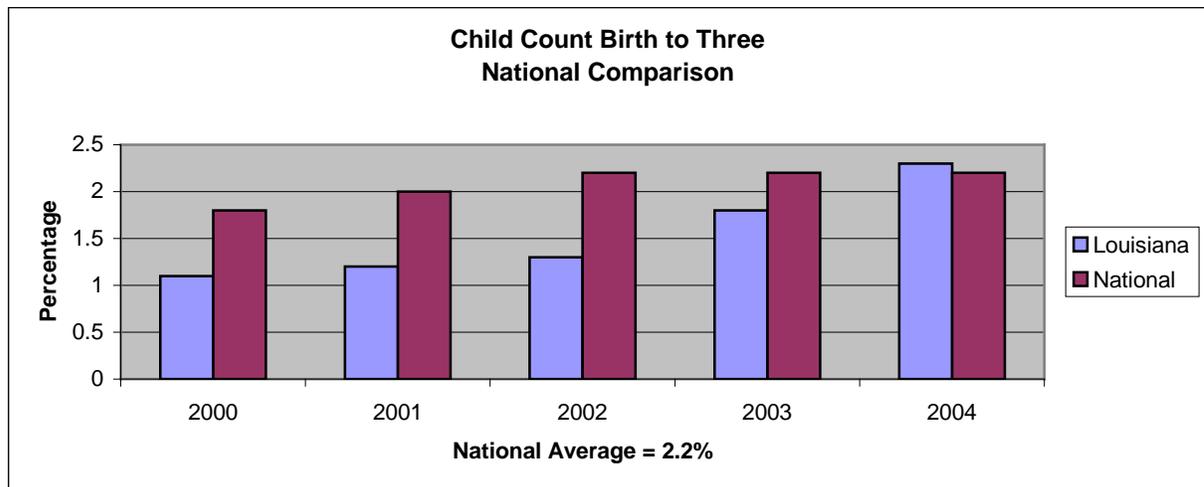


Figure 3

Figure 3 shows a point in time data report to the Federal Office of Special Education Programs (OSEP) of broad states eligible infants and toddlers who had active IFSP and receiving services on December 1, 200-2004. EarlySteps served below the broad states average for children birth to three years of age.

In its 2005 state application, Louisiana proposed changes to its eligibility criteria. These proposed changes would move Louisiana from a broad eligibility category to the moderate eligibility category, therefore changing the states comparison.



**Figure 4**

Figure 4 shows a point in time data report to the Federal Office of Special Education Programs (OSEP) of EarlySteps eligible infants and toddlers who had active IFSP and receiving services on December 1, 200-2004. EarlySteps served above the national average for children birth to three years of age. EarlySteps’ public awareness efforts specifically targeted to NICU and primary referral sources have contributed greatly to reaching families and young children early. Louisiana ranked number 3 nationally with the greatest percentage of change (103%) by states from 2000 through 2004 for infants and toddlers birth to three.

In its 2005 state application, Louisiana proposed changes to its eligibility criteria. These proposed changes would move Louisiana from a broad eligibility category to the moderate eligibility category. This shift may have impact on the percentage of children Louisiana will serve and the proposed targets below may be adjusted as a result of changes to eligibility.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	2.4% of infants and toddlers birth to three will have IFSPs.
<b>2006 (2006-2007)</b>	2.45% of infants and toddlers birth to three will have IFSPs.
<b>2007 (2007-2008)</b>	2.5% of infants and toddlers birth to three will have IFSPs.
<b>2008 (2008-2009)</b>	2.55% of infants and toddlers birth to three will have IFSPs.
<b>2009 (2009-2010)</b>	2.6% of infants and toddlers birth to three will have IFSPs.
<b>2010 (2010-2011)</b>	2.65% of infants and toddlers birth to three will have IFSPs.
<b>2011 (2011-2012)</b>	2.65% of infants and toddlers birth to three will have IFSPs.
<b>2012 (2012-2013)</b>	2.65% of infants and toddlers birth to three will have IFSPs.

# SPP Template – Part C (3)

Louisiana

## Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Updating all PR materials to reflect the most current information including	1 <sup>st</sup> update Winter 2006 and Ongoing through 2011	State Office SICC PR Committee RICC
Updating statewide toll-free number	Spring 2007	State Office
Updating the Public Service Announcements	Spring 2007	SICC PR Committee SICC
Revise all Fact Sheets	1 <sup>st</sup> update Winter 2006/ Ongoing	State Office Regional Coordinators Community Outreach Specialists
Updating the website with current information.	Ongoing through 2011	SICC PR Committee State Office Regional Coordinators
Develop scripts for presentations targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011	PR Committee State Office Regional Coordinators
Develop outreach packets targeting physicians/NICU units, families and general referral sources.	Summer 2006 and Ongoing through 2011	SICC PR Committee Regional Coordinators Community Outreach Specialists
Identify specific outreach methods of targeting the homeless and Native American populations.	Winter 2006	SICC PR Committee Regional Coordinators Community Outreach Specialists
Continue collaboration between DHH and DSS and identify specific outreach methods of targeting the CAPTA population and ensure appropriate referrals under CAPTA	Winter 2006 and ongoing through 2011	State Office DSS SICC PR Committee Regional Coordinators Community Outreach Specialists
Identify facilities/physicians in and out of state who would be serving the Louisiana high risk/premature infant population.	Summer 2007	Regional Coordinators Community Outreach Specialists
Identify schools of nursing, medical schools, technical colleges and the contact persons for these facilities to offer in-services during pediatric rotations.	Summer 2009	Regional Coordinators Community Outreach Specialists
Intensify outreach efforts to churches and faith-based organizations by obtaining comprehensive lists of all churches	Summer 2010	Regional Coordinators Community Outreach Specialists

## SPP Template – Part C (3)

Louisiana

from all major denominations in Louisiana.		
Develop a Q&A Fact Sheet for parents/caregivers.	Summer 2006	SICC PR Committee State Office Community Outreach Specialists Regional Coordinators
Develop a video for parents to be shown at intake to introduce the Best Practices Delivery of Services in a uniform and consistent manner.	Summer 2010	PR Committee State Office Community Outreach Specialists
Review distribution logs for the past 12 months for each Region to identify gaps in outreach and develop regional outreach plans.	Winter 2006 and ongoing through 2011	Regional Coordinators RICC
Develop data reports for each region to ensure the provision of services to all children and to identify potential underserved areas in regards to age, race, percentage of the target population served in each Region, etc and develop and implement regional outreach plans.	Winter 2006 and ongoing through 2011	State Office Regional Coordinators
Establishment of fully functional Regional Interagency Coordinating Councils in every Region, including parent participation.	Fall 2009	Regional Coordinators Community Outreach Specialists

### Revised Improvement Strategies FFY 2008

#### **Discussion of Improvement Activities Completed and Explanation of Progress that occurred for FFY 2008-2009 and revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009-2010**

In the SPP, the State reported 2.3% of infants ages birth to three were identified in Louisiana compared to similar states and the national average. Data captured for the 618 data for child count shows that the State did not meet its FFY 2008 target of 2.55%. The eligibility criteria were revised to a more moderate criteria beginning July 1, 2007. The 2.03% actual target data for FFY 2008 represents 17 months of implementation of this new criteria. The December 1, 2009 count of 4548 representing 29 months of implementation resulted in an increase of 2223 children since December 1, 2006. Updates to improvement strategies are provided below. No new activities are proposed in 2009-2010 as most current activities are ongoing and Louisiana has continued improvement toward its target.

# SPP Template – Part C (3)

Louisiana

Improvement Activities- Indicator 6	Timelines	Discussion/Progress/Slippage
<p>Updating all PR materials to reflect the most current information</p>	<p>1<sup>st</sup> update Winter 2006 and Ongoing through 2011</p>	<p>The approval of the 2005 State Plan brought many changes to EarlySteps. Two of the biggest changes involved the addition of a family cost component to the EarlySteps system and changes in the eligibility criteria. Due to these changes, the public relations materials needed to be updated with the most current information. Although this task was targeted to be completed in the winter of 2006, the public relations materials were updated in May of 2006 and continue to be updated on a regular basis. Implementation of family cost participation was postponed.</p> <p>A University of Louisiana at Lafayette marketing class is recommending revisions to the PR materials. They will be presented in December, 2009. The lead agency will consider their recommendations and complete the revisions by June, 2010.</p>
<p>Updating the website with current information.</p>	<p>Ongoing through 2011-2013</p>	<p>The EarlySteps website was in need of updating, especially after Hurricanes Katrina and Rita. This task was accomplished through the training of two EarlySteps staff on how to post items to the website. The website has been updated and is updated now on a regular basis by EarlySteps staff members.</p> <p>With the transition of EarlySteps to OCDD, the website was revised and relocated to:  <a href="http://www.earlysteps.dhh.louisiana.gov">www.earlysteps.dhh.louisiana.gov</a></p>
<p>Develop scripts for presentations targeting physicians/NICU units, families and general referral sources.</p>	<p>Summer 2006 and Ongoing through 2011-2013</p>	<p>Another task identified as an improvement activity was the development of scripts for presentations targeting physicians, NICU units, families and general referral sources. This improvement activity was identified in order to achieve consistency across the state with regards to information presented to the public. Two scripts were developed. One script targeted healthcare professionals and the other script targeted general referral sources, such as parents and</p>

