



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Honorable John A. Stephen  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, New Hampshire 03301-3857

**FEB 13 2004**

Dear Commissioner Stephen:

The purpose of this letter is to respond to the New Hampshire's Department of Health and Human Services (DHHS) June 27, 2003 submission of its Federal Fiscal Year (FFY) 2001 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2001 through September 30, 2002. The APR reflects actual accomplishments made by the State during the reporting period (as compared to established objectives). In addition, States used the FFY 2001 Part C APR, due on July 1, 2003, to report on the State's progress in meeting the goals identified in the State's Part C Improvement Plan that is part of the Continuous Improvement and Focused Monitoring System (CIFMS). The APR for Part C of IDEA is designed to provide uniform reporting from States and result in high-quality information across States.

The APR is a significant data source utilized in CIFMS implemented by the Office of Special Education Programs (OSEP), within the U.S. Department of Education. The APR falls within the third component of OSEP's four-part accountability strategy (i.e., supporting States in assessing their performance and compliance, and in planning, implementing, and evaluating improvement strategies) and consolidates the self-assessing and improvement planning functions of the CIFMS into one document. OSEP Memorandum 03-6 (regarding the submission of the Part C APR) directed States to address five cluster areas in their Part C APRs: General Supervision; Comprehensive Public Awareness and Child Find System; Family Centered Services; Early Intervention Services in Natural Environments; and Early Childhood Transition.

Because it is OSEP's intent to consolidate improvement planning and performance reporting activities, OSEP is commenting on both New Hampshire's FFY 2001 APR and New Hampshire's Improvement Plan (IP). The IP was submitted to OSEP in March 2002, amended in July 2002, and approved by OSEP on October 11, 2002. DHHS final progress report was submitted on September 30, 2003. It is OSEP's expectation that as part of its improvement planning efforts and in reporting in the APR, New Hampshire will collect, analyze, and report relevant data and make data-based determinations regarding implementation of the five clusters (as well as other areas identified by the State) to ensure compliance and improvement in program performance. OSEP's comments regarding the content of New Hampshire's APR and IP regarding each of the

five cluster areas are set forth below. We recognize the time and effort that went into the development of your APR and appreciate the State's work to describe performance related to serving infants and toddlers with disabilities and their families under IDEA.

### ***General Supervision***

The State's Self-Assessment and Improvement Plan did not identify any areas of noncompliance in this cluster.

Although DHHS reported on a number of efforts to improve its general supervision system, such as improving data collection methods, developing and implementing regional self-assessments, tracking and analyzing family inquiries regarding the early intervention system, and conducting ongoing evaluation of the state Part C monitoring system, the State did not report on how the results of these efforts impact its general supervision system.

Moreover, DHHS did not provide enough data to allow OSEP to determine the status and compliance in this cluster. For instance, except for monitoring data about holding initial Individualized Family Service Plan (IFSP) meetings within 45 days of receipt of referral cited in DHHS's September 30, 2003 Improvement Plan Progress Report and the APR described below in the Early Intervention Cluster, DHHS did not report monitoring data on the number of regions visited, the types of noncompliance identified, length of time for correction and level of corrective action required, whether some regions have persistent noncompliance, what the State does in these instances, and the results of any actions taken by the State. If DHHS determined the existence of noncompliance from its monitoring for the 2001-2002 reporting period for this cluster area, it must address the noncompliance by submitting improvement planning strategies, timelines and evidence of change to ensure correction of the noncompliance within one year from OSEP's approval of the strategies to address the noncompliance. If DHHS has not found any noncompliance, other than the 45-day timeline issue, then DHHS should provide baseline, trend data, analysis, progress and activities that the State routinely carries out to maintain an acceptable level of performance.

### ***Comprehensive Public Awareness and Child Find System***

The State's Self-Assessment and Improvement Plan did not identify any areas of noncompliance in this cluster.

In its APR, the State provided its December 1, 2001 child count as compared to the national count and provided the percentage of eligible infants who are less than 1 year old, as compared to the national count. The State reported that, since 1998, the enrollment of children in early intervention has increased by 58%. DHHS also reported that it provided funds for regional public awareness activities during 2000, 2001, and 2002 and plans to convene a Child Find Summit in July 2003 to consolidate its child find data in order to develop a comprehensive child find system. The State also reported it is

challenged with evaluating the current child find system in determining the regional ethnic/cultural data in comparison to Part C enrolled children.

