

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

The Oklahoma Early Intervention Act has designated the Oklahoma State Department of Education (OSDE) Special Education Services (SES), as the lead agency for administration of the SoonerStart Early Intervention Program. OSDE-SES is responsible for monitoring progress and providing oversight in the administration of early intervention services for infants and toddlers, and their families to ensure that the intent of the Individuals with Disabilities Education Act (IDEA) is achieved in Oklahoma. Oversight by the OSDE-SES includes the use of various processes for accountability. The OSDE-SES collects both compliance and performance data for the SPP and revised the SPP by extending the targets and revising the improvement activities. During FFY 2009-2010, OSDE only had 58 dedicated Resource Coordinators and 8 Regional Coordinators based in county health departments and SoonerStart offices. This is a shortage of 27 service coordinators. In accordance with the Oklahoma Early Intervention Act, annual contracts and interagency agreements have been established with the Oklahoma State Department of Health (OSDH) for the provision of statewide early intervention services. In SFY 2006, 254 personnel were dedicated to the provision of early intervention services, based in local county health departments and SoonerStart offices in Oklahoma City and Tulsa. Additional contracts are developed with local providers for services that exceed the capacity of local early intervention teams. Recruitment and retention of qualified personnel is a priority of the program and the OSDH is taking action on an ongoing basis to address this priority. In FFY 2009-2010, OSDH lost several staff to voluntary buy out retirement offered due to budget shortfalls, as of June 2010 OSDH had only 189 staff members. This is a shortage of 65 staff statewide.

The *Keeping Children and Families Safe Act of 2003 (PL 108-36)* reauthorized the *Child Abuse Prevention and Treatment Act (CAPTA)*. In response to the mandate in that law to ensure that abused and neglected infants and toddlers have access to early intervention services, the Oklahoma Department of Human Services (OKDHS) and SoonerStart have developed complimentary procedures for referring and screening all children under age three involved in substantiated abuse and neglect. Required OKDHS referrals to SoonerStart Early Intervention Services began in January 2005, increasing the number of infants and toddlers seen and the complexity of problems addressed by SoonerStart. Infants and toddlers who suffer abuse or neglect are more likely than other children to experience developmental delay requiring early intervention services. SoonerStart will continue increased collaboration with OKDHS and other agencies to address the needs of Oklahoma's youngest victims of abuse and neglect.

Oklahoma's focus on infant mental health has grown dramatically in the past 25 years. The collaborative partnership established with the Department of Mental Health and Substance Abuse Services (ODMHSAS) and the SoonerStart program enhances a multidisciplinary effort to address the well-being of infants and toddlers. The ICC Mental Health Committee, chaired by the ODMHSAS, is a very important link between the efforts and goals of the SoonerStart program and the Partnership for Children's Behavioral Health. The Partnership for Children's Behavioral Health consists of the heads of the state's eight child-serving agencies, five family members, a senator, and a representative. The goal of the Partnership is to create a unified and integrated behavioral health services system for all children, youth, and their families. The ICC Mental Health Committee is working to ensure healthy social and emotional development of infants in the context of family, community and cultural expectations.

By working in partnership with the Oklahoma Health Care Authority (OHCA), a joint monitoring process maximizes accountability and federal cost-sharing for services performed by SoonerStart early intervention staff. Reimbursable services, identified in the child's Individualized Family Service Plan, may include case management, evaluation, assessment, and therapies that are covered under Oklahoma's Medicaid Plan.

A personnel development component, the Statewide Training and Regional Support (STARS) program, coordinated by the Tolbert Center for Developmental Disabilities at the University of Oklahoma Health Sciences Center, provided training and technical assistance for SoonerStart. Each year, STARS offered over 50 professional development trainings for SoonerStart staff, public school special education personnel and family members. STARS' training focused on service coordination and service delivery within home and community settings in order to enhance each family's capacity to meet the developmental needs of their child. The STARS contract with the OSDE-SES was dissolved in 2010 due to budget cuts, therefore OSDE-SES has assumed the role of all personnel development activities.

The mission of the Oklahoma Commission on Children and Youth (OCCY) is to improve services to children by facilitating joint planning and coordination among public and private agencies. It is the responsibility of the OCCY to administer the ICC, which in turn advises and assists the OSDE-SES in fulfillment of its responsibilities. Through the ICC, OCCY works collaboratively with SoonerStart partners and other early childhood entities to improve services for Oklahoma's infants and toddlers. OCCY is committed to assuring that all eligible infants and toddlers and their families receive and benefit from high quality services that address their unique needs.

Overview of the State Performance Plan Development

As required by federal law, the function of the ICC is to advise and assist the OSDE-SES in fulfillment of its lead agency responsibilities. The ICC and its subcommittees work with OSDE-SES and the SoonerStart partner agencies to analyze SoonerStart's data.

The ICC has been actively involved in every phase of the development of the SPP. A significant portion of the ICC agenda addresses the reauthorization of IDEA, the SoonerStart Quality Assurance (QA) Process and reports, the SoonerStart Annual Performance Report (APR), the review SPP recommended indicators, and data as related to the SPP/APR. SoonerStart Interagency Quality Assurance Team (QA Team) provided the Council with the self-assessment data from the 26 local early intervention sites. The FFY 2006 SoonerStart QA Report was disseminated along with SoonerStart Data Profiles to all 26 sites. SoonerStart SPP/APR Stakeholders were scheduled to meet two times in the fall of 2007 to review the data and make revisions if necessary. The first date set was for December 21, 2007, but had to be canceled due to anticipated bad weather for the entire State of Oklahoma. The next Stakeholder meeting was held on January 17, 2008. The SPP/APR was also presented to the ICC on January 4, 2008, during a special meeting. The final document was sent to the ICC chair for final approval on January 25, 2008. The Stakeholder committee includes parents, advocates, service providers, coordinators, OSDE-SES staff, and special educators.

The QA Team provided the ICC and the QA Stakeholders a copy of the FFY 2006-2007 SoonerStart QA Summary Report. This report contained information regarding each local early intervention team's quality assurance site visit. A summary of the state's results was disseminated to the SoonerStart Stakeholder Committee, ICC, partner agencies, and local early intervention teams, ICC Policy and Funding Committee, and the ICC Program Evaluation Committee for analysis and was posted on the OSDE Web site. SoonerStart partner agencies and the ICC Program Evaluation Committee continue to gather local self-assessment monitoring data to analyze current service delivery practices to develop approaches, as needed, to promote ongoing, timely delivery of services in natural environments. Oklahoma implemented a new monitoring process in FFY 2009-2010. Two of the Regional Coordinator positions were converted to Program Manager Positions. The focus of these two new positions was to develop new monitoring procedures, monitoring tools, and to provide technical assistance and training to local sites. The program managers each have 13 sites to oversee. These two positions have improved the data collection process and are available to teams for local site visits to provide training or technical assistance with very little wait time. See indicator 9 for a complete description of the new process.