# SPP Template – Part C (3)

Louisiana

Improvement Activities- Indicator 6	Timelines	Discussion/Progress/Slippage
		<p>daycares. From these scripts, two power points were developed in order to present this information visually to potential referral sources. Although this task was targeted to be completed in the summer of 2006, the scripts were completed and distributed in February of 2006. <b>Status: Complete</b></p>
<p>Implement new eligibility criteria with more moderate criteria.</p>	<p>July 1, 2007</p>	<p>These include revised criteria for developmental delay, including the definition of informed clinical opinion and a broadened list of established medical criteria were submitted to OSEP with the May, 2007 and subsequently approved for implementation on July 1, 2007. The revised criteria were posted to the EarlySteps website, letters to providers and families were sent out, and information was distributed through the SICC and RICC activities. <b>Status: complete</b></p>
<p>--Meetings with Department of Social Services Program Manager regarding referrals and follow up for CAPTA referrals as well as a draft Interagency Agreement.</p>	<p>July, 2008 and ongoing through 2011</p>	<p>A program Manager in DSS approached EarlySteps to discuss both agencies responsibilities in meeting CAPTA requirements. A draft agreement is currently under review with completion planned in 2010.</p>
<p>Periodic data presentations on referrals at Bright Start, Louisiana's Early Childhood Comprehensive System (ECCS-Title V) Initiative</p>	<p>Ongoing through SPP period</p>	<p>-Bright Start meets bi-monthly and updates have been given regarding the number of DSS referrals to EarlySteps. BrightStart has been designated by Governor Jindal as the State's Early Childhood Advisory Council and the EarlySteps Coordinator is a member of the BrightStart steering committee.</p>
<p>Regional Coordinators participate in parish and regional meetings with Office of Community Services (child protection) staff and Early Childhood Supports and Services (ECSS) regarding referrals and follow up of CAPTA- and other-related referrals</p>	<p>As above</p>	<p>EarlySteps regional coordinators conduct training to OCS staff regarding referral and follow up. They attend periodic meetings of ECSS programs.</p>
<p>Coordination of referrals and follow up with Early Hearing Detection and Intervention (EHDI) program in Louisiana</p>	<p>As above</p>	<p>The EarlySteps program manager met with staff of EHDI and the Department of Education Hearing Impaired preschool program to coordinate referral and service delivery efforts. A joint meeting of EHDI and the 10 regional SPOE's is planned. <b>Update:</b> A joint referral agreement between EarlySteps, EHDI, and the State's LA Hear program was reached in 2009. Materials have been</p>

## SPP Template – Part C (3)

Louisiana

Improvement Activities- Indicator 6	Timelines	Discussion/Progress/Slippage
		prepared and distributed to audiologists in the state regarding the coordination of referrals and services between EHDl and EarlySteps.
Implementation of periodic autism screening as part of the initial eligibility determination process and every 6 months thereafter for children 18 months and older. Present results of screening at autism/disability conferences, newsletters of professional organizations	July 2008 and ongoing	In conjunction with OCDD’s clinical services staff, an autism screening program was implemented beginning July 1, 2008 in accordance with the recommendations of the AAP to: “Screen early, screen often.” <b>Update:</b> Approximately 2000 packets were received as of June 30, 2009
Conduct outreach to new Coordinated Care Networks in Louisiana Medicaid Program to assure information availability for referrals	Spring, 2011 through Summer, 2013	Identify network members following new enrollment and start-up.  Participate in DHH meetings with network administrators  Make network contacts in each region with network roll-out—share PR materials and referral information
Develop referral sources for regional autism diagnostic evaluations following positive result from autism screening.	Spring, 2011 and ongoing	Develop referral resources from within OCDD regional offices and resource centers as psychologists are hired  Use RICC’s for information sharing as new resources are shared, identified

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / Child Find**

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

(20 USC 1416(a)(3)(B) and 1442)

**Measurement: Revised 4/2010:**

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

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

The state of Louisiana ensures that the statewide system of early intervention includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth to age three. The evaluation includes a family-directed identification of the needs of each child’s family to appropriately assist in the development of the child. In 2004, DHH contracted with 19 System Point of Entry (SPOE) agencies that are responsible for conducting and facilitating the intake, evaluation/assessment and eligibility process and the development of the initial IFSP within 45 days. In 2005, DHH reduced the number of SPOEs contracts from 19 to 9.

Intake, Eligibility and Initial IFSP Process:

Written parental consent is obtained prior to conducting the initial evaluation and assessment of a child for eligibility purposes, conducting any assessments required for IFSP development, or initiating the provision of early intervention services. If consent is not given, the Intake Coordinator at the SPOE who is facilitating this process with the family makes reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands that the child will not be able to receive the evaluation and assessment or services unless consent is given by the parent.

The evaluation and assessment is conducted by personnel trained and qualified to utilize appropriate methods and procedures and is based on informed clinical opinion. The evaluation for eligibility is based upon the administration of a comprehensive developmental assessment, informed clinical opinion and uses of existing information. The evaluation of each child for eligibility determination purposes includes the following:

- A review of current health records and medical history;
- An interview with the family regarding their child's early development, including their observations and concerns;
  
- An evaluation of the child's level of functioning in each of the following areas: a. cognitive development, b. physical development, including vision and hearing, c. communication development, d. social/emotional development, and e. adaptive development;
- An assessment of the unique needs of the child in terms of each developmental area; and
- The identification of services appropriate to meet those needs.

Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant and toddler. Any assessment that is conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record.

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed in time to have an IFSP meeting within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family-initiated situation that cause a delay, etc.), System Points of Entry will document those circumstances. Reasons for delays are recorded in the Louisiana Early Intervention Data System (EIDS).

### **Baseline Data for FFY 2004 (2004-2005):**

**90.58%** of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

### **Discussion of Baseline Data:**

This data excludes children whose IFSPs were delayed because of family reasons and are representative of the quarter April 1, 2004-June 30, 2005.

Beginning October 2004, EarlySteps Quality Assurance Staff conducted quarterly reviews of the EIDS targeting the SPOE compliance of the 45-day timeline for each of the 19 SPOE regions. SPOE were required to complete a SPOE IFSP Timeline Review Form that included data verification and explanations for timeline delays. SPOEs were provided technical assistance by Regional Coordinators on data verification and corrective action plans were developed for SPOEs that were found non-compliant. These CAPs will be completed and noncompliance corrected within one year of identification of the noncompliance. Correction will be reported in Indicator 9 in the APR of 2007. As a result of this targeted reviews, 5 SPOE regions were defunded and re-awarded to new contractors and significant improvement in those regions occurred. Baseline for 04-05 is that 9.42% IFSP were system reasons for delays.

In December 2004, the EIDS data system was updated to capture delay reasons for 45 IFSP day timelines.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2006 (2006-2007)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2007 (2007-2008)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2008 (2008-2009)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2009 (2009-2010)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2010 (2010-2011)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2011 (2011-2012)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2012 (2012-2013)</b>	<b>100%</b> of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

**Improvement Activities/Timelines/Resources:**

Improvement Activities	Timelines	Resources
Issue RFP to reduce SPOE regions from 19 to 9 to improve efficiencies.	October 2005	State Office

## SPP Template – Part C (3)

Louisiana

Improvement Activities	Timelines	Resources
Conduct SPOE monitoring activities on the 45 day requirement including desk reviews, data verification conduct inquiries, issue findings if necessary and assure correction of noncompliance in accordance with federal requirements	Ongoing through 2011	State Office, Quality Assurance Staff, and Regional Coordinators
Provide ongoing training and technical assistance on SPOE data verification and the IFSP 45 day process	Ongoing through 2011	State Office, Regional Coordinators
Revise Practice Manual and forms to reflect changes to State Application including eligibility and family cost participation	Spring 2006	State Office, Regional Coordinators
Provide technical assistance and training on revisions to the Practice Manual and forms	Spring 2006	State Office, Regional Coordinators
Recruit additional evaluation and assessment providers to assist with eligibility determination and IFSP development	Spring 2006 and ongoing through 2011	State Office, Regional Coordinators
Revise EIDS to capture new data elements for eligibility and family cost participation	Spring 2006	State Office, CFO
Develop and implement an online web-base IFSP data system to capture the IFSP process and the provision of service delivery	Fall 2008	State Office, CFO



# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 7	Timelines	Discussion/Progress/Slippage
Provide ongoing training and technical assistance on SPOE data verification and the IFSP 45 day process	Ongoing through <del>2011</del> 2013	Regional Coordinators conduct monthly reviews of SPOE self-assessments and provide technical assistance as needed. An average of 30 chart reviews per month are conducted.
Revise Practice Manual and forms to reflect changes to State Application including eligibility and family cost participation  Training will begin on the draft revisions to the practice manual for SPOE's and FSC agencies in January, 2009. The revisions will be posted to the website in 2009 as well.	Spring 2006 through Summer 2009	As a result of the decrease in the number of identified children the eligibility criteria was broadened and went into effect in July, 2007  Training and review of the draft practice manual was completed in Spring, 2009. Final edits are underway and will be posted to the website in Spring, 2010 with training on practice changes to follow.
Provide technical assistance and training on revisions to the Practice Manual and forms	Spring 2006	The practice manual is being revised and updated to reflect changes to the eligibility criteria and the move to OCDD in order to establish consistent practices across systems where appropriate.
Recruit additional evaluation and assessment providers to assist with eligibility determination and IFSP development  Through a training contract to be developed and issued in 2009, additional BDI-2 training will be provided in Summer, 2009	Spring 2006 and ongoing through <del>2011</del> 2013 as needed	Changes to the eligibility process to the use of the BDI-2. Training was provided by OPH in February/March, 2006 and June, 2007 resulting in approximately 300 trained providers for evaluation and assessment. Increased numbers of providers available for the eligibility determination process will facilitate timely completion of IFSP's.  The new training contract was approved in 2009. The training schedule is developed and 4 BDI-2 trainings will be conducted by 6/30/2010 to increase the number of evaluators available for eligibility determination, annual redetermination, and child outcome assessment at exit.
Revise EIDS to capture new data elements for eligibility and family cost participation  The data system is being updated to capture and provide documentation for timelines which are exceeded due to exceptional family circumstances	Spring 2006 and ongoing	The data system was revised and new fields were added to capture needed information. Louisiana plans to report delays due to exceptional family circumstances in the February 1, 2011 APR.
Recruit and enroll additional agencies to provide Family Service Coordination and increase capacity of current agencies to meet the need for services for newly	July, 2007 and ongoing	During the past 2 years agencies which provide FSC have closed, ceased providing FSC for the EarlySteps population, or limited accepting new referrals. OCDD staff will recruit and assist in provider enrollment of new agencies to provide this service. Additional FSC



# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 7	Timelines	Discussion/Progress/Slippage
<p><b>beginning in 2010-2011:</b></p> <p>Coordinate the roles/functions of the EarlySteps eligibility evaluators through the SPOE contracts to conduct evaluations with intake coordinators and families to increase participation in transdisciplinary team process and with increased accountability for timelines through the SPOE..</p>	<p>2013</p>	<p>eligibility determination process, specifically to improve the team functioning of independent eligibility evaluators currently utilized in the system. Having the evaluators be responsible to the SPOE's to improve team functioning and timelines is hoped to improve performance, coordinate roles, and increase team functioning.</p> <p>Status: postponed</p>

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

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

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

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (# of children exiting Part C)] times 100.