From the data provided in the APR, OSEP cannot determine the status of New Hampshire's public awareness and child find system. DHHS did not provide performance reporting that would explain how the State's activities correlate to improvements in the public awareness and child find system, e.g. outcome of the Child Find Summit and the effectiveness of public awareness activities carried out in the regions. If as a result of convening its Child Find Summit and evaluating its child find and public awareness efforts, DHHS finds that it does not have a comprehensive system that meets the requirements in 34 CFR §§303.301, 303.320, and 303.321, then DHHS should report, in its next APR, its baseline, trend data and analysis, targets, progress/slippage, and activities that will result in the implementation of a comprehensive system.

If DHHS determined the existence of noncompliance from its monitoring for the 2001-2002 reporting period for this cluster area, it must address the noncompliance by submitting improvement planning strategies, timelines and evidence of change to ensure correction of the noncompliance within one year from OSEP's approval of the strategies to address the noncompliance. If DHHS has not found any noncompliance, other than the 45-day timeline issue, then DHHS should provide baseline, trend data, analysis, progress and activities that the State routinely carries out to maintain an acceptable level of performance.

### *Family Centered Services*

The State's APR contained goals and strategies to improve family centered services by: respecting family diversity through cultural competency at all levels, promoting family involvement in State and local planning and implementation activities, and strengthening providers' cultural competence through cross-system activities with the NH State Education Agency responsible for special education under Part B of IDEA.

OSEP appreciates DHHS's commitment to promote involvement of all families in the systemic implementation of the early intervention system as well as emphasizing cultural competency. However, the APR did not contain baseline data, evidence of change, benchmarks or improvement strategies regarding the supports, services, and resources provided to families. Therefore, OSEP is unable to determine the status of DHHS's early intervention system in this cluster. Some examples of what the State could provide are: (1) the types or numbers of family support services provided, (2) results from monitoring that family assessments, with parent consent, are conducted, and (3) results from monitoring that Individualized Family Service Plans (IFSPs) contain a statement of the family's resources, priorities and concerns related to enhancing the development of the child. If DHHS determined the existence of noncompliance from its monitoring for the 2001-2002 reporting period for this cluster area, it must address the noncompliance by submitting improvement planning strategies, timelines and evidence of change to ensure correction of the noncompliance within one year from OSEP's approval of the strategies

to address the noncompliance. If DHHS has not found any noncompliance, other than the 45-day timeline issue, then DHHS should provide baseline, trend data, analysis, progress and activities that the State routinely carries out to maintain an acceptable level of performance.

### *Early Intervention Services in Natural Environments*

DHHS's Self-Assessment and Improvement Plan identified one area of noncompliance in this cluster: initial IFSP meetings are not held within 45 days of receipt of a referral. 34 CFR §303.321(e). In a letter dated October 11, 2002, OSEP approved the State's Improvement Plan and requested that DHHS provide progress reports related to this area of noncompliance on March 28, 2003 and September 30, 2003. DHHS also included data regarding this area of noncompliance in its APR submission. For purposes of continuity, OSEP is commenting on both the APR and the September 30, 2003 Improvement Plan Progress Report in this letter.

### *45-Day Timeline*

DHHS demonstrated in its APR and September 30, 2003 Progress Report, that the State has made consistent improvement to ensure that within 45 days after it receives a referral, an initial IFSP meeting is held for all eligible children and families: (1) DHHS conducted record reviews, from August 2, 2001 and September 16, 2003, in all early intervention regional programs in the State related to the 45-day concern<sup>1</sup>; (2) DHHS is tracking the results of corrective action plans and is conducting follow-up site visits, as necessary; and (3) DHHS also provided training for service coordinators and providers in the spring of 2002. DHHS plans to launch another procedure in January 2004 to monitor the 45-day issue through electronic reporting. Through evaluation of the electronic reports, DHHS plans to conduct additional follow-up visits and record reviews in regions that either demonstrate the least progress or have experienced slippage and those that have not been monitored for one year.

Based on monitoring data provided in its APR and September 30, 2003 Progress Report, DHHS has not yet demonstrated full correction of this area of noncompliance because 10 of the 12 regional early intervention providers do not yet demonstrate full compliance with this 45-day requirement. The data demonstrated 100% compliance in two regions and substantial progress toward compliance in six regions. OSEP appreciates that DHHS completed a comprehensive review of IFSPs for children enrolled in the State and continues to monitor its progress toward full correction of noncompliance. OSEP requests that DHHS, in its next APR, continue to provide OSEP with results from its monitoring, technical assistance and corrective action plans that demonstrate full correction of this area of noncompliance.