The OSDE has worked with the ICC members along with other Stakeholders to create a SPP that improves the state's accountability and supports improved results that are data driven and focus on child outcomes.

The ICC and QA Stakeholders have provided guidance and diverse perspectives in addressing the desired outcomes, baseline data, and prioritized improvement strategies to address the identified monitoring priorities, as well as timelines for verification of improvement. This new accountability focus is a model for systems improvement that engages agency partners and SoonerStart Stakeholders in ongoing self-assessment and continuous improvement that is data-driven and focused on progress toward outcomes, as well as regulatory compliance.

The OSDE-SES will continue to make available and report statewide data to the public regarding progress and/or slippage in meeting the measurable and rigorous targets identified in the SPP. In addition, the state will report disaggregated data based on the performance of each SoonerStart site on the targets in the SPP. The OSDE-SES will deliver the SPP electronically to all the SoonerStart sites, local health department administrators, the ICC, and SPP Stakeholders. The SPP will be posted on the OSDE-SES Web site <www.sde.state.ok.us> for public viewing

and will be shared at open public meetings such as the ICC, SPP Stakeholders, and State Superintendent's Special Education Conference.

On December 15, 2010, the OSDE-SES with the assistance of the Southeastern Regional Resource Center presented Oklahoma's current data and received input and feedback regarding setting targets for 2010-2012. Revised and extended targets can be found throughout this revised document.

The ODSE-SES has received intensive technical assistance from the Data Accountability Center (DAC), the Southeastern Regional Resource Center (SERRC), the National Early Childhood Technical Assistance Center (NECTAC), the Early Childhood Outcomes Center and the United States Department of Education (USDE), Office of Special Education Programs (OSEP). OSDE-SES met with SERRC and DAC on July 25-27th to review our Critical Elements Analysis Guide (CrEAG), General Supervision Process, and to get started on our Results Topic Discussion in order to prepare for the USDE-OSEP Verification/Results onsite visit. Oklahoma also sent four representatives to the OSEP Leadership Conference and DAC Results Workshop August 1-4, in Washington D.C. Additionally, four staff members attended the Early Childhood Outcomes Conference in New Orleans, September 19th-23rd, and received phone, email, and onsite consultation from DAC and SERRC during the month of October. In November four Oklahoma team members attended the SERRC Regional Conference in Dallas.

SERRC, DAC, and ECO all participated in our onsite Verification/Results visit and have continued to support Oklahoma in its efforts to improve Early Childhood Outcomes (ECO). The OSDE-SES continues to work with the Interagency Coordinating Council (ICC), the IDEA Part B Advisory Board, the Oklahoma Parents Center, the Oklahoma Family Network, the ECO Stakeholder Task Force and other state agencies such as the Oklahoma State Department of Health (OSDH), and the Oklahoma Department of Human Services (OKDHS).

Monitoring Priority: Timely Services

Indicator 1 - Percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

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.

Overview of Issue/Description of System or Process:

OSDE ensures that a written IFSP will be developed for each eligible child and family in accordance with IDEA and must be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services.

Oklahoma has an established commitment through policies and procedures to provide timely coordinated services to infants and toddlers and their families by assigning a service coordinator to the family within two days of the SoonerStart referral. Within two days of receiving a referral at the early intervention site, a resource coordinator is assigned to provide service coordination to assist and enable the family. The resource coordinator contacts the family to complete an initial visit to conduct a timely family interview and a developmental screening within ten working days from the day of the referral. The resource coordinator provides information about parental rights, available services and other resources. Throughout the continuum of early intervention services, the resource coordinator continues to coordinate and monitor early intervention and other appropriate services as well as assessing family needs. The purpose of the two day assignment and the ten day family interview guidelines is to establish a timely foundation that will assist with the state's timelines.

Orientation to the IFSP process is conducted by the resource coordinator. Families receive information about the SoonerStart program including; parent rights, family-centered philosophy, practices, core values, the participation of families in all parts of the process, and the collaboration and partnership in a dynamic decision-making process that enables families to choose the level and nature of early intervention services in their lives.

SoonerStart Quality Assurance Process:

In SFY 2004, the SoonerStart Early Intervention Program implemented a new continuous improvement, data-driven, quantitative, performance-based quality assurance process. The process was designed to hold local SoonerStart early intervention teams accountable to a set of program standards that will result in a more defined, accountable and documented system of compliance and best practices. This process ties into the United States Department of Education, Office of Special Education Programs (OSEP) Continuous Improvement Planning Process (CIMP) and SoonerStart's SPP. The design of the process provides for continuous improvement through ongoing planning, implementation analysis, and evaluation of the QA Process to improve results for infants and toddlers and their families in Oklahoma. Revised self-assessment monitoring systems have been in place since 2000 with 11 regional early intervention sites and 16 satellite sites completing their monitoring process annually and identifying trends in compliance. In calendar year 2004, the SoonerStart program was reorganized into ten regions containing regional and resource coordinators assessing and facilitating the services for each SoonerStart child.

In SFY 2004 and SFY 2005, 26 early intervention sites conducted self-assessment monitoring using the state's QA Process. The methodology for record selection consisted of a random sample of at least 10 percent of the caseload or 15 records, whichever was greater, and generated by OSDE from the early intervention database for each local early intervention team. Records were selected based on the following criteria:

- No children who were in the SoonerStart Early Intervention Program for less than 12 months were included
- No children who exited the program more than 12 months ago were included

- 66.66 percent of the records to be reviewed were “open records”
- 33.33 percent of the records to be reviewed were “closed records”

The annual local self-assessment process includes monitoring instruments that identify IDEA Part C compliance through the use of single record review worksheets, team member surveys, local public awareness/child find plans, team development plans, Part C database reports, caregiver concern worksheets, and corrective action plans for the upcoming year. The regional coordinator facilitates the local monitoring process by working with the local leadership team for each team in her/his region. The local leadership team includes the regional coordinator (or designee), county health department administrator, lead clinician, records consultants, and technical supervisors. It is the responsibility of the leadership team to complete the local self assessment process, for the annual monitoring report and portfolio. This includes working with the team to develop a corrective action plan to address state or federal noncompliance issues and a team development plan to address best practice issues. These plans are submitted to the OSDE. In addition, OSDE tracks the teams corrective action plans, assist teams with the development of their plans, conducts trainings, and provides support.