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

Account for untimely transition conferences, including reasons for delays.

**Indicator Language, Measurement, and Targets Revised April 2014:**

**Indicator 8:** Percentage of all children toddlers with disabilities exiting Part C ~~who received with~~ timely transition planning ~~to support the child’s transition to preschool and other appropriate community services by their third birthday including for whom the Lead Agency has:~~

- A. Developed an IFSP ~~s~~ 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. Notification (consistent with any opt-out policy adopted by the State) to the SEA and to the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers, if child 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 ~~Transition conference, if child~~ potentially eligible for Part B preschool services.

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

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services at least 90 days and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of children toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of children toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to

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~~their third birthday for toddlers and~~ potentially eligible for Part B preschool services where notification to the LEA occurred divided by the (# of children toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of children toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddlers third birthday for toddlers and potentially eligible for Part B) ~~where the transition conference occurred~~ divided by the (# of children toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences planning under 8A, 8B, and 8C, including reasons for delays.

FFY	Measurable and Rigorous Target
<b>2012</b>	<p>A. 100% of all children exiting EarlySteps will have an IFSP that includes transition steps and services <u>(transition conference occurs timely)</u>.</p> <p>B. 100% of children exiting EarlySteps who were potentially eligible for Part B will have <u>timely</u> notification to the <u>SEA and</u> LEA</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B will have a timely transition conference</p>

### Overview of Issue/Description of System or Process:

In accordance with EarlySteps policies and procedures, the transition process includes requirements for transition conferences and transitions plans containing appropriate steps and serves for each child exiting EarlySteps at three years of age. The transition-related content is included in the statewide IFSP form and transition is discussed and reviewed at every IFSP meeting. Up to nine months prior to the child’s third birthday and at least ninety (90) days prior to the child’s third birthday, with the approval of the family, the EarlySteps Family Service Coordinator (FSC) will convene an IFSP meeting to discuss the transition process with the parents and other team members in order to develop a transition plan. At this time, the team documents the steps to be taken to transition to the public school system and/or other services as appropriate. The transition plan is developed and may identify other appropriate options for the child and family including private preschool, Head Start, OCDD, childcare, or other community early childhood programs.

Local school district personnel are invited to attend this IFSP meeting. Other appropriate community resource representatives are also invited to attend this IFSP meeting. Parental consent must be obtained for any person invited to the transition meeting who is not currently serving the child. The FSC, the appropriate future services provider agency representative (LEA, Head Start, Child care provider, etc.), the family, and other team members review the child’s future program options and establish a transition plan.

In collaboration with the Louisiana Department of Education, DOE and EarlySteps developed a transition booklet to assist families, providers, service coordinators and school districts on the steps of transition. The booklet is reviewed with families during the transition process. In 2004,

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EarlySteps and DOE provided joint training and technical assistance to EarlySteps Regional Coordinators and the DOE Regional Staff.

### Baseline Data for FFY 2004 (2004-2005):

- A. 73% of all children exiting EarlySteps with an IFSP included transition steps and services.
- B. Notification to the local school system occurred for 76% of children who were exiting Part C and were identified as potentially eligible for Part B.
- C. Transition conference occurred for 81% of the children exiting Part C who were identified as potentially eligible for Part B.

### Discussion of Baseline Data:

During 04-05, onsite monitoring visits with FSC agencies allowed for data collection and process examination to determine the status of compliance for transition requirements. QAS conducted file review at 33 FSC agencies providing early intervention services in Louisiana.

- To obtain baseline data for Indicator #8A, FSC monitoring data, from 33 FSC agencies monitored, was analyzed. According to results from all FSC agencies, 73% of children exiting Part C had an IFSP with transition steps and services.
- To obtain baseline data for Indicator #8B, FSC monitoring data reflected that notification to the LEA occurred for 76% of children exiting Part C and potentially eligible for Part B.
- To obtain baseline data for Indicator #8C, FSC monitoring data from 33 agencies reflected that 81% of children exiting Part C and potentially eligible for Part B had the transition planning conference.

Any reasons you can state for why folks were not 100% compliant. What about family reasons?

Agencies found non-compliant were required to submit a Corrective Action Plan addressing areas of non-compliance. During 05-06, QAS will complete follow up monitoring of all 33 FSC agencies to determine if non-compliance has been corrected within 1 year. Additionally, QAS and Regional Coordinators are in the process of finalizing revised procedures for transition compliance reviews. Transition compliance reviews resulting in non-compliance will require corrective action plans be developed with required evidence of change ensuring correction within one year of identification.

FFY	Measurable and Rigorous Target
<p><b>2005</b> (2005-2006)</p>	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<p><b>2006</b> (2006-2007)</p>	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<p><b>2007</b></p>	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p>

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(2007-2008)	<p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<b>2008</b> (2008-2009)	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<b>2009</b> (2009-2010)	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<b>2010</b> (2010-2011)	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<b>2011</b> (2011-2012)	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>
<b>2012</b> (2012-2013)	<p>A. 100 % of all children exiting EarlySteps will have an IFSP that includes transition steps and services</p> <p>B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.</p> <p>C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a transition conference.</p>

**Revised February 1, 2010:**

## Improvement Activities/Timelines/Resources for 2008-2009 and Revisions for 2009-2010:

Improvement Activities-Indicator 8	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
Conduct SPOE/FSC monitoring activities on the transition requirement through scheduled visits, focused monitoring, compliance reviews and issue findings if necessary and assure correction of noncompliance in accordance with federal requirements	Ongoing through 2011-2013	With the transition of EarlySteps to OCDD and the lack of QAS staff for routine onsite monitoring activities, regional coordinators conducted chart review activities through focused monitoring for data for this Indicator. As discussed with Improvement activities in earlier sections, OCDD will hire staff in its regions of the state to make more comprehensive quality enhancement services available.	

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Improvement Activities-Indicator 8	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
		<p>During 2008 and 2009, hiring freezes were implemented resulting in a delay in hiring these regional staff, they were subsequently filled. However, seven of the nine regional positions are filled as of December, 2009, another hiring freeze is in effect. To implement the required activities, regional coordinators are assisting the QAC and some regional QAS staff are assisting other regions to implement the activities on the 2009-2010 quality assurance calendar.</p>	
<p>Revise the Transition Booklet in collaboration with DOE for families</p>	<p>Fall 2006 and ongoing</p>	<p>The Department of Education revised this document. It was reviewed by EarlySteps, has been distributed by the Department of Education, and is available to families for transition activities.</p> <p>Regional coordinators continue to participate in the bi-annual LDE preschool meetings to address transition issues. These meetings will serve as part of the process for the transition TA project with EarlySteps and LDE</p> <p>The COS's conduct/coordinate transition training activities in conjunction with other Families Helping Families program staff.</p>	<p>EarlySteps, the SICC Program Components committee and the LDE 619 staff will address the implications of the OSEP transition FAQ issued in December, 2009 for compliance with its requirements. The Transition Booklet will also be reviewed to assure that it meets the FAQ requirements.</p>
<p>Provide monthly data reports for dissemination to DOE to assist in transition</p>	<p>Spring 2006 and ongoing through 2011-2013</p>	<p>The Lead Agency provides a monthly report to the Department of Education identifying children who are potentially eligible for Part B services. Due to this ongoing report to the Department of Education EarlySteps is at 100% compliance on notification to the LEA potentially eligible children.</p>	<p>During 2010, EarlySteps and the LDE must address the data requirements regarding LDE indicator B-12a reporting for those children referred to Part C less than 90 days before the 3<sup>rd</sup> birthday.</p>
<p>Provide technical assistance to SPOE/FSC on transition</p>	<p>Ongoing through 2011-2013</p>	<p>The Regional Coordinators provide ongoing technical assistance throughout the state. Service coordinators are aware that one of</p>	

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Improvement Activities-Indicator 8	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
process		<p>their primary responsibilities is to facilitate the Transition events required to support transition from Part C, ensuring families are aware of all steps and supports when the child exits from Part C.</p> <p>In addition, SPOE and FSC staff are participating in the regional meetings for the transition TA project. The regional coordinators report progress to the central office.</p>	
<p>Coordinate transition activities at the state, regional and local levels with the Louisiana Department of Education Preschool Program and Division of Special Populations</p>	<p>Summer, 2007 and ongoing</p>	<p>The list submitted monthly to the Louisiana Department of Education (see above) is reviewed by their staff, sorted and distributed to the appropriate local education agency to facilitate timely transition.</p> <p>The EarlySteps regional coordinators participate in La. Department of Education meetings with LEA's and regional DOE preschool coordinators</p> <p>The Region 4 RICC completed its own transition project resulting in the development of an individualized referral process to each of the LEA's in its region. The result of the process was a manual shared with participants which identifies the process for each LEA and shares all relevant contact information and forms. Other regions are replicating this process as part of the TA project which is ongoing.</p> <p>The LEA-SPOE pilot projects conducting joint eligibility determination for Parts C and B were piloted in 2 LEA's in 2008-09. One LEA is continuing, one required significant revisions to its, but is continuing and at least one new LEA is piloting the process this year. Additional LEA's are discussing implementation.</p>	<p>In Region 9 a pilot process for a joint eligibility determination process for both Part C and B was started in September, 2008. The pilot will continue and possibly expand to 2 additional regions.</p>
<p>Explore the possibility of a TA activity with the Louisiana Department of</p>	<p>Spring 2009- Spring 2010</p>	<p>EarlySteps and the LA DOE jointly began the TA project with NECTAC and SERRC. Two meetings in 2</p>	

