



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

MAY 21 2004

Honorable Roderick Bremby
Secretary of Health and Environment
Kansas Department of Health and Environment
Charles Curtis State Office Building
1000 SW Jackson
Topeka, KS 66612

Dear Secretary Bremby:

The purpose of this letter is to respond to the Kansas' March 31, 2004 submission of its Federal Fiscal Year (FFY) 2002 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2002 through June 30, 2003. The APR reflects actual accomplishments made by the State during the reporting period, compared to established objectives. The APR for 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 the Continuous Improvement and Focused Monitoring System (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's Memorandum regarding the submission of Part C APRs directed States to address five cluster areas: General Supervision; Comprehensive Public Awareness and Child Find System; Family Centered Services; Early Intervention Services in Natural Environments; and Early Childhood Transition.

Background

On January 30, 2004, OSEP responded to Kansas' FFY 2001 APR. In the letter, OSEP did not identify systemic noncompliance. However, OSEP did suggest that the Kansas Department of Health and Environment (KDHE) include more data in its FFY 2002 APR to clearly demonstrate KDHE's use of data to make data-based performance and compliance determinations. OSEP responds to the submission in the cluster areas below.

In the January 30, 2004 APR response letter, OSEP requested that KDHE provide monitoring or other data in the FFY 2002 APR to demonstrate that the Lead Agency ensures that the IFSP for each child receiving Part C services includes the transition-related content required by 34 CFR § 303.344(h). In response to the request, KDHE submitted an addendum to the FFY 2002 APR submitted March 30, 2004. OSEP responds to the submission in the Early Childhood Transition cluster below.

The State's APR should reflect the collection, analysis, and reporting of relevant data, and document data-based determinations regarding performance and compliance in each of the

cluster areas (as well as any other areas identified by the State to ensure improvement). KDHE submitted the FFY 2001 APR as a document that also served as its Improvement Plan, and OSEP responded to KDHE's Improvement Plan in its January 30, 2004 letter. OSEP's comments regarding each cluster area within the APR are set forth below.

General Supervision

The State provided data and information on pages one through ten of the APR demonstrating that the Lead Agency's policies and procedures are designed to ensure the identification of noncompliance and correction of noncompliance, and encourage positive program performance.

On pages one and two of the APR, KDHE described five components of the State's supervision system: (1) the annual grant application and contract assurances process; (2) completion of local self-assessments; (3) submission of semi-annual reports by local networks; (4) analysis of Federal data tables; and (5) utilization of accountability guidelines. In addition, KDHE used incentives (public recognition and cash awards) to local networks to recognize exemplary practice by individuals. KDHE also described a grant program by the Kansas Division for Early Childhood that awards mini-grants each year to local networks that have "best practice" activities. The combination of incentives encourages networks in tracking and reporting positive outcomes for infants and toddlers with disabilities and their families.

KDHE reported, on pages two and four of the APR, that results from local self-assessments are linked to local improvement plans, and the results of implementing improvement plans are reported in the annual grant application submitted by local networks to the State office. KDHE reported that State staff monitor all levels of the review process and technical assistance is developed or accessed as a result of needs identified through the general supervision activities. Examples of systemic compliance and performance issues were identified by KDHE on page 4 of the APR: (1) accurate implementation of natural environment policies and procedures, and (2) ensuring continuity in services during staffing and fiscal agent changes.

On pages three through eight of the APR, KDHE described various methods of training and technical assistance to prevent or correct noncompliance. Examples included: providing timelines and guidelines that are consistent for every local network (i.e. due dates for data, grant application, budget revisions); State-wide, topic-specific training to ensure continuity in policy implementation (i.e. natural environments, transitions, procedural safeguards); distributing and collecting State-wide family surveys; availability of funding for professional development; developing and disseminating topic-specific technical assistance packages; providing regional training on assistive technology; and linking with technical assistance providers, both in and out of the State office.

On pages seven through nine of the APR, KDHE provided data and described personnel procedures to ensure that staffing was sufficient to provide identified early intervention services. In 100% of networks, staff met State standards for qualified personnel, families reported high levels of satisfaction with the quality of services and interactions with staff, and all networks have training for staff members for Part C program requirements. Although KDHE concluded on page eight of the APR that there were sufficient numbers of qualified professionals to meet the identified needs of infants and toddlers with disabilities and their

families, the State also indicated a focus on improving performance by strengthening mental health services State-wide. Numerous strategies and current practices are described.