The design of the SoonerStart QA Process provides for continuous improvement through ongoing planning, implementation analyses, and evaluation of the SoonerStart early intervention sites to improve results for infants and toddlers and their families in Oklahoma. The SoonerStart QA Process includes procedural safeguard indicators that measure compliance. Procedural safeguard indicators identify timely contact with family/caregivers, investigations and resolution completed in the timeframe identified through the SoonerStart policies and procedures. Implementation of the SoonerStart QA Process has provided evidence of change and continuous improvement.

The SoonerStart QA Report indicates families have access to a resource coordinator who facilitates ongoing, timely services. The SoonerStart QA Report and the Part C Family Survey indicate a high percentage of families/caregivers are satisfied with service coordination and supports they received.

The SoonerStart QA Process reflects the evaluation and assessment conducted, results in the identification of all infant and toddlers needs and related family needs. Data shows that the appropriate multidisciplinary team members evaluate the child for eligibility purposes and assess for individual needs. The multidisciplinary evaluation team includes no less than two service providers with different educational backgrounds and includes parents/caregivers as valuable team members. Immediately after the evaluation procedures have been completed, the multidisciplinary evaluation teams, including the parents, meet to review all the evaluation data. Evaluation results are provided to the family during the evaluation to ensure timely feedback about the child’s eligibility status.

In addition to state monitoring, the SoonerStart policies and procedures provides a framework for the establishment of a statewide, coordinated early intervention system that will provide consistency for families of infants and toddlers with disabilities. However, flexibility is required in the implementation of this process in order to capitalize on the varied strengths and resources available in the communities in which families reside. In the spirit of commitment to families, the IFSP process is the foundation of the Part C provisions of P.L. 99-457, as amended by P.L. 108-446. This foundation establishes and supports the inherent role of families as the driving force in the identification of their strengths and needs as well as those services and resources required to enhance the overall development of their child. The IFSP is written with the parent, the dedicated resource coordinator and the service provider who is going to be providing early intervention services. Decisions regarding beginning service dates and direct services are entered on the SoonerStart IFSP form. It is SoonerStart’s policy that the IFSP team, parents included, makes the decision when services will be implemented with recognition of the variations in family patterns and structures. Oklahoma defines timely service as 15 working days from the day the service is written on the IFSP. The IFSP teams are trained to develop the service delivery plan in conjunction with the families every day routine.

Oklahoma implemented a new monitoring process in FFY 2009-2010. Two of the Regional Coordinator positions were converted to Program Manager Positions. The focus of these two new positions was to develop new monitoring procedures, monitoring tools, and to provide technical assistance and training to local sites. The program managers each have 13 sites to oversee. These two positions have improved the data collection process and are available to teams for local site visits to provide training or technical assistance with very little wait time. See indicator 9 for a complete description of the new process.

Baseline Data for FFY 2004 (2004-2005):

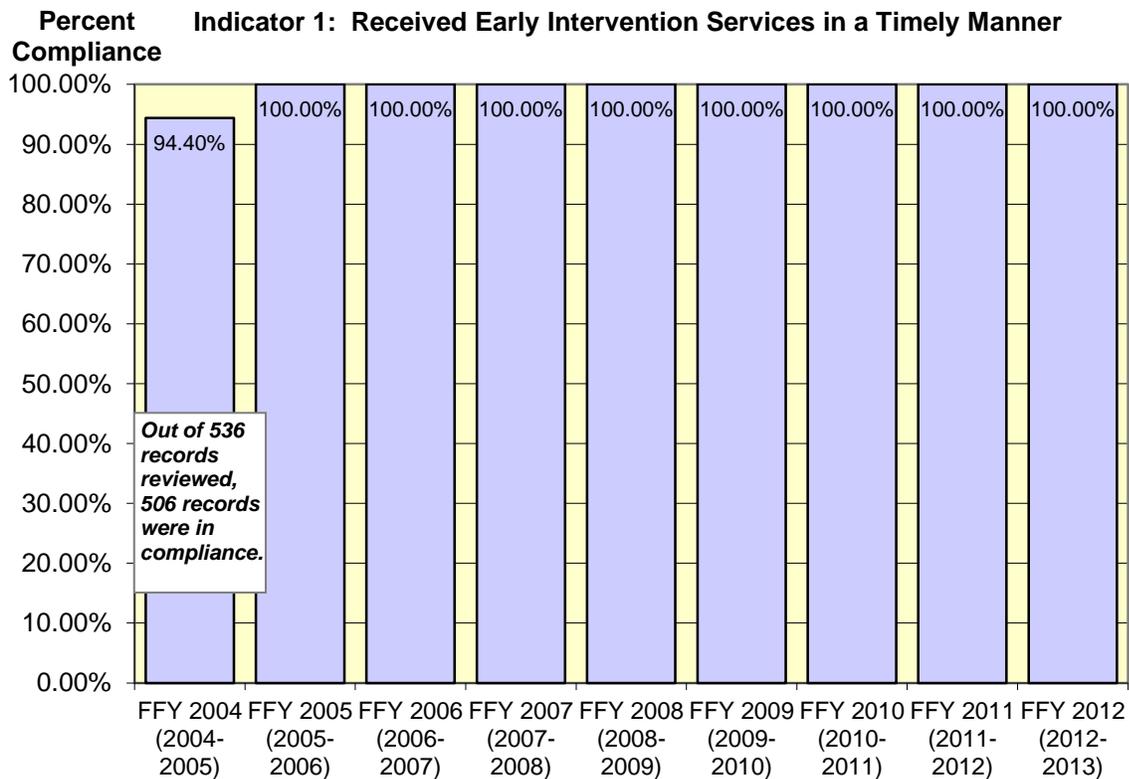
For FFY 2004, 555 of 555 (100.00%) infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

Discussion of Baseline Data:

Baseline data is a representation of 26 early intervention sites timeliness of IFSP services. The sample data was abstracted from 555 SoonerStart records statewide. The methodology for record selection consisted of a random sample of at least 10 percent of the caseload. This sample was over 10 percent of SoonerStart’s population with IFSPs in place.

Current SoonerStart guidelines for determining timely IFSP services are primarily based on the parent’s decision. Parents are entitled to request when services are initiated. The findings data are based on the median and average days from the day the IFSP was signed by the parents to the beginning of early intervention services. Most early intervention sites started the services the day that the IFSP was written and signed by the parent or within four working days. In most cases, the reasons for early intervention services not started on the day of the written IFSP were a decision that the parents made with the service provider the day of the signed consent for services. Timely IFSP service is defined by the family and the IFSP Team. Flexibility is required in the implementation of timely services, if the parent is unprepared for services within the identified timeline the beginning service date is scheduled according to the parent’s needs. According to SoonerStart guidelines and the baseline data identified, SoonerStart is 100 percent in compliance with timely IFSP services. Continuous efforts are underway to collect data, identify timeline barriers, and modify forms. SoonerStart comprehensive quality assurance process, procedures and practices ensure state and federal compliance. The SoonerStart program does not identify systemic noncompliance with timeliness of IFSP services.