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Improvement Activities-Indicator 8	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
Education and NECTAC on transition		separate areas of the state (4 meetings) have been held as of November, 2009. Regional teams are continuing to meet to implement action plans developed at the meeting. These target need areas identified in the larger group meetings following an assessment. Additional regional meetings and statewide meetings are planned in 2010.	
Consider adding questions to the Family Outcomes Survey regarding transition	Spring 2009 and ongoing.	As part of the Data Quality TA project with DAC and SERRC, the team proposed surveying families about the quality of their transition experience. Two questions were developed and piloted in 2009. The results are presented in the preceding Indicator 8 discussion section	Include the results of the field test survey in the <i>Family Outcomes Survey</i> conducted in 2009-2010 and use preliminary data as baseline from which to improve performance.
<b>New improvement activity for 2009-2010</b> EarlySteps will work with the Louisiana Dept of Education to review/revise transition activities to assure compliance with the areas addressed in OSEP's December, 2009 FAQ,	Spring, 2010 and ongoing	OSEP released the Early Childhood Transition FAQ in December, 2009. Some of the responses to the questions have implications for policy and practice for EarlySteps and for coordination of data to Part B. EarlySteps will request assistance from the Program Components Committee of the SICC and the LDE to address potential changes.	
Provide training on new IFSP format including components for transition steps and services on the IFSP	Spring, 2011 and ongoing	EarlySteps revised the transition section of the IFSP format with the July, 2010 Practice Manual revisions. Training on the revisions begins in January 2011 and is planned for approximately 350 FSC and SPOE staff	
Use joint bi-annual meetings with the Louisiana DOE to increase the participation of the LEA's at transition conferences	Spring, 2011 meeting and ongoing thru 2013	Transition workgroups updated their action plans to address improving participation at the conferences:  --some areas in the state routinely have poor performance  --summers have less participation  --FSC agencies send out notices too late to facilitate attendand	

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Improvement Activities-Indicator 8	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
		The workplans will be used to improve this participation.	
Develop region-specific information for families regarding Part B for use if LEA is unable to participate at the transition conference.	Fall, 2010 through Spring, 2013	Regional transition workgroups have continued to meet to address issues in their regions. With the OSEP transition FAQ requirement for Part C to provide this information if the LEA is not present, regional workgroups will develop region/LEA-specific materials for distribution to families at IFSP transition conferences.	
Develop training for newly enrolling FSC agencies	July, 2011 through June, 2013	Several new FSC agencies are obtaining licenses and enrolling, training is needed for consistency statewide.	
<p><b>New for 2012-2013</b></p> <p>EarlySteps will restructure its general supervision system to function effectively in the absence of a person dedicated for this purpose at the central office level.</p>	July, 2012-June, 2013	<p>The state Quality Assurance Coordinator position is vacant. EarlySteps is reviewing its procedures to re-design the general supervision system in the absence of the staff person to move more of the functions to the regional level. SERRC is hosting a meeting in Spring, 2013 which will support this activity.</p>	

## Part C State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development:

See overview section on page 3

### Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

#### Measurement: Revised February 1, 2010

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the "Indicator C 9 Worksheet" to report data for this indicator (included in this section).

### Overview of Issue/Description of System or Process:

The Louisiana Department of Health and Hospitals implements a monitoring system that is fully comprehensive to oversee that early intervention service delivery in accordance to federal guidelines and regulations. DHH is responsible to ensure that each family's rights are protected and that the services provided meet the standards and expectations set forth by the federal and state requirements.

DHH implements a general supervision system that identifies non-compliance, ensures correction in a timely manner and promotes enhanced performance and results for children and families. This is accomplished through the procedural safeguards system, a Central Finance Office (CFO), data performance and compliance analysis, data verification, public reporting of data, contracts management, agency self-assessment, policies and procedures, stakeholder involvement, family surveys, complaints, inquiry reports, improvement plans, corrective action plans, on-site focused monitoring, targeted compliance reviews, personnel development, training, technical assistance, sanctions and enforcement.

The State of Louisiana is responsible for ensuring effective implementation of the procedural safeguards by each early intervention service provider working in the Part C system. These procedural safeguards are a critical component of the early intervention system and protect the rights of participating, eligible children and their families pursuant to state and federal regulations.

Part C procedural safeguards apply at all required steps in the process of intake, eligibility determination, IFSP development and IFSP implementation. The state routinely monitors the service system, which includes all components of the system including the lead agency, the SICC, the SPOEs, the FSCs and the providers of services. This obligation is conducted

according to policies and procedures established by the state to ensure that federal and state requirements are met.

DHH as lead agency has developed a system of monitoring that ensures compliance with all regulations and policies. Quality Assurance Specialists (QAS) are employees of DHH and are responsible for monitoring SPOEs, FSCs and early intervention providers. Regional Coordinators assist in performing compliance reviews and providing technical assistance. Monitoring is accomplished through a variety of methods.

- Routine desk reviews of data from IFSPs “flag” compliance to timelines and other requirements. Focused compliance reviews also assist with assuring compliance with Indicators 1 through 8. QAS and Regional Coordinators are responsible for conducting the IFSP compliance reviews.
- Random record reviews are used to evaluate compliance to regulation and quality of services. Monitoring for US Department of Education Performance Indicators is incorporated into the overall supervision and monitoring responsibilities of DHH.
- Responsive monitoring is triggered by a review of data at the Central Office level. The process may include a desk review, interview (phone or in person) or on site review of a SPOE, FSC agency, service providers agency, or an independent provider. QAS are responsible for conducting responsive monitoring reviews.
- Scheduled Onsite monitoring of SPOE, FSC and providers. Monitoring activities involve review of data reports, conducting site visits, record reviews, corrective action if necessary, engaging in trouble shooting when triggered by data reports, and offering certain forms of technical assistance related to local self-improvement activities.

Entities (SPOEs, FSC agencies, and providers), who are found non-compliant, must submit corrective action plans that include timelines for correction. These plans are monitored to ensure correction of non-compliance as soon as possible but within one year of identification. Persistent noncompliance will result in contract sanctions/termination and/or disenrollment from the program.

The EarlySteps System Point of Entry (SPOE) monitoring system was established to determine the current status of early intervention service delivery compliance with federal regulatory requirements. As part of EarlySteps quality assurance efforts, system point of entry monitoring was undertaken to establish a baseline compliance measurement of the administration of early intervention activities in Louisiana.

DHH ensures that the parents of children eligible for Part C services are aware of their rights with respect to filing a complaint, mediation and due process. Formal dispute resolution procedures are used to identify and correct non-compliance. DHH maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated.

- Parents, service providers, advocates, service coordinators, members of the SICC, or employees of public agencies may file an individual complaint. Complaints must be sent to the EarlySteps Program Manager at the Central Office location. Written complaints are processed, assigned to a Quality Assurance Specialist for review and investigation held. Investigations include document collection and on-site visits.
- Mediation and Due Process are two additional methods for parents to use when resolving issues about the early intervention services for their children. These methods for resolving conflict are formal processes protected by the IDEA. Mediation is an attempt to bring a peaceful settlement or compromise between two or more parties through the objective

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intervention of a neutral party. Individuals trained as mediators facilitate this process. DHH maintains a registry of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education, early intervention, and related services.

- Due Process is an administrative hearing where an impartial individual presides. This hearing provides the family of an individual child with the opportunity to challenge decisions made by EarlySteps. Parents or legal guardians may initiate a due process hearing. DHH assigns an impartial hearing officer and schedules a due process hearing. Resolution of the hearing involves a final decision, which is mailed to the parties within thirty (30) calendar days after receipt of the request for a due process hearing.

Other monitoring methods in EarlySteps include surveys of parents and providers to provide a broad system level picture of issues and needs. In addition, periodic focus groups are conducted to gather more detailed information. EarlySteps is utilizing the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM). Data from the family survey will be analyzed as part of the identification of issues and areas for improvement.

Community Outreach Specialists (COS) is regionally based and support families and system development by gathering needs assessment data and by reporting on parent satisfaction and consumer needs. The COS are directly responsible for conducting periodic focus groups with parents and families to ensure that the EarlySteps system is continuously appraised of family issues and needs.

### Baseline Data for FFY 2004 (2004-2005):

#### 9A:

Requirement	2003-2004 # of findings	2004-2005 # of corrections	Notes
Service Coordination -Prior Written Notice	4	4	2 agencies no longer providing services
Service Coordination -Transition	9	9	1 agency no longer providing services
Service Coordination -IFSP Services	7	7	2 agencies no longer providing services
Natural Environment	7	6	1 agency inaccessible due to Hurricane Katrina
Transportation	7	6	1 agency inaccessible due to

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			Hurricane Katrina
Total	34	32	
Percentage of Compliance	94%		

**9B:** In 2004, there were no findings of noncompliance related to areas not included in the federally identified monitoring priority areas.