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<sup>1</sup> DHHS reported that it examined 100% of IFSPs in early intervention programs serving less than 100 children. For programs with more than 100, 70% to 80% of the records were reviewed.

*Other Early Intervention Services Components*

DHHS's APR contained goals and improvement strategies that relate to: (1) oversight of service coordination; (2) evaluation and assessment of functional vision and hearing; (3) monitoring so that each child and family receive all IFSP services; (4) percentages of children receiving services in natural environments, and (5) proposed methods to collect data on the percentage of children demonstrating improved and sustained functional abilities.

OSEP is unable to determine the status of DHHS's early intervention system for this cluster except for the area of noncompliance noted above related to the 45-day timeline. OSEP requests that the State provide data in the next APR that demonstrate the impact of performance and compliance with the "early intervention services in natural environments" cluster objective as well as other improvements that the State is implementing, as noted above. For example, DHHS may have obtained performance or compliance data that: (1) all families have access to a service coordinator that carries out all duties; (2) timely evaluations and assessments are conducted in all areas that lead to identification of all child needs; and (3) children receiving services primarily in natural environments. In addition, the Part C FFY 2001 APR requested data on the percentage of children participating in the Part C program that demonstrate improved and sustained functional abilities (in the developmental areas listed in 34 CFR §303.322(c)(3)(ii)). The State indicated that it is investigating methods to collect data that children demonstrate improved and sustained functional abilities. Please provide to OSEP in the next APR (for FFY 2002) the results from its data collection or the State's plan on how it will collect this data (whether through sampling, monitoring, individual IFSP review, or other methods).

If DHHS determined the existence of noncompliance from its monitoring for the 2001-2002 reporting period for this cluster area, it must address the noncompliance by submitting improvement planning strategies, timelines and evidence of change to ensure correction of the noncompliance within one year from OSEP's approval of the strategies to address the noncompliance. If DHHS has not found any noncompliance, other than the 45-day timeline issue, then DHHS should provide baseline, trend data, analysis, progress and activities that the State routinely carries out to maintain an acceptable level of performance.

*Early Childhood Transition*

The State's Self-Assessment and Improvement Plan did not identify any areas of noncompliance in this cluster.

DHHS provided information on three improvement strategies related to early childhood transition in its APR: ensure family support during transition, create a comprehensive data collection system for tracking transition outcomes, and develop and implement a personnel education system for transition.

In addition, as part of its improvement strategies, DHHS sets a timeline that all children eligible for special education services under Part B, receive services by their 3<sup>rd</sup> birthday by *July 2006* and that all children's IFSPs document transition planning conferences by *July 2006*. DHHS must confirm, in its next APR, full compliance with the early childhood transition requirements at 34 CFR 303.148(b)(2)(i) [90-day meeting requirement] so that all children who may be eligible for preschool services under Part B of the IDEA, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local education agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive.

OSEP is unable to determine the status of DHHS's early intervention system for this cluster except that, as noted above, DHHS must revise its timelines for ensuring compliance with the Part C regulations. OSEP expects that the State will provide specific data in its APR that demonstrate the impact of performance and compliance with the "early childhood transition" cluster objective; for example, monitoring results that demonstrate that the 90-day transition meeting is occurring and that IFSPs contain a child and family transition plan. In addition, DHHS may provide an analysis of trend data from the Section 618 Federal exiting table.

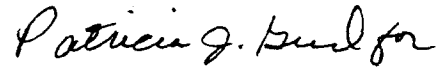
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### ***Conclusion***

In its next APR submission, OSEP expects that DHHS will make performance and compliance determinations about the status of its early intervention system and report those in the APR. As noted above, the determinations should be based on analyses of monitoring and any other relevant State data collection/activities. In addition, OSEP is requesting that DHHS report in its next APR, data that demonstrate full correction of the requirement that an initial IFSP meeting is held for each eligible child and family within 45 days of referral.

We appreciate your efforts in preparing the Annual Performance Report and look forward to collaborating with New Hampshire as you continue to improve results for infants and toddlers with disabilities and their families.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephanie Smith Lee".

Stephanie Smith Lee  
Director  
Office of Special Education Programs

cc: Carolyn Stiles  
Part C Coordinator