Measurable and Rigorous Target



Indicator 1, Figure 2 (Source: SFY 2005 Quality Assurance Report and Measurable and Rigorous Targets)

Oklahoma will continue to strive to reach the 100% target for FFY 2010-2011 and FFY 2011-2012

Improvement Activities/Timelines/Resources:

- A. SoonerStart monitoring instruments and procedures, the SoonerStart database, Data Profiles, the performance management process, and the ICC Program Evaluation Committee will continue to identify IDEA compliance and document needs for systemic change through coordinated, data-based decision-making.
- B. The SoonerStart program will use data collected through the Monitoring process to establish multiyear trends for progress in timely IFSP services.
- C. SoonerStart program will continue to make trainings available at the state, regional, and local level to SoonerStart staff and parents on the topic of timely provision of early intervention services.
- D. SoonerStart will provide training and technical assistance to teams to ensure individuals are documenting the reasons why the 15 working day timeline was not met.
- E. SoonerStart will monitor each record when the 15 working day requirement is not met and determine if the reason is an exceptional family circumstances or a reason within the local program.

Overview of the State Performance Plan Development:

The Interagency Coordinating Council and the QA Stakeholders have provided guidance and diverse perspectives in addressing the baseline data, measurable and rigorous targets and prioritized improvement strategies to address the identified monitoring priorities, as well as timelines for verification of improvement. The SoonerStart Stakeholders' agreed that the 618 child count data provided quantifiable baseline data. Maintenance statements were identified for measurable and rigorous targets. See introduction and Indicator 1 overview of the SoonerStart's SPP Development for further description of Stakeholders' participation and public dissemination.

The OSDE-SES will make available and report statewide data to the public regarding progress and/or slippage in meeting the measurable and rigorous targets identified in the SPP. In addition, the state will report disaggregated data based on the performance of each SoonerStart site on the targets in the SPP. The OSDE-SES will deliver the SPP electronically to all SoonerStart sites, local health department administrators, ICC, and the QA and SPP Stakeholder Group. The SPP will be posted on the OSDE-SES web site <www.sde.state.ok.us> for public viewing and will be shared at open public meetings such as the ICC Committee meeting, State Superintendent's Special Education Conference, and IDEA Part B Advisory Panel Meeting.

Monitoring Priority: Natural Environments

Indicator 2 - Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based setting.

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

Measurement:

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

Overview of Issue/Description of System or Process:

SoonerStart uses a single statewide IFSP form. The SoonerStart IFSP form contains a service delivery section that captures all environments documented in which services are provided. If services are not provided in the child's "natural environments" documentation is required that explains the reasons for services to be provided in alternate locations. Since the inception of the SoonerStart program in Oklahoma, services have been provided primarily in the home. See Indicator 2 Figure 1 baseline data (Source: Annual 618 Data Reports) Natural environments have been emphasized through SoonerStart's policies and procedures and training activities. All services are conducted in the setting(s) that is selected by the family as most appropriate for their child. In those instances where the chosen setting is not the child's natural environment or typical setting, justification for the alternate location must be provided. The justification shall include an explanation of how the location was determined and how the services in this location will be generalized to support the child's ability to function in natural environments. The IFSP includes services necessary to enhance the child's ability to function in natural environments. The IFSP identifies the environment that is natural or typical for the child and family.

SoonerStart Quality Assurance Process:

In SFY 2005, 25 early intervention sites conducted local self-assessment monitoring using the state's QA Process. The methodology for record selection consisted of a random sample of at least 10 percent of the caseload or 15 records, whichever was greater, and generated by OSDE from the early intervention database for each local early intervention team. The SoonerStart QA Report identified in the below table indicates services are primarily in the child's natural environments. Services are being provided in either natural environments or the IFSPs have documentation reflecting reasons why services are not provided in natural environments.

Oklahoma implemented a new monitoring process in FFY 2009-2010. Two of the Regional Coordinator positions were converted to Program Manager Positions. The focus of these two new positions was to develop new

monitoring procedures, monitoring tools, and to provide technical assistance and training to local sites. The program managers each have 13 sites to oversee. These two positions have improved the data collection process and are available to teams for local site visits to provide training or technical assistance with very little wait time. See indicator 9 for a complete description of the new process.

IFSP/Natural Environment Quality Assurance Questions:

Data findings from the QA IFSP/Natural Environment component contribute to identification of strengths and weaknesses in the SoonerStart program. Out of the 513 records reviewed, during the SFY 2005, 498 of the infants and toddlers received services in natural learning environments, 15 records had documentation on the IFSP regarding the reasons why services were not provided in natural environments. The records were explored to determine if documentation supported the reasons why services were not provided in natural environments. Analysis for these findings concluded that all records have documentation of services being provided in the natural environment or reasons why the IFSP team made a decision not to provide services in the natural environment.

SoonerStart Training:

The Statewide Training and Regional Support (STARS) offer trainings that support the provision of individualized, comprehensive, multidisciplinary, family-centered, community-based programs. All SoonerStart families are encouraged to participate in these trainings. The STARS in-service training provides opportunities to providers to improve skills at identifying child and family need and providing helpful services in natural environments.

SoonerStart provides statewide and local training, including STARS, and Training for Inclusive Child Care Equals Terrific Opportunities for Children (TIC-TOC), to families/care providers, community providers, and early intervention staff about natural learning environments.

SoonerStart Logic Model:

SoonerStart Logic Model has elements that include assumptions based on the state’s philosophy for provision of early intervention services, activities provided by or through the SoonerStart program, long term goals, and desired outcomes for children, families, and Oklahoma communities, all based on the SoonerStart mission statement. Using the Logic Model as the organizing structure, short-term objectives and outcome indicators are more fully developed in the logic Model Data Map.

Local early intervention sites have agreements with the state’s Early Head Start programs to provide cooperative services in local communities.

SoonerStart ICC Evaluation Committee continues to utilize and revise, as needed, the SoonerStart Part C Family Survey regarding natural learning environments, community services, and age-appropriate services.

Baseline Data for FFY 2004 (2004-2005):

FFY 2004, 2,887 of 3,013 (95.81%) children received services provided in the home or programs for typically developing children (see table below).