**9C:**

Requirement	2003-2004 # of findings	2004-2005 # of corrections
# of findings of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.)	9	9
Percentage of compliance	100%	

### Discussion of Baseline Data:

In a letter to DHH dated October 14, 2005, OSEP required Louisiana to provide data on correction of areas of non-compliance identified previously. Attachments 2 through 4 provide the information requested by OSEP with an explanation of the data.

**9A:**

- **Service Coordination - Prior Written Notice** - there were 4 findings of non-compliance regarding prior written notice provided to parents. 4 of the 4 findings have been corrected.
- **Service Coordination -Transition** - there were 9 findings of non-compliance in the area of transition. 9 of the 9 findings have been corrected.
- **Service Coordination - IFSP Services** - there were 7 findings of non-compliance with regards to IFSP services. 7 of the 7 findings have been corrected.
- **Natural Environment** – there were 7 findings of non-compliance. 6 of the 7 findings of non-compliance have been corrected. The Lead Agency could not determine the status of one agency because the files are inaccessible due to damage sustained during Hurricane Katrina.
- **Transportation** – there were 7 findings of non-compliance. 6 of the 7 findings of non-compliance have been corrected. The Lead Agency could not determine the status of one agency because the files are inaccessible due to damage sustained during Hurricane Katrina.

The percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification is 94%.

**9C:**

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- **Dispute Resolution** – there were 9 findings of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.). All 9 findings have been corrected.

The percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) and corrected within one year of identification is 100%.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2006 (2006-2007)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2007 (2007-2008)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2008 (2008-2009)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2009 (2009-2010)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2010 (2010-2011)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2011 (2011-2012)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.
<b>2012 (2012-2013)</b>	100% of findings will be corrected as soon as possible but in no case later than one year after identification.

### Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Maintain an electronic system to track formal written complaints, due process hearings, mediations, etc.	Ongoing through 2011	State Office

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Implement focused compliance reviews related to Performance Indicators 1-8.	Summer 2006	State Office, QAS, RCs
Develop a routine monitoring schedule to be conducted by QAS.	Spring 2006 through 2011	State Office, QAS
Conduct Desk Audits with SPOE data to identify potential non-compliance, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implementation of corrective action plans, provide of technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Ongoing through 2011	State Office, QAS
Identify potential non-compliance issues through data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Ongoing through 2011	State Office, QAS, RC
Conduct on-site monitoring visits based on complaint inquiries reports, procedural safeguards complaints, and concerns identified through on-going review of system point of entry (SPOE) database.	Ongoing through 2011	State Staff
Identify areas for additional professional development using data from monitoring reports and implement professional development activities as needed to ensure compliance.	Ongoing through 2011	State Staff
Develop and implement a process for conducting self-assessments by SPOE and FSC supervisors.	Winter 2006 through 2011	State Office, QAS, RCs

Revised February 1, 2010:

**Indicator 9: Discussion of Improvement Activities Completed and Explanation of Slippage that occurred for FFY 2008-2009 and revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008-2009**

Improvement Activities-Indicator 9	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
Maintain an electronic system to track formal	Ongoing through 2011-2013	The lead agency implemented a complaint tracking system to monitor the number of	

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Improvement Activities-Indicator 9	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
<p>written complaints, due process hearings, mediations, etc.</p>		<p>complaints received and resolved within the required timeframe. When a written complaint is received, the Quality Assurance Complaint Leader immediately enters the complaint in the complaint database. The complaint database contains the nature of the complaint, the date the complaint was received by EarlySteps' central office, date the complaint was closed, the name of provider that the complaint is filed against, the type of complaint, and the results of the investigation. A Complaint Status Report is compiled from the data stored in the database. This report is generated on a monthly basis and is distributed to the Program Manager and the Quality Assurance Specialists</p> <p>See Revisions for Indicator 10 for changes to the complaint management process using the OCDD complaint process OCDD continues to refine its online complaint database. The system is due to go live in 2010</p>	
<p>Beginning Spring, 2008 EarlySteps will participate in the development and implementation of OCDD's quality enhancement system for monitoring procedures.</p> <p>EarlySteps staff will participate in a Data Quality Project regarding its General Supervision system with DAC and SERRC beginning in January 2009. One anticipated outcome for the project is a highly structured process for continuous management</p>	<p>Spring 2006 through <del>2011</del> 2013</p>	<p>OCDD finalized a provider quality enhancement guide for which training was provided state wide to SPOE and FSC agencies. This guide provides a structure for each agency to develop and implement their QA process. All SPOE and FSC agencies are now submitting plans for approval by OCDD and subsequent implementation. In addition, EarlySteps is updating its QA Process Manual as part of the TA project with DAC and SERRC.</p> <p>The TA project with DAC and SERRC began in January, 2009. The QA Coordinator was hired and came on board at the onset of the project. He is responsible for coordinating the project. In the first 6 months, a process to improve timely correction on noncompliance was identified. In addition, a calendar for all general supervision activities is complete.</p>	<p>.</p>

# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 9	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
of compliance findings			
<p>Conduct Desk Audits with SPOE data to identify potential non-compliance, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implementation of corrective action plans, provide of technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p>Ongoing through 2011-2013</p>	<p>SPOE agencies are required to run data reports on a regular basis to verify the accuracy of electronic data involving 618 data; IFSP 45-day timeline, primary settings, referrals, child count, transition, and exit reasons. If any of the data is found to be incorrect, corrections are made and new reports are generated from the corrected data. The data reports are instrumental in detecting potential areas of noncompliance. Based on the information in the data reports, responsive monitoring or technical assistance may be required to correct or prevent noncompliance.</p> <p>In addition, SPOE agencies submit monthly self-assessments as part of their contract requirements.</p>	<p>Results of EIDS reports will be shared in each region which will yield comparisons of SPOE and system data. These reports will be managed by the QAS staff.</p>
<p>Identify potential non-compliance issues through data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p>Ongoing through 2011-2013</p>	<p>As above</p>	
<p>Conduct on-site monitoring visits based on complaint inquiries reports, procedural safeguards complaints, and concerns identified through on-going review of system point of entry (SPOE) database.</p>	<p>Ongoing through 2011-2013</p>	<p>If an agency receives technical assistance following a complaint or other concern and still does not improve, the Quality Assurance Specialist conducts an onsite or a responsive monitoring review. Based on the findings of the monitoring review a corrective action plan is developed to address any areas of noncompliance. A calendar which identifies timelines for these activities in place for 2009-2010.</p>	
<p>Identify areas for additional professional development using data from monitoring reports and implement</p>	<p>Ongoing through 2011-2013</p>	<p>Areas that need improvement are identified in the monitoring report. Corrective action plans and technical assistance provided by the Regional Coordinators are used as professional</p>	

# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 9	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
professional development activities as needed to ensure compliance.		development tools to correct noncompliance	
FSC and SPOE agencies participate in training on new OCDD provider quality assurance project, develop processes to meet requirement and have them reviewed and approved by regional QAS staff.	January 2009- <del>December 2010</del> June, 2013	OCDD developed and provided training on agency-specific quality standards. Agencies will submit their standards for review and approval.	
Participate in Data Quality TA project with SERRC and DAC coordinated by the QAS coordinator to identify, track, report, and resolve noncompliance as well as other Quality Assurance components of the early intervention system.	January 2009- <del>December 2010</del> June, 2012	The project was initiated beginning in January, 2009. An initial meeting of central and regional office Coordinators and QAS, COS's, SICC Executive Director and committee chairs was held in February, 2009. A small workgroup has continued to meet to address the project workplan. The TA consultants have assisted the state in implementing its QA process calendar, correcting noncompliance, and preparing for the OSEP verification visit. Activities are ongoing in 2009-2010.	
Establish communication strategies for SPOE's and FSC agencies to highlight successes in meeting compliance indicators as assistance to those with ongoing noncompliance	January 2009 and ongoing	SPOE and FSC agencies have had occasional meetings with regional and central office staff as needed only. Ongoing activities will allow for a more frequent, regular meeting schedule to allow for implementation.	
<p><b>New Activity for 2009-2010</b></p> <p>Develop consistent timeline and process for issuing determinations.</p>	July 2009- <del>June 2010</del> 2013	As part of the Data Quality TA project and the OSEP verification visit, the State has identified the need to improve its process for issuing annual determinations. To date, the process has varied from year-to-year. With the availability of QA Coordinator and regional QA Specialists, the State is prepared to develop and implement a standard process on an ongoing basis.	
Develop and implement a process for	Begin October	With the increase number of general supervision activities underway as a result	

# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 9	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
<p>coordinating and tracking individual agency findings when identified on varying timelines through focused and cyclical monitoring and complaints.</p>	<p>2010, pilot in FFY 2011, complete by June, 2013</p>	<p>of refinements to the State’s system, it is difficult to track the status of noncompliance when identified a varying point throughout the year. The TA project workgroup will develop this process.</p>	
<p>Design and conduct training with regional coordinators and quality assurance specialists on developing corrective action plans, providing agency technical assistance regarding their implementation and tracking.</p>	<p>Spring, 2011 through Spring, 2013</p>	<p>Following the FSC agency monitoring in 2009-2010, it was observed that agency’s abilities to address findings varied throughout the State. Training will be developed and conducted to address these inconsistencies and utilize strengths observed in some regions.</p>	

## Part C State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development:

See overview section on page 3

### Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

#### Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

### Overview of Issue/Description of System or Process:

See Overview of Issue/Description in Indicator 9.

### Baseline Data for FFY 2004 (2004-2005):

100% of complaints filed were resolved within 60 days.

During 2004-2005, EarlySteps received 10 written complaints in which 6 were found to be violations of Part C and were resolved within 60 days. Four written complaints were withdrawn or dismissed.

### Discussion of Baseline Data:

During FFY 2004, EarlySteps refined the complaint process and procedures to investigate complaints received. During this time, EarlySteps received a total of 10 written complaints. Of the 10 complaints received, 6 complaints filed were found to be violations of Part C and resolved within a 60-day timeframe.