KDHE reported, on pages four through seven of the APR, that no formal complaints, requests for mediation, or due process hearings were requested during the year. On the same pages, KDHE described numerous methods to ensure all families had access to information about the policies and procedures regarding procedural safeguards. KDHE reported on page five of the APR that performance information was collected from local networks about informal complaints from families and changes were made to the program if the informal complaint justified a change. KDHE reported that it was modifying its general supervision procedures to determine the "depth of knowledge that families have regarding their rights" (page seven).

On pages nine and ten, KDHE described data validation efforts, including: utilizing local self-assessment data in improvement plans and grant applications; establishing data standards and timeliness as a condition of grants to networks; utilizing a State-wide data system (all local networks) to report accurate and timely data for Federal and State data requirements; and providing State-wide data for compliance and performance on the website. In the Appendix, KDHE provided a sample semi-annual report and family surveys.

The information provided by KDHE in the current APR was consistent with the information submitted in the Self-Assessment in October 2002 and the FFY 2001 APR. All three sources of information indicated that the State has mechanisms or systems in place to meet its general supervision responsibilities through monitoring processes and procedures, correction of noncompliance, providing technical assistance, ensuring staff to meet identified early intervention service needs, having policies and procedures in place to ensure complaints are resolved in a timely manner, and reporting of accurate and timely data.

Child Find and Public Awareness System

KDHE described its child find and public awareness system on pages 11 through 14 of the APR. KDHE did not identify systemic noncompliance in this cluster in the Self-Assessment, the FFY 2001 APR, or the current (FFY 2002) APR.

KDHE provided the following data in the APR: 2.34% of its birth to three population were receiving early intervention services on December 1, 2001 (page 11); the percentage of infants and toddlers receiving services had increased annually for the last five years (page 11); 82% of children referred to early intervention were determined eligible for Part C services (page 12); the racial/ethnic representation in the eligible population was comparable to the Kansas population (page 12); 5% of children served were in foster care; 66% of those served were male (page 12); 77% were Caucasian (page 12); referral sources were tracked twice each year and data was provided across three years (page 12); 15% of the children receiving early intervention services were under age one (page 13); 1.13% of infants under age one in Kansas received early intervention services (page 13); approximately 30% of infants leaving neonatal intensive care units were eligible for Part C services (page 13); and 79% of children with an established risk for developmental delay (i.e. medical diagnosis) were identified within the first year of life (page 14).

KDHE reported efforts to collaborate with other entities to maximize identification efforts. For example, all newborns had a hearing screening, policies were being developed to

provide guidance about the referral of infants and toddlers with substantiated cases of abuse or neglect, and referral packets were developed to educate health care providers about early intervention.

KDHE concluded that the referral and evaluation process was being implemented accurately and uniformly (page 12) and that identification under the age of one was considered a strength of the program (page 13). Through the data provided and the performance described, it appeared KDHE was implementing a comprehensive, coordinated child find system that resulted in the identification of eligible infants and toddlers.

Family Centered Services

KDHE did not identify any systemic noncompliance in this cluster in the Self-Assessment, the FFY 2001 APR, or the current (FFY 2002) APR.

KDHE provided data and information for this cluster on pages 15 through 17 and in Appendix II, and also described efforts to support family-centered practices in the State-wide system throughout the other clusters. Data and information presented by KDHE was from surveys (including those from the National Early Intervention Longitudinal Study specific to Kansas), results from three independent studies, and Local Interagency Coordinating Council (LICC) reports. References were made to results from the Self-Assessment and changes to the monitoring system, based on program performance and family participation in the general supervision processes.

Family survey data documented the following: (1) high levels of knowledge on how to work with professionals and advocate for needs; (2) help and information received through early intervention has positively affected families; and (3) as a result of early intervention, families are able to help their child learn and develop (page 15). LICC's have family-centered supports such as transportation, child care during meetings, and honorariums for family members to participate in council activities (page 16). Independent research studies report that IFSPs typically reflect recommended family-centered practices (page 15).