Indicator 2: Number of Children Served in Different Early Intervention Settings					
Setting	2000	2001	2002	2003	2004
	Number (Percent)				
Programs for children with developmental delays or disabilities	10 (0.41%)	17 (0.65%)	13 (0.44%)	2 (0.06%)	5 (0.17%)

Indicator 2

Oklahoma

Programs for typically developing children	1 (0.04%)	16 (0.61%)	11 (0.37%)	15 (0.45%)	30 (1.00%)
--------------------------------------------	--------------	---------------	---------------	---------------	---------------

Indicator 2: Number of Children Served in Different Early Intervention Settings

Setting	2000	2001	2002	2003	2004
Home	2,296 (93.14%)	2,440 (92.88%)	2,766 (94.15%)	3,091 (92.32%)	2,882 (95.65%)
Hospital	1 (0.04%)	2 (0.08%)	0 (0.00%)	5 (0.15%)	0 (0.00%)
Residential facility	1 (0.04%)	4 (0.15%)	2 (0.07%)	2 (0.06%)	2 (0.07%)
Service provider location	27 (1.10%)	36 (1.37%)	33 (1.12%)	91 (2.72%)	17 (0.56%)
Other setting	129 (5.23%)	112 (4.26%)	113 (3.85%)	142 (4.24%)	77 (2.56%)
Total Number of Children with IFSP	2,465	2,627	2,938	3,348	3,013

Discussion of Baseline Data:

During FFY 2004, 2,887 of 3,013 (95.81%) children received services provided in the home or programs for typically developing children. SoonerStart services provided are individualized to meet the unique needs of eligible infants and toddlers. Continuous efforts to improve IFSP services in multiple natural learning environments are ongoing.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	95.81% of Oklahoma’s children will be served in their home or programs designed for typically developing children.
2006 (2006-2007)	95.81% of Oklahoma’s children will be served in their home or programs designed for typically developing children.
2007 (2007-2008)	95.81% of Oklahoma’s children will be served in their home or programs designed for typically developing children.
2008 (2008-2009)	95.81% of Oklahoma’s children will be served in their home or programs designed for typically developing children.
2009 (2009-2010)	95.81% of Oklahoma’s children will be served in their home or programs designed for typically developing children.
2010 (2010-2011)	95.81% of Oklahoma’s children will be served in their home or community based setting.
2011 (2011-2012)	95.81% of Oklahoma’s children will be served in their home or community based setting.
2012 (2012-2013)	95.81% of Oklahoma’s children will be served in their home or community based setting.

Improvement Activities/Timelines/Resources:

- A. The SoonerStart QA Team and the QA Stakeholders will continue reviewing current service delivery practices to identify approaches IFSP teams use to promote multiple natural learning environments.
- B. SoonerStart partner agencies, regional coordinators, and lead clinicians will monitor annually a sufficient number of records to ensure continuous improvement using the SoonerStart QA Process.
- C. To promote services in multiple natural learning environments, the SoonerStart program will offer local trainings to the early intervention sites that provides majority of services in the home.
- D. SoonerStart will continue to generate and make public the individual Site Data Profiles through the OSDE-SES Web site.
- E. SoonerStart will continue to provide statewide and local training, , to families/care providers, community providers, and early intervention staff about natural learning environments.

Overview of the State Performance Plan Development:

The ICC and the QA Stakeholders have provided guidance and diverse perspectives in addressing the desired outcomes, baseline data, and prioritized improvement strategies to address the identified monitoring priorities, as well as timelines for verification of improvement. The Stakeholder committee reviewed data from the quality assurance activities to evaluate the process and to make recommendations for enhancement. The SoonerStart QA Stakeholders analyzed data and identified mechanisms for collecting information on improved and sustained functional abilities. The SoonerStart partner agencies received input from Stakeholders regarding child outcome measures. This included concerns that the BDI and the BDI-II do not accurately reflect a child's functional abilities or assistive technology, accommodations or modifications that aide a child's functioning. In addition, the stakeholders expressed that the BDI does not indicate progress made by children with significant delays. They recommended consideration of the ECO Summary Form using a variety of tools already in use, such as the BDI-II, Early Learning Accomplishment Profile (ELAP), Birth to Three (BTT), and Hawaii, Early Learning Profile (HELP). The Stakeholders also agreed to remain a part of the workgroup to provide input to the outcome measurement process, support trainings and develop guidelines. See Introduction and Indicator 1 for more details regarding stakeholder activity and public dissemination of the SoonerStart SPP.

Monitoring Priority: Child Outcomes

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

Measurement:

- A. Positive social-emotional skills (including social relationships):
 - a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.
- B. Acquisition and use of knowledge and skills (including early language/communication):
 - a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.
- C. Use of appropriate behaviors to meet their needs:
 - a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.
- If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c 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 preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1:

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

Summary Statement 2: The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

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

Overview of Issue/Description of System or Process:

SoonerStart established a task force to review existing measurement/assessment tools for child outcomes. The task force included participants from SoonerStart, Head Start, the Part C Quality Assurance Stakeholder Group, and representatives from LEAs. Following the recommendations of the task force, SoonerStart adopted the Child Outcomes Summary Form (COSF) and scoring recommendations developed by the Early Childhood Outcomes (ECO) Center. To complete the COSF, SoonerStart service providers will use all available information (including parent observations, evaluations, and other assessments) as well as the Battelle Developmental Inventory (BDI-II). The BDI-II has been used as one of the evaluation procedures at the initial and exit evaluation for over five years. All eligible infants and toddlers have an initial, exit, and/or transition evaluation and other assessments as appropriate. Initial ratings on the COSF must be completed within 30 days of the initial IFSP. Exit ratings must be completed within 30 days of the child's last date of service. Evaluators complete the BDI-II and other evaluation tools with the help of the parents and document the results on the Multidisciplinary Evaluation Team Summary (METS).

Beginning November 1, 2006, SoonerStart required all sites to complete the COSF for all children entering SoonerStart services and for all children exiting services (either by meeting all goals on their IFSPs or by transitioning to Part B or other childhood programs at age 3) who have been receiving Part C services for at least six months. The summary ratings from the COSF will be collected through the Oklahoma State Department of Education (OSDE) Web-based data collection system. The Web-based system includes data elements to meet federal, state, and local data needs. System management is handled at the state level, whereas data collection and entry are completed at the site level. The OSDE Applications Specialist maintains the SoonerStart database and provides technical assistance to local staff.

Entry data regarding the percent of children with IFSPs functioning at levels comparable to same-aged peers (to represent FFY 2005) were collected on children entering SoonerStart services from November 1, 2006, through December 31, 2006. These dates of inclusion were used because the original sampling plan (which included a pilot study) submitted to the OSEP was rejected. Based on the timing of clarification from the OSEP, SoonerStart collected the data (which included all children) on entries for children in the SoonerStart program as timely as possible.