EarlySteps has found that the use of clearly defined complaint processing procedures and a formal dispute resolution tracking system has assisted in timely processing of written complaints and allowed for rapid resolution of complaints.

In a letter to DHH dated October 14, 2005, OSEP required Louisiana to provide information on the process for providing an extension for complaints exceeding the 60-day timeline.

During 2003-2004, EarlySteps developed an initial complaint process and procedures to investigate complaints received. In the 2003-2004 APR, EarlySteps reported having received 15 formal written complaints. After performing further review of these complaints, we have determined that only nine of the 15 formal written complaints alleged a violation of Part C and included an investigation with findings. The remaining six complaints were not violations of Part

## SPP Template – Part C (3)

Louisiana

C and were dismissed. In the 2003-2004 APR, EarlySteps reported that of the 15 complaints received, eight exceeded the 60-day timeline. EarlySteps has since revised complaint procedures to include a mechanism for granting extensions. During 2004-2005, there were no complaints over 60 days therefore the utilization of the extension procedure was not required.

DHH has included extension procedures in its complaint process. Upon receipt of the complaint, the EarlySteps Central Office has 60 calendar days to review all relevant information and issue a letter of findings. The QAS or Central Office designee may grant an extension of this time limit if exceptional circumstances exist with respect to the particular complaint. If such an extension is granted, notice is provided to the complainant and the agency and/or individual under investigation, with documentation of that notice to be maintained within the child complaint file.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2006 (2006-2007)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2007 (2007-2008)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2008 (2008-2009)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2009 (2009-2010)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2010 (2010-2011)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2011</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with

# SPP Template – Part C (3)

Louisiana

<b>(2011-2012)</b>	respect to a particular complaint.
<b>2012 (2012-2013)</b>	<b>100%</b> of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

## Improvement Activities/Timelines/Resources:

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Review EarlySteps policies and procedures for processing complaints.	Ongoing through 2011	State Office
Distribute and analyze Family Survey results to ensure families understand their rights.	Summer 2006 and ongoing through 2011	State Office
Maintain a formal dispute resolution database to track requests for alternative dispute resolution.	Ongoing through 2011	State Office
Revise Parent Rights Brochure.	Winter 2007	State Office
Improvement Activities	Timelines	Discussion/Progress/Slippage
Review EarlySteps policies and procedures for processing complaints.  Revised activity from 2007-2008  Incorporate the EarlySteps complaint process into the process used by OCDD. OCDD uses a uniform reporting and tracking system throughout its regional offices/human services districts/authorities effective, July, 2007.	Ongoing through 2011	The policies and procedures for processing complaints are explained in the May 2006 EarlySteps Practice Manual. A description of the policies and procedures will also be included in the revised EarlySteps Monitoring Manual.  A web-based complaint system is being piloted and should be operational by 6/30/09.
Maintain a formal dispute resolution database to track requests for alternative dispute resolution.	Ongoing through 2011	The lead agency continues to use a complaint tracking system to monitor the number of complaints received and resolved within the required

# SPP Template – Part C (3)

Louisiana

<p>Revised Activity for 2007-2008</p> <p>Using the OCDD complaint process, data base and reporting system, continue to track complaints for timely resolution.</p>		<p>timeframe. When a written complaint is received, the Quality Assurance Complaint Leader immediately enters the complaint in the complaint database. The complaint database contains the nature of the complaint, the date the complaint was received by EarlySteps' central office, date the complaint was closed, the name of provider that the complaint is filed against, the type of complaint, and the results of the investigation. Additionally, the complaint database will be used to track requests for alternative dispute resolutions.</p> <p>As above.</p>
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**Revised Improvement Activities February 1, 2010** Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009-2010

Improvement Activities- Indicator 10	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
<p>Review EarlySteps policies and procedures for processing complaints.</p>	<p>Ongoing through 2011-2013</p>	<p>The policies and procedures for processing complaints are explained in the May 2006 EarlySteps Practice Manual and updated in the revised draft currently under review.</p> <p>OCDD has revised its complaint policies and procedures to incorporate changes required with its new complaint data system, described below. The revisions will also be included in the revised EarlySteps Quality Assurance Manual.</p>	
<p>Incorporate the EarlySteps complaint</p>		<p>A web-based complaint system is being field-tested and should be</p>	<p>The completion timeline for the revised</p>

## SPP Template – Part C (3)

Louisiana

<p>process into the process used by OCDD. OCDD uses a uniform reporting and tracking system throughout its regional offices/human services districts/authorities effective, July, 2007.</p>		<p>operational by 6/30/10.</p>	<p>complaint data base has been extended to June, 2010</p>
<p>Maintain a formal dispute resolution database to track requests for alternative dispute resolution.</p>	<p>Ongoing through <del>2011</del> 2013</p>	<p>The lead agency continues to use a complaint tracking system to monitor the number of complaints received and resolved within the required timeframe. When a written complaint is received, the Quality Assurance Specialist or regional Complaint staff immediately enters the complaint in the complaint database. The complaint database contains the nature of the complaint, the date the complaint was received by EarlySteps' central office, date the complaint was closed, the name of provider that the complaint is filed against, the type of complaint, and the results of the investigation. Additionally, the complaint database will be used to track requests for alternative dispute resolutions.</p>	
<p>Conduct training to regional coordinators, COS's, and quality assurance specialists regarding the use of the OCDD complaint database.</p>	<p>By June, 2011 and ongoing thru June, 2013</p>	<p>The complaint database will be completed prior to this time, training on its implementation is being planned and will include transition from the previous process, updated OCDD policies and procedures, and reporting management.</p>	

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:**

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

**Overview of Issue/Description of System or Process:**

See Overview of Issue/Description of System or Process in Indicator 9.

**Baseline Data for FFY 2004 (2004-2005):**

For FFY2004, EarlySteps received no requests for due process hearings **since this time**. Therefore, no violations of applicable timelines occurred.

**Discussion of Baseline Data:**

Baseline data does not reflect any requests for due process hearings.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2006 (2006-2007)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2007 (2007-2008)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2008 (2008-2009)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

## SPP Template – Part C (3)

Louisiana

<b>2009 (2009-2010)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2010 (2010-2011)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2011 (2011-2012)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2012 (2012-2013)</b>	<b>100%</b> of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

### Improvement Activities/Timelines/Resources:

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain a dispute resolution database to track requests for dispute resolution.	Ongoing through 2011	State Office
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	2006-2007	State Office
Conduct training for Hearing Officers.	2006-2011	State Office
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	Ongoing through 2011	State Office
Conduct recruitment of Hearing Officers to ensure adequate coverage for hearings requested.	Ongoing through 2011	State Office, RCs
Revise Parents Rights Brochure.	Winter 2007	State Office

# SPP Template – Part C (3)

Louisiana

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2008-2009: **Updated February 1, 2010**

Improvement Activities-Indicator 11	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
With the change in management of EarlySteps to OCDD, the complaint tracking and data system used by OCDD will be used for receiving, tracking and responding to complaints effective July 1, 2007	Ongoing through 2011-2013	The lead agency currently uses a complaint tracking system to monitor the number of complaints received and resolved within the required timeframe. This database will also be used to track requests for dispute resolution.  The complaint process has been integrated into the OCDD system. A web-based application will be in place by June 30, 2010	Timelines for completion of the data base were extended to June 30, 2010
EarlySteps utilizes the OCDD Appeals Bureau to handle any due process hearing requests. These are referred to in the process as “Fair Hearings.”	2006-2011-2012	EarlySteps developed a training manual for the DHH Bureau of Appeals which would handle due process hearings, mediation requests, and/or appeals for EarlySteps. The manual provides copies of the relevant laws, policies, and OSEP policy letters to provide background information on the Part C system.	
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	Ongoing through 2011-2013	The Family Support Coordinators provide information to families on their rights. The State will develop a formal training that will be facilitated by the Community Outreach Specialists by 2011.	
Conduct recruitment of Hearing Officers to ensure adequate coverage for hearings requested.	Ongoing through 2011	EarlySteps would use the staff resources of the Bureau of Appeals for this purpose if requests were received.	
Conduct training for administrative law judges as part of changes to the appeal process.	Summer, 2011- Summer, 2012 and ongoing	The DHH Bureau of Appeals has been moved to the Louisiana Division of Administration. In addition, a new Sharepoint site will be established for communicating the status of any appeals in process. Central office staff will conduct training to assure the smooth transition due to these changes.	

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

Not applicable for EarlySteps in Louisiana because Part B due process procedures have not been adopted by EarlySteps

**Baseline Data for FFY 2004 (2004-2005):** N/A

**Discussion of Baseline Data:** N/A

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	N/A
<b>2006 (2006-2007)</b>	N/A
<b>2007 (2007-2008)</b>	N/A
<b>2008 (2008-2009)</b>	N/A
<b>2009 (2009-2010)</b>	N/A
<b>2010 (2010-2011)</b>	N/A
<b>2011</b>	N/A

# SPP Template – Part C (3)

Louisiana

(2011-2012)	
2012 (2012-2013)	N/A

Improvement Activities/Timelines/Resources: N/A

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development:**

See overview section on page 3

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

See Overview of Issue/Description of System or Process in Indicator 9.

**Baseline Data for FFY 2004 (2004-2005):**

For FFY2004, EarlySteps had no requests for mediation and subsequently no mediation agreements reached.