The State also identified performance strategies to maintain current levels of compliance and increase positive performance in family-centered services, including: more family participation on local self-assessment teams; the number of Parent-to-Parent matches will increase; Parent Leadership training will be completed in 2004; and a parent leadership task force of the State Interagency Coordinating Council (SICC) will be asked to form a parent participation advisory group to guide the LICC's.

The information provided in the FFY 2002 APR indicates KDHE is continuing to ensure that Part C provides family centered services.

Early Intervention Services in the Natural Environment (EIS-NE)

OSEP's January 30, 2004 letter noted that KDHE did not have a data system in place to reach a conclusion about the percentage of children and their families that are receiving all the services identified on the Individualized Family Service Plan (IFSP). The FFY 2001 APR reported that KDHE was developing a State-wide system for collecting the data and described stages for developing the system through June 2004.

The FFY 2002 APR reported progress in data available to KDHE to determine whether all services on the IFSP were provided. Family surveys were being revised to ask families if all

services on the IFSP were provided (page 22) and site review teams collected data from files and family interviews to confirm that services were provided (page 22). Public forums were conducted to gather information about the provision of all identified services. During the public forums, KDHE reported that families raised concerns about adequate year-round services and the State was following-up (page 23). On page 23 of the APR, KDHE reported it was not able to make definitive determinations about this indicator because the provision of services was not aggregated nor reported at the State level. Strategies were included to continue strengthening its ability to make data-based decisions about compliance and performance in this area (page 23). The 2004 timeline referred to in the FFY 2001 APR is still the target in the FFY 2002 APR. Please report to OSEP in the next APR the State's data on continuous provision of early intervention services.

KDHE presented all EIS-NE information on pages 18 through 26 of the FFY 2002 APR. KDHE did not identify systemic noncompliance in this cluster. Data and information provided to support its conclusions included: procedures in Kansas ensured that all eligible infants and toddlers have a service coordinator from the profession most immediately relevant to the infant, toddler, and family's needs (page 19); family survey data indicated families were satisfied that the service coordinator had been helpful (page 19); on-site monitoring activities revealed various activities occurring to assist families with identified needs, consistent with Federal and State requirements (page 19); monitoring activities demonstrated that services were being provided as indicated on the IFSP (page 22); and technical assistance activities were provided to support the service coordination system (page 19). KDHE reported a plan to create service coordination web-based training through State Improvement Grant funds and efforts to consider a State-wide service coordinator training and/or certification (page 19). As discussed above, KDHE planned to strengthen the data collection system to ensure all service coordination responsibilities are met, specifically facilitating, coordinating, and monitoring the timely delivery of all services identified on the IFSP, consistent with the definition of service coordination described in 34 CFR § 303.23.

On pages 20 and 21 of the APR, KDHE provided monitoring data to demonstrate that timely evaluation and assessment procedures lead to the identification of all the child's needs, and family needs related to enhancing the development of the child. KDHE reported: 99% of identified children were referred within two days for evaluation; the number of IFSP's developed within the 45-day timeline remained between 82-85% (page 20); reasons for not developing an IFSP within 45 days (i.e., child was hospitalized; family delayed or rescheduled; difficulties in coordinating with the foster care system) (page 20) were tracked and submitted to the Lead Agency (page 20); the tracking results were reviewed by State staff, and issues that were identified were addressed at the network level (page 20); procedures for timely evaluation, IFSP development and delivery of services was "occurring in a reasonable amount of time after the child is first identified" (page 21); and KDHE planned to review its hearing, vision, and screening evaluation policies and implementation, and increase training and technical assistance (page 21).

On page 20 of the APR, KDHE provided evidence that its monitoring system can identify noncompliance regarding the 45-day timeline, and provided data over the last three years to document reasons out of the control of the Lead Agency (i.e., family moved and could not be located; hospitalization of child; family rescheduled). Although KDHE did not appear to have systemic noncompliance in this area, an *average* of less than 45-days from referral to

holding an initial IFSP meeting does not demonstrate compliance, if the timeline for some children exceeds that timeline. In the FFY 2003 APR, please submit documentation to demonstrate compliance with the 45-day timeline requirement. For example, KDHE could submit the actual number or percentage who met the timeline requirements and the number or percentage for whom child and/or family circumstances prevented compliance with the 45-day timeline and the actual days for these families for the initial IFSP meeting to be held.