Progress Data for FFY 2006 (2006-2007): comparable to same age peers for use of appropriate behaviors to meet their needs for FFY 2005 is located in the *Oklahoma State Performance Plan (SPP; 2005)*.

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	6	15%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	9	23%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	7	18%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	15	38%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	3	8%
Total	N=40	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	3	8%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	8	20%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	6	15%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	21	53%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	2	5%
Total	N=40	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	2	5%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	8	20%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	7	18%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	21	53%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	2	5%
Total	N=40	100%

- A. In FFY 2006, 18 of 40 (45%) children functioned at levels comparable to same-aged peers for social-emotional skills.
- B. In FFY 2006, 23 of 40 (57%) children functioned at levels comparable to same-aged peers for acquisition of knowledge.
- C. In FFY 2006, 23 of 40 (57%) children functioned at levels comparable to same-aged peers for use of behaviors to meet their needs.

Discussion of Progress Data:

Beginning in January 2006, all early intervention sites collected BDI information for entry data on all children who were eligible for SoonerStart services between January and June 2006. The data collection and reporting system was based on a yes-no categorization. The OSEP revised Child Outcomes Reporting requirements for Part C in September 2006. The impact of this change caused SoonerStart to revisit the methodology of collecting child outcome data for 2006 and expedited the timeline for statewide Child Outcome data collection. Oklahoma provided training to all SoonerStart Early Intervention staff in October of 2006 regarding why SoonerStart must track Child Outcome information, how the team will collect and report the data, and when the process will begin. Starting November 1, 2006, SoonerStart sites began to collect and report Child Outcome data

Entry and exit data was collected on 40 infants and toddlers on IFSPs (i.e., all infants and toddlers entering SoonerStart services from November 1, 2006, that were on an IFSP for six months), that were on an IFSP for six months and exited before June 30, 2007.

Baseline Data for FFY 2008 (2008-2009):

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	20	2.3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	75	8.5%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	242	27.4%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	399	45.2%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	146	16.6%
Total	882	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	21	2.3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	7.3%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	275	30.6%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	461	51.2%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	77	8.6%
Total	900	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	13	1.5%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	64	7.2%
c. Percent of infants and toddlers who improved functioning to a level	289	32.5%

nearer to same-aged peers but did not reach		
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	469	52.7%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	6.2%
Total	890	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	87.1%	89.4%	90.8%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	61.8%	59.8%	58.9%

Discussion of Baseline Data: For FFY 2008, entry and exit information was collected on all children who met the criteria: six months of service and not referred after 30 months of age. Data shown exclude: children that received services for less than six months, those missing entry or exit dates, and children with no information about child's progress at exit.

Baseline Data for FFY 2010 (2010-2011):

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	34	2.4%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	239	16.6%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	379	26.4%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	567	39.5%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	217	15.1%
Total	1436	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	20	1.4%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	134	9.3%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	413	28.8%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	780	54.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	89	6.2%
Total	1436	100%
C. Use of appropriate behaviors to meet their needs:	Number of	% of children

	children	
a. Percent of infants and toddlers who did not improve functioning	20	1.4%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	114	10.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	500	34.8%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	678	47.2%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	94	6.5%
Total	1436	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	77.6.1%	88.6%	87.8%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	54.6%	60.5%	53.8%

Discussion of Baseline Data: For FFY 2010, entry and exit information was collected on all children who met the criteria: six months of service and not referred after 30 months of age. Data shown exclude: children that received services for less than six months, those missing entry or exit dates, and children with no information about child’s progress at exit.

Oklahoma received a Verification/Results Visit from the USDE-OSEP in September of 2011. As part of the preparation activities Oklahoma had the opportunity to pick a “Results Topic” designed to add emphasis to improvement in any one area. After a review of data and two years of Focused Monitoring in both Part C and B, Oklahoma determined that ECO improvement continues to be an area of need in Oklahoma.

Oklahoma has had three stakeholder meetings as of January 2012. At the last meeting stakeholders from both Part C and B gathered to review the Oklahoma ECO Plan for Improvement, review all ECO data from 2006 to present, and review and revise targets as needed. The revised targets are outlined below. The group decided to use FFY 2010 data as our new baseline data and revise the targets for the next two years by rounding up the first year and moving up to the next integer the second year. Oklahoma will meet with the ECO stakeholder group soon to begin working on the improvement plan.

Measurable and Rigorous Target:

Summary Statements	Targets FFY 2009 (% of children)	Targets FFY 2010-2011 (% of children)	Targets FFY 2011-2012(% of children)	Targets FFY 2012-2013(% of children)
Outcome A: Positive social-emotional skills (including social relationships)				
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 exited the program	88.64%	77.60%	77.60	78.00%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	64.06%	54.60%	54.60%	55.00%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)					
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 exited the program	91.17%	88.60%	88.60%	89.00%
2.	The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	61.07%	60.50%	60.50%	61.00%
Outcome C: Use of appropriate behaviors to meet their needs					
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 exited the program	91.97%	87.80%	87.80%	88.00%
2.	The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	59.73%	53.80%	53.80%	54.00%

Oklahoma, with broad stakeholder input, has set the targets for early childhood outcomes based on the analysis of the progress and baseline data. The targets were set by adding half a standard deviation of the progress data average to the baseline data. Targets are now more rigorous and in line with Oklahoma’s Part B ECO’s.

Improvement Activities/Timelines/Resources:

At the State level, SoonerStart is examining policies, practices, and procedures to determine what (if any) changes should occur in the system to address early childhood outcomes. In addition, SoonerStart will also take the following steps:

1. Collaborate with Part B personnel to develop strategies for recruiting and maintaining Part C service personnel such as speech language pathologists, physical therapists, occupational therapists, and other providers with specialized skills.
2. Provide training on early childhood outcomes for Part C staff, Part B staff, and parents
3. Request additional technical assistance and information from SERRC on strategies for improving child outcomes or policies from other states
4. Request additional technical assistance and information from the ECO Center, NECTAC, and other agencies, stakeholder groups, taskforces, and technical assistance providers
5. Provide early childhood outcome data to each site, ICC, and stakeholders
6. Continue work with ECO Stakeholder Task Group formed during the Verification/Results USDE-OSEP visit September of 2011. (ECO Plan attached.)
7. Continue work with DAC, SERRC, ECO Center and NECTAC for continued technical assistance in ECO improvement.