**Discussion of Baseline Data:**

Baseline data does not reflect any mediation requests. EarlySteps continues to strive for the most effective dispute resolution process. Throughout the early intervention process, EarlySteps staff disseminates information to family/caregivers regarding their rights and protection for infants and toddlers with disabilities. Additionally, EarlySteps staff informally problem solve and troubleshoot as situations arise as to resolve any conflict prior to reaching formal mediation and/or due process hearings. All parents are advised that they may file a request for formal resolution of concerns at any time.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2006 (2006-2007)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2007</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13

## SPP Template – Part C (3)

Louisiana

<b>(2007-2008)</b>	since the minimum threshold of 10 mediation requests has not been received.
<b>2008 (2008-2009)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2009 (2009-2010)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2010 (2010-2011)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2011 (2011-2012)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.
<b>2012 (2012-2013)</b>	Based upon OSEP guidance, LA Part C has not set targets for Indicator 13 since the minimum threshold of 10 mediation requests has not been received.

### Improvement Activities/Timelines/Resources:

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain a dispute resolution database to track requests for dispute resolution.	Ongoing through 2013	State Office
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	2006-2007	State Office
Conduct training for Mediators.	2006-2013	State Office
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	Ongoing through 2013	State Office
Conduct recruitment of Mediators to ensure adequate coverage for hearings requested.	Ongoing through 2013	State Office, RCs
Revise Parents Rights Brochure.	Winter 2007	State Office

**Revised February 1, 2010 and updates to SPP timeline extension provided for February, 2011**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008-2009.**

# SPP Template – Part C (3)

Louisiana

Improvement Activities-Indicator 13	Timelines	Discussion/Progress/Slippage	Revisions with Justification for 2009-2010
EarlySteps will utilize the OCDD Complaint data system to receive, respond to and track complaints and any requests for mediation as of July, 2007	Ongoing through 2013	<p>The lead agency currently uses a complaint tracking system to monitor the number of complaints received and resolved within the required timeframe. This database will also be used to track requests for dispute resolution.</p> <p>The dispute resolution process has been integrated into the OCDD process. The OCDD complaint data system is being field-tested and will go live by June 30, 2010</p>	EarlySteps will utilize the OCDD Complaint data system to receive, respond to and track complaints and any requests for mediation as of July, 2007 and ongoing. Mediation activities would be conducted by the DHH Bureau of Appeals.
EarlySteps will utilize the OCDD appeals/hearing process for mediation requests as of July, 2007	2006-2011-2013	<p>The state did not receive any mediation requests in FFY 2008.</p> <p>As above.</p>	
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	Ongoing through 2011-2013	The Family Support Coordinators provide information to families on their rights. The State will develop a formal training that will be facilitated by the Community Outreach Specialists by 2011	
Conduct recruitment of Mediators to ensure adequate coverage for hearings requested.	Ongoing through 2011-2013	The state has not received any mediation requests since FFY 2005, therefore recruitment of Mediators was not needed.	EarlySteps would use the resources of the Bureau of Appeals to handle mediation. Training materials have been developed regarding Part C and its requirements for use for this activity.

## Part C State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development:

See overview section on page 3

### Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

#### Measurement:

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement (describe mechanisms for ensuring accuracy).

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator.

### Overview of Issue/Description of System or Process:

In June 2004, EarlySteps contracted to develop and implement an Early Intervention Data System (EIDS). The electronic EIDS is designed to include a child-specific system point of entry (SPOE) database using software developed by the Contractor, Covansys, and modified and enhanced for EarlySteps. The SPOE database provides aggregated data that is reviewed by various components of the system (Lead Agency, Regional Coordinators, stakeholders, and SICC). The database provides information on demographics, timelines, referrals, evaluation, services, IFSPs, transition, etc. The EIDS is designed to:

- Bring together demographic, service, and claims/reimbursement information for the full population of children and families in EarlySteps.
- Enhance quality assurance by providing data, the key to outcome analysis.
- Provide data for service analysis including authorized and delivered services by type and location.
- Maximize provider involvement and options through consolidated and streamlined enrollment and tracking of personnel credentials.
- Ensure that all providers are enrolled and meet the personnel requirements of EarlySteps.
- Collect transition data by local school district (Local Education Agency-LEA).
- Increase accountability by establishing data triggers on performance indicators and benchmarks as criteria for monitoring.
- Incorporate the Individualized Family Service Plan (IFSP) as the document that establishes need, and authorizes payment for services for eligible children and their families.

## SPP Template – Part C (3)

Louisiana

- Provide monthly explanation of benefits to families that will assist in verifying that services were delivered.
- Ensure the timely provision of services to eligible children and their families.
- Meet the financial and data reporting needs of various federal, state, and local fund sources and avoid duplication of effort to collect, maintain and report relevant data.

Original software training on data entry and billing training was conducted in June 2003.

Revisions to the EIDS were made in 2004 and training was provided to SPOE staff on those revisions.

The SPOE database and data entry procedures were implemented to provide ongoing timely and accurate data. Procedures for paperwork flow and data entry and verification have been designed to ensure that data is complete and accurate.

- Paperwork was standardized for referral, intake, family assessment, health information, IFSP development, and team meetings.
- The SPOE database design requires fields to ensure data is present and, as appropriate, accurate by using drop down menus.
- All SPOE personnel are responsible for ensuring that self-assessment procedures are in place and are conducted on a regular basis. Self -Assessment activities include data validation of: (1) child service record validation, (2) service authorizations, (3) data transmission, and (4) IFSP timelines.
- EarlySteps Quality Assurance Specialists (QAS) conducts data desk reviews to identify concerns regarding data integrity and data inconsistencies.
- Technical assistance is provided by Regional Coordinators.

### Baseline Data for FFY 2004 (2004-2005):

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

- a. Submitted:
  - 618 Data Table 1 (Child Count, including race and ethnicity)
    - Due February 1, 2005; Submitted in March 2005
  - 618 Data Table 2, 3, 4, 5 (Settings, Exiting, Services, Personnel)
    - Due November 1, 2005; In process to be submitted February 2006
  - State Performance Plan
    - Due December 2, 2005; Will submit January 30, 2006 per extension granted by OSEP due to Hurricane Katrina
  - Annual Performance Report (2004)
    - Due March 31, 2005; Submitted April 2005
- b. Accurate (describe mechanisms for ensuring accuracy).
  - The child specific electronic database, standardized state paperwork, and SPOE staff responsibility for data entry assist in ensuring the integrity of data reported.

### Discussion of Baseline Data:

- 618 Data Table delays in submission of 618 data were related to the absence of a Data Manager, delays in SPOE data verification, and/or availability of data due to Hurricane Katrina.

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- Delays in submission of the Annual Performance Report were related to the absence of a Data manager as well as delays in SPOE data verification. The intensity of the verification of SPOE data and the training of SPOE personnel, as well as the training and technical assistance of providers and provider agencies took longer than anticipated. In order to ensure accuracy of data submitted additional data clean up was necessary and delayed timely submission.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2006 (2006-2007)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2007 (2007-2008)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2008 (2008-2009)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2009 (2009-2010)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2010 (2010-2011)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2011 (2011-2012)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2012 (2012-2013)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.

### Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Maintain and enhance the EIDS to eliminate data entry errors through automated checks and balances.	Summer 2005 ongoing through 2010	SPOE Staff Covansys Contractor Central Office
Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.	Summer 2005 ongoing through 2010	Central Office
Continue enhancements of SPOE Database as described throughout the SPP.	Summer 2005 ongoing through	Central Office SPOE Staff

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Improvement Activities	Timelines	Resources
	2010	Covansys Contractor
Hire full time Data Manager	Fall 2006	EarlySteps Program Manager

## Revised Improvement Strategies FFY 2008

### Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for 2009-2010

Improvement Activities – Indicator 14	Timelines	Discussion/Progress/Slippage
<p>Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.</p> <p>EarlySteps will work with the DHH Information Technology department to coordinate data functions across the Covansys (CFO) system and other internal data systems.</p>	<p>Summer 2005 ongoing through <del>2010</del> 2013</p>	<p>SPOE agencies are required to run data reports on a regular basis to verify the accuracy of electronic data involving 618 data; IFSP 45-day timeline, primary settings, referrals, child count, transition, and exit reasons. If any of the data is found to be incorrect, corrections are made and new reports are generated from the corrected data. The data reports are instrumental in detecting potential areas of noncompliance. Based on the information in the data reports, responsive monitoring or technical assistance may be required to correct or prevent noncompliance.</p> <p>Since IT data resources of OCDD have increased, accessing reports and data has improved.</p>
<p>Continue enhancements of SPOE Database as described throughout the SPP.</p>	<p>Summer 2005 ongoing through <del>2010</del> 2013</p>	<p>Enhancements such as IFSP 45 day delay reasons to capture family reasons for delay and the date of the transition conference was added to the EIDS system to assist with reporting.</p>
<p>Hire full time Data Manager</p> <p>The organizational structure for the EarlySteps program has resulted in positions of a Quality Assurance Specialist Coordinator (under the Children’s Services Program Manager) and a central office Quality Assurance Specialist who will assume some of the functions of a data</p>	<p>Spring 2007 and ongoing</p>	<p>OCDD hired a staff person in its Quality Unit who assists EarlySteps with accessing information beyond standard reports, from the data system.</p> <p>In February, 2009, OCDD hired a Quality Assurance Coordinator to supervise the General Supervision/Quality Assurance Process for EarlySteps. In addition, a Data Analyst was hired for the OCDD system and will assist performing functions of the EarlySteps Data</p>

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Improvement Activities – Indicator 14	Timelines	Discussion/Progress/Slippage
manager in conjunction with staff from DHH-Information Technology and Health Economics staff. Regional quality assurance specialists for assistance in local/regional programs.		Manager.
Develop and implement QA processes to identify and report data errors in EIDS which affect data quality	January, 2011 and ongoing	During the process of developing the prior authorization data exchange between the CFO and the Medicaid Fiscal Intermediary, data entry errors were noted across all the SPOE agencies. Process will be developed to improve data entry and activities will be added to agency quality plans to address this activity.
Incorporate supplemental quality indicators including targets and performance in state and regional reporting.	June, 2011 through June, 2013	Quality performance results will be reported in state activities and in regional performance.