On pages 23 and 24, KDHE provided data and information on the implementation of natural environment policies. The majority of early intervention services are provided in the home, although 36% of infants and toddlers receive services in two or more settings and fewer services are provided in programs designed for children with developmental delays or disabilities (page 23). KDHE reported on page 23 of the APR that 91% of IFSPs included a statement of the child's natural environment for service delivery or a justification for why services cannot be provided in the natural environment (page 23). The State planned to continue training and technical assistance to ensure that all staff members understand the natural environment policies and procedures and that IFSPs will all have appropriate natural environment documentation (page 24). Please continue to report on the States' efforts in the next APR.

On pages 24 through 26 of the APR, KDHE provided data and information about improved and sustained functional abilities of infants and toddlers receiving early intervention services. Family survey data indicated that families believed services met the child's needs (page 24) and had a significant impact on their child's development (page 25); the number of children who completed IFSPs prior to age three continued to increase annually (page 25); the Lead Agency was working with local networks to identify and report performance about improving or sustaining functional abilities (page 25 and 26); and outcome data that showed children were improving or sustaining their functional abilities while they were receiving early intervention services. The functional abilities data included questions about the use of arms and hands, communication (how well a child makes needs known), understanding of a child's speech, and meeting communication milestones (page 25). KDHE provided strategies to strengthen its ability to provide child outcome data (page 26). Please provide the child outcome data in the next APR.

The data presented by KDHE in this cluster demonstrated that families had access to a service coordinator; evaluations and assessment of child and family needs appeared to lead to the identification of all child and family needs; indicators suggested all services identified on the IFSP were provided, although more data will be collected to document this area; children were receiving services in natural environments or justifications were found on IFSPs; and the lead agency had outcome data and planned to continue strengthening its ability to gather more data.

Early Childhood Transition

OSEP's January 30, 2004 letter requested that KDHE provide monitoring or other data to document that the Lead Agency ensures that the IFSP for each child receiving Part C services includes the transition-related content required by 34 CFR § 303.344(h). In response, KDHE submitted the following: a sample outcome page from an IFSP to document transition-related planning and follow-up notes documenting implementation of the planning; Memorandums of Understanding for Transition between KDHE programs and

early childhood partners that documented the requirements for transition as described in Federal regulations (Appendix III); and monitoring data from file reviews and local self assessments documenting that: transition plans were being completed, transition outcomes were documented in file reviews, meetings occurred within 90 calendar days prior to a child's third birthday, Part B and Part C both had representatives at transition meetings, and no systemic noncompliance had been identified (APR cover letter dated March 26, 2004). Documentation was gathered through activities occurring on monitoring site visits that included interviews with family and staff members, file reviews, and network reports. It appears that KDHE is monitoring to ensure that all children have transition content documented on the IFSP.

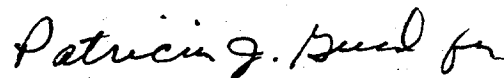
Other transition data are included on pages 27 through 29 of the APR. KDHE provided exit data and analysis; discussed LICC activities to ensure smooth and timely transitions; described technical assistance and training efforts and follow-up efficacy evaluation data (68% reported an improvement in the transition process, 35% conducted further training to local service providers, 91% applied the information to their work); identified community partners (Early Head Start, Head Start, Parents as Teachers); and stated that interagency agreements were in place to support transition activities.

Conclusion

Please provide in the FFY 2003 APR updated data on: (1) actual number of days to meet the 45-day timeline; (2) continuous provision of early intervention services throughout the year; (3) IFSP natural environment content requirements; and (4) child outcome data.

If you have any questions, please contact Kelly Worthington, at (202) 401-4022, to discuss any issues regarding the APR. We appreciate your work on the FFY 2002 APR and we look forward to collaborating with Kansas as you continue to improve results for infants and toddlers with disabilities and their families.

Sincerely,



Stephanie Smith Lee
Director
Office of Special Education Programs

cc: Peggy Miksch
Part C Coordinator