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

Overview of the State Performance Plan Development:

In an effort to evaluate the SoonerStart program and determine parent satisfaction, the ICC Program Evaluation Committee meets monthly to review proposals submitted by SoonerStart Agency partners, quality assurance procedures and to analyze review and refine the Logic Model to determine redundancy, gaps or areas that may or may not currently be part of the committee. Additionally, the committee reviews research focused on SoonerStart activities. The ICC Program Evaluation Committee developed a Logic Model to improve program evaluation efforts that describes the services that the SoonerStart program is providing. Using the Logic Model Data Map provides strategy of comprehensive evaluation for the SoonerStart program. The SoonerStart Stakeholder Committee meets biannually to review existing monitoring data, the quality assurance reports, APR, and program indicators to identify needed changes in the system and identify strategies that will assist the SoonerStart program to move towards a more focused monitoring process. See Introduction and Indicator 1 for more details regarding stakeholder activity and public dissemination of the SoonerStart SPP.

Monitoring Priority: Parent Involvement

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:

For FFY 2005, SoonerStart utilized a stratified random sample to collect baseline information on family outcomes. In an effort to provide a sample that was technically sound, SoonerStart consulted with an epidemiologist from the Data Management Center in the College of Public Health at the University of Oklahoma Health Sciences Center (OUHSC). The method for selecting the SoonerStart Family Sample was developed to reflect (1) information on both past and current clients and (2) the distribution of clients by each of the 26 local SoonerStart sites. There are no SoonerStart sites that have a total of 50,000 or more children receiving services in Oklahoma. Selection procedures guaranteed that every family in each site had an equal chance of being included in the survey. Inclusion criteria included: (1) date of birth between 01/01/2002 and 12/31/2005, (2) eligible for the program; (3) telephone number in the record; and (4) caregiver listed in the record. 7,831 records were available for selection based on these criteria. To statistically represent the target population at 95% confidence with +/- 5.5% error, 296 completed interviews were needed. Because the number of completed interviews in each region was proportionate to the number of children receiving services at each site, the sample was guaranteed to accurately produce a sample that is representative of the population, because every eligible child had the same chance as another child to be selected for the sample.

Oklahoma State University (OSU) Bureau for Social Research (BSR) was contracted to contact families and complete the Family Survey through a telephone questionnaire. The Family Survey included questions from the National Center for Special Education Accountability Monitoring (NCSEAM) survey, and specific questions requested by the OSEP that measure early intervention services related to helping the family know their rights, that SoonerStart services have helped the family effectively communicate their children's needs, and that SoonerStart personnel have helped the family help their children develop and learn. OSU-BSR considered each "agree" or "strongly agree" response in the percents reported for the baseline data (note: "neutral" responses are not included). OSU-BSR completed 304 Family Surveys. Compared to the entire population of infants and toddlers receiving SoonerStart services in Oklahoma in FFY 2005, the sample was comparable by gender and race/ethnicity (within 0.5% of the population data).

Although SoonerStart proposed a less detailed version of this sampling plan in the original submission of the *Oklahoma State Performance Plan (SPP; 2005)* that was not approved by the OSEP, SoonerStart continued to use this scientifically sound stratified random sample to collect the data needed to report a baseline for FFY 2005 (with the intention of providing more detail regarding the sampling plan in the submission of the revised SPP). However, for FFY 2006, SoonerStart will collect information regarding parent involvement by surveying all parents of children with disabilities, aged birth through 2, receiving SoonerStart services, based on the recommendation of the IDEA Part C SPP/APR Stakeholder Group. For FFY 2006, each SoonerStart site will receive copies of the parent survey developed by the NCSEAM as well as business reply envelopes to return the surveys to SoonerStart staff at the Oklahoma State Department of Education (OSDE), Special Education Services (SES), based on their December 1, 2006, child counts. SoonerStart sites will be given instructions to disseminate the surveys and envelopes to all parents of students with disabilities served by the site. Spanish, Vietnamese, and large print versions of the survey will also be available upon request. Beginning in FFY 2007, SoonerStart will require each site to provide parents with a copy of the parent survey and a business reply envelope at each annual IFSP meeting.

Baseline Data for FFY 2005 (2005-2006):

- In FFY 2005, 304 (29%) of the 1,049 sample completed the phone interview. Of the completed interviews:
- A. 280 of 304 (92.11%) of families report that SoonerStart helped the family know their rights.
 - B. 254 of 304 (83.55%) of families report that SoonerStart helped the family communicate their children's needs.
 - C. 268 of 304 (88.16%) of families reported that SoonerStart helped the family help their children develop and learn.

Discussion of Baseline Data:

For FFY 2005, the OSU-BSR interviewed 304 families. Because the number of completed interviews in each region is proportionate to the number of clients enrolled in each region, the sample is guaranteed to accurately reflect the distribution of current and former SoonerStart clients by region. Furthermore, the margin of error for a stratified random sample of the size of this study (304 respondents) is +/- 5.5 percentage points when the distribution of question responses is in the vicinity of 50%. This sampling error presumes the conventional 95% degree of desired confidence, which is equivalent to a "significance level" of .05. This means that no more than one time in twenty should chance variations in the sample because the overall study results to vary by more than 5.5 percentage points from the answers that would be obtained if all families were interviewed.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	A. 93.05% of families will report that SoonerStart helped the family know their rights. B. 95.15% of families will report that SoonerStart helped the family communicate their children's needs. C. 93.75% of families will report that the SoonerStart helped the family help their children develop and learn.
2007 (2007-2008)	A. 93.10% of families will report that SoonerStart helped the family know their rights. B. 95.20% of families will report that SoonerStart helped the family communicate their children's needs.

	C. 93.80% of families will report that SoonerStart helped the family help their children develop and learn.
2008 (2008-2009)	A. 93.15% of families will report that SoonerStart helped the family know their rights. B. 95.25% of families will report that SoonerStart helped the family communicate their children's needs. C. 93.85% of families will report that SoonerStart helped the family help their children develop and learn.
2009 (2009-2010)	A. 93.30% of families will report that SoonerStart helped the family know their rights. B. 95.30% of families will report that SoonerStart helped the family communicate their children's needs. C. 93.90% of families will report that SoonerStart helped the family help their children develop and learn.
2010 (2010-2011)	A. 93.35% of families will report that SoonerStart helped the family know their rights. B. 95.35% of families will report that SoonerStart helped the family communicate their children's needs. C. 93.95% of families will report that SoonerStart helped the family help their children develop and learn.
2011 (2011-2012)	A. 93.40% of families will report that SoonerStart helped the family know their rights. B. 95.40% of families will report that SoonerStart helped the family communicate their children's needs. C. 94.00% of families will report that SoonerStart helped the family help their children develop and learn.
2012 (2012-2013)	A. 93.40% of families will report that SoonerStart helped the family know their rights. B. 95.40% of families will report that SoonerStart helped the family communicate their children's needs. C. 94.00% of families will report that SoonerStart helped the family help their children develop and learn.