**Part C – SPP Attachment 1  
Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act  
Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	10
(1.1) Complaints with reports issued	6
(a) Reports with findings	6
(b) Reports within timeline	6
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	4
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline <b>SELECT</b> timeline used (30 day/Part C 45 day/Part B 45 day)	0
(3.3) Resolved without a hearing	0

**SPP Template – Part C (3)**

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**Attachment 2: Provision of Services in Natural Environment**

<b>Agency</b>	<b>* 2002 DOE Findings</b>	<b>DHH Determined Status in March 2004</b>	<b>DHH Method of Review in March 2004</b>	<b>DHH/Agency Action in April 2004</b>	<b>DHH Determined Status in December 2005</b>
ARC Caddo Bossier	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Baton Rouge Speech and Hearing	NE Justification	Non-compliant	Record Review	Mandatory TA Visit to correct non-compliance and required CAP Assurance submitted	In Compliance
Bright School	NE Justification	In Compliance	Record Review	Not Applicable	Not Applicable
Chalmette Medical Center	NE Justification	In Compliance	Record Review	Not Applicable	Not Applicable
Neuro Therapy Specialists	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Ochsner Early Intervention Program	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	Can not determine status due to files inaccessible due to Hurricane Katrina
The Therapy Group DBA-Therex, INC./Nattional Rehab	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Thibodeaux Regional Medical Center	NE Justification	No longer providing services	Record Review	Not Applicable	Not Applicable
Willis-Knighton Physical Medicine	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Woman's Hospital	NE Justification	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	No longer provides services

- Justification for services outside of the Natural Environment (NE) was not provided.

## SPP Template – Part C (3)

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### Natural Environment

EarlySteps staff conducted record reviews in March 2004 to determine the status of compliance in the area of the provision of services in the Natural Environment. There were seven findings of non-compliance. Agencies found non-compliant were sanctioned and required to complete a corrective action plan addressing areas of non-compliance. Corrective Action Plans were submitted to EarlySteps Central Office following completion. During 2005, follow-up monitoring was conducted. Six of the seven findings have been corrected. Two agencies are no longer providing services. The Lead Agency could not determine the status of one agency because the files are inaccessible due to damage sustained during Hurricane Katrina.

**Attachment 3: Transportation  
Provision of Transportation Services Needed to Meet the IFSP**

<b>Agency</b>	<b>2002 DOE Findings</b>	<b>DHH Determined Status in March 2004</b>	<b>DHH Method of Review in March 2004</b>	<b>DHH/Agency Action in April 2004</b>	<b>DHH Determined Status in December 2005</b>
ARC Caddo Bossier	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Baton Rouge Speech and Hearing	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Bright School	Provision of Transportation Services Needed to Meet the IFSP	In Compliance	Not Applicable	Not Applicable	Not Applicable
Chalmette Medical Center	Provision of Transportation Services Needed to Meet the IFSP	In Compliance	Not Applicable	Not Applicable	Not Applicable
Neuro Therapy Specialists	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Ochsner Early Intervention Program	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	Can not determine status due to files inaccessible due to Hurricane Katrina
The Therapy Group DBA-Therex, INC./Nattional Rehab	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Thibodeaux Regional Medical Center	Provision of Transportation Services Needed to Meet the IFSP	No longer providing services	Not Applicable	Not Applicable	Not Applicable
Willis-Knighton Physical Medicine	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	In Compliance
Woman's Hospital	Provision of Transportation Services Needed to Meet the IFSP	Non-compliant	Record Review	Corrective Action Plan (CAP) - Assurance Submitted	No longer provides services

### Transportation

EarlySteps staff conducted record reviews in March 2004 to determine the status of compliance in the area of the provision of Transportation services needed to meet the IFSP. There were seven findings of non-compliance. Agencies found non-compliant were sanctioned and required to complete a corrective action plan addressing areas of non-compliance. Corrective Action Plans were submitted to EarlySteps Central Office following completion. During 2005, follow-up monitoring was conducted. Six of the seven findings of non-compliance have been corrected. Two agencies are no longer providing services. The Lead Agency could not determine the status of one agency because the files are inaccessible due to damage sustained during Hurricane Katrina.

**Attachment 4: Service Coordination  
Coordination Of All Services Needed By The Family and Child**

Agency	* 2002 DOE Findings	DHH Determined Status in March 2004	DHH Method of Review in March 2004	DHH/Agency Action in April 2004	DHH Determined Status in December 2005
<b>Cadence</b>	3. No Written Prior Notice	3. Non-compliant	1. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	3. Compliant
<b>Community Services Enterprises (dba Indo)</b>	1. IFSP services	1. Non-compliant	1. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	1. Disenrolled, no longer a provider
	2. Transition	2. Non-compliant	2. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	2. Disenrolled, no longer a provider
	3. No Written Prior Notice	3. Non-compliant	3. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	3. Disenrolled, no longer a provider
<b>Easter Seals Case Management</b>	1. IFSP services	1. Non-compliant	1. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	1. Compliant
	2. Transition	2. Non-compliant	2. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	2. Compliant
	3. No Written Prior Notice	3. Non-compliant	3. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	3. Compliant
<b>Directions of LA</b>	1. IFSP services	1. Non-compliant	1. Record Review	1. Compliant	Not Applicable
	2. Transition	2. Non-compliant	2. Record Review	2. Compliant	Not Applicable
<b>GB Cooley Case/Northeast Case Management Services</b>	1. IFSP services	1. Non-compliant	1. Record Review	1. Compliant	Not Applicable
	2. Transition	2. Non-compliant	2. Record Review	2. Compliant	Not Applicable
<b>Halls Services and Management</b>	1. IFSP services	1. Non-compliant	1. Record Review	1. Compliant	Not Applicable
	2. Transition	2. Non-compliant	2. Record Review	2. Compliant	Not Applicable
<b>Quality Independent Service Coordination</b>	1. IFSP services	1. Non-compliant	1. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	1. Disenrolled, no longer a provider
	2. No Written Prior Notice	2. Non-compliant	2. Record Review	Corrective Action Plan (CAP) – Assurance Submitted	2. Disenrolled, no longer a provider
<b>Medical Resources</b>	1. IFSP services	1. Non-compliant	1. Record Review	1. Compliant	Not Applicable

- \* 1. **IFSP** = All information on IFSP was not completed for services to meet the needs of the family and child.
- 2. **Transition** = Steps and activities were not completed in a timely manner.
- 3. **Written Prior Notice** = Evidence of written prior notice was not completed.

### 1. IFSP Services

EarlySteps staff conducted record reviews in March 2004 to determine the status of compliance with regards to service coordination. There were seven findings of non-compliance with regards to IFSP services. Agencies found non-compliant were sanctioned and required to complete a corrective action plan addressing areas of non-compliance. Corrective Action Plans were submitted to EarlySteps Central Office following completion. During 2005, follow-up monitoring was conducted. Seven of the seven findings have been corrected. Two FSC agencies have been disenrolled and are no longer providing early intervention services.

### 2. Transition

EarlySteps staff conducted record reviews in March 2004 to determine the status of compliance. There were five findings in transition that represented non-compliance from FSC agencies monitored. Agencies found non-compliant were sanctioned and required to complete a corrective action plan addressing areas of non-compliance. Corrective Action Plans were submitted to EarlySteps Central Office following completion. During 2005, follow-up monitoring was conducted. Of the five findings of non-compliance, five have been corrected. One agency has been disenrolled and is no longer providing services.

### 3. Prior Written Notice

EarlySteps staff conducted record reviews in March 2004 to determine the status of compliance. With regards to service coordination, there were four findings of non-compliance regarding prior written notice provided to parents. Agencies found non-compliant were sanctioned and required to complete a corrective action plan addressing areas of non-compliance. Corrective Action Plans were submitted to EarlySteps Central Office following completion. During 2005, follow-up monitoring was conducted. Four of the four findings have been corrected. Two FSC agencies have been disenrolled and are no longer providing early intervention services.

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## Attachment 5: SPP Committee Members

Committee Member	Representation
Toni Ledet	IHE
Donna Wadsworth	IHE; SICC Member
Brenda Sharp	SICC Member; LSUHSC-Public Provider
Paula Goff	LSUHSC; Personnel Preparation
Dedra Stevenson	SICC Member
Suzanne Vincent	Regional Coordinator
Wanda Stroud	Regional Coordinator
Tedra Landreaux	Statewide Parent Consultant – Central Office Staff
Betsey Snider	Nurse Consultant - Central Office Staff
Nichole Dupree	Program Manager - Central Office Staff
Jackie Ladatto	LEA
Linda Pippins	OPH – CSHS Administrator - Central Office Staff
Gina Easterly Taylor	LSUHSC – EII; Provider
JoAnn Clary	LSUHSC – EII; Provider
Tracey Garner	Easter Seals; FSC Provider
Cindy Arceneaux	Parent; PTI; SICC Member (Proposed)
Mary Hockless	SICC Member; SPOE
Linda Champion	Department of Education
Anita Ashford	Department of Education
Susan Crowther	Department of Education; SICC Member
Dr. Susan Berry	OPH – Physician - Central Office Staff
Janie Martin	SICC Executive Director
Helen Monic	SPOE
Reine Sears Castillo	Quality Assurance Specialist - Central Office Staff
Leona White	Provider Specialist - Central Office Staff
Lisa Veron	Provider- PT
Pam Kimbrough	SICC Member; Provider
Mary Swiggum	Parent; SICC Member; Provider
Brian Bruce	FSC Provider
Dan Underwood	FSC Provider; SICC Member
Christy Martin	Provider
Michelle Calderone	Provider
Monica Dowden	Regional Coordinator
Sonia Theriot	Parent; COS
Jennifer Breeding	Provider