Improvement Activities/Timelines/Resources:

At the State level, SoonerStart is examining policies, practices, and procedures to determine what (if any) changes should occur in the system to address family outcomes. In addition, SoonerStart will also take the following steps:

- A. Provide technical assistance to SoonerStart sites on methods facilitating parental involvement through team leader meetings, , and personnel development activities
- B. Provide personnel development activities and/or books and other resources to SoonerStart personnel on topics such as IFSP team decision-making and parents as team members (
- C. Request additional technical assistance and information from the SERRC on strategies for improving family outcomes or policies from other states (
- D. Request additional assistance for the Oklahoma Parent Training and Information Center, Oklahoma Parent Network, stakeholder groups, taskforces, and technical assistance providers (
- E. Publicize family outcomes data on the OSDE-SES web site by SoonerStart region as part of the SoonerStart data profiles, where sample sizes allow (

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

Overview of the State Performance Plan Development:

The ICC Public Awareness Committee meets quarterly for the purpose of reviewing brochures, publications and public awareness plans and activities for local SoonerStart early intervention sites. During FY 2004, a subcommittee was formed to assist the ICC with the validity, utilization and availability of SoonerStart brochures, publications and forms. The Publications Committee meets monthly. The committee members meet with the Oklahoma Department of Human Services publications artist who reviews the brochures and makes suggestions regarding logos, fonts, colors and production process to enhance visual quality of brochures and display boards. All materials are currently analyzed for content relevance and cultural and family sensitivity. On October 4, 2005, the Part C Stakeholders met to review the SoonerStart's QA data, determine if the data addressed the OSEP Indicator 5 and 6, and to provide input on measurable and rigorous targets as well as particular activities, timelines and resources that the program may need to consider for continuous improvement. The Stakeholders agreed that there is a statewide comprehensive and coordinated public awareness child find system. The percentage of infants and toddlers receiving services in Oklahoma is comparable to states with similar eligibility criteria. See Introduction and Indicator 1 for more details regarding stakeholder activity and public dissemination of the SoonerStart SPP.

Monitoring Priority: Child Find 0-1

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

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

Measurement:

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:

OSDE, as lead agency, develops a public awareness program that focuses on early identification of children. OSDE prepares and disseminates information to primary referral sources, especially hospitals and physicians, of information to be given to parents, especially to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of early intervention services, and procedures for assisting such sources in disseminating information to parents of infants and toddlers. The public awareness plan includes a broad range of referral sources such as homeless family shelters, clinics, and other health service related offices, public schools and officials, and the child welfare system.

SoonerStart's public awareness program represents a strategy for promoting public acceptance and raising public consciousness regarding children with disabilities and early intervention services. It is a systematic, continuous, and purposeful communication activity, which uses multiple resources to inform groups and the public regarding these issues. A primary focus is the early identification of children who are eligible to receive early intervention services. The dissemination of information is coordinated through the state partner agency coordinators. SoonerStart partner agency coordinators present at conferences and state meetings for Head Start, Indian health organizations, and physicians to inform them about SoonerStart services. State coordinators serve on state tasks forces and committees for disability issues and/or early childhood issues to ensure infants and toddlers with disabilities are represented and collaborative child find and outreach activities are successful.

In SFY 2003, the SoonerStart Oklahoma's Neonatal Intensive Care Units (NICU) subcommittee was created. Several SoonerStart partner agencies are involved as well as the Executive Director of the Oklahoma Neonatal Parents Network. The subcommittee developed a transition process from NICU to SoonerStart. The subcommittee introduced this transition process to the ICC Public Awareness Committee and trainings for regional and resource coordinators are available through the SoonerStart STARS. Currently, regional and resource coordinators meet with families referred to SoonerStart whose newborns are in intensive care at the NICU before the infant is released.

In SFY 2005, 36 percent of the referrals came from parents/caregivers, 34 percent of referrals were received from medical providers, 16 percent were OKDHS referrals, and the remaining referrals came from other community sources. This data indicates that public awareness and child find activities are reaching a variety of referral sources.

Oklahoma Areawide Services and Information System (OASIS):

OASIS is statewide information and referral service that helps Oklahomans with special needs as well as anyone in need find community resources. OASIS provides access to resource information through a searchable directory which is available on the OASIS Web site at <<http://oasis.ouhsc.edu>>. OASIS assists the SoonerStart program by providing one-on-one information and referral by telephone, mail and email, taking relay calls from parents needing to get in touch with their resource coordinator or other early intervention staff outside their dialing area. In addition to providing one-on-one information and referral by telephone, mail and email, OASIS also provides access to resource information through a searchable directory which is available on the OASIS Web site. OASIS also attended, exhibited and/or presented at a number of conferences, workshops and events. During the past year, OASIS staff participated in 26 workshops, conferences and other events where approximately 5,776 people were in attendance. Over 7,838 public awareness materials were distributed including OASIS, Oklahoma Respite and Referral Network (ORRN), SoonerStart brochures and the Family Connections Newsletter. OASIS has a well-organized resource database that is continuously maintained through data collection and update procedures. During SFY 2004, 249 new agencies and programs were added and 2,306 agencies and program records were updated. The database currently contains 1,677 agencies and 4,831 programs.

Joint Oklahoma Information Network: (JOIN)

During SFY 2004, OASIS began collaboration with JOIN. The lead agency for JOIN is the Oklahoma Commission on Children & Youth (OCCY) and is a partnership between Oklahoma state agencies which has been working to develop a Web based system that will allow for data sharing between participating agencies. In addition, JOIN provides a public Web site at <www.join.ok.gov> that includes an eligibility questionnaire and a community resource directory. The eligibility questionnaire assists public users to assess whether they might be eligible for state programs such as SoonerStart, OKDHS programs, OSDH programs, food stamps, Medicaid, WIC and other programs. The community resource directory contains listings of community health, education and human service programs. During the January – March 2005 period, this directory had 89,876 hits and over 14,000 searches were detected. This new resource directory allows SoonerStart staff to search for and print off all the resources in the directory for each county in their service area.

Birth Defect Registry:

Birth Defect Registry database system is currently linked to the OSDH database to track how many children were referred and receiving early intervention services. In addition, the BDR submits quarterly reports to the OKDHS SoonerStart coordinator in order to identify, compare and to ensure that children in foster care under age one are being referred and receiving early intervention services. SoonerStart partner agencies review the process to refer all potentially eligible children on the Birth Defect Registry (BDR) to SoonerStart.

Child Abuse Prevention Act (CAPTA) (PL 108-36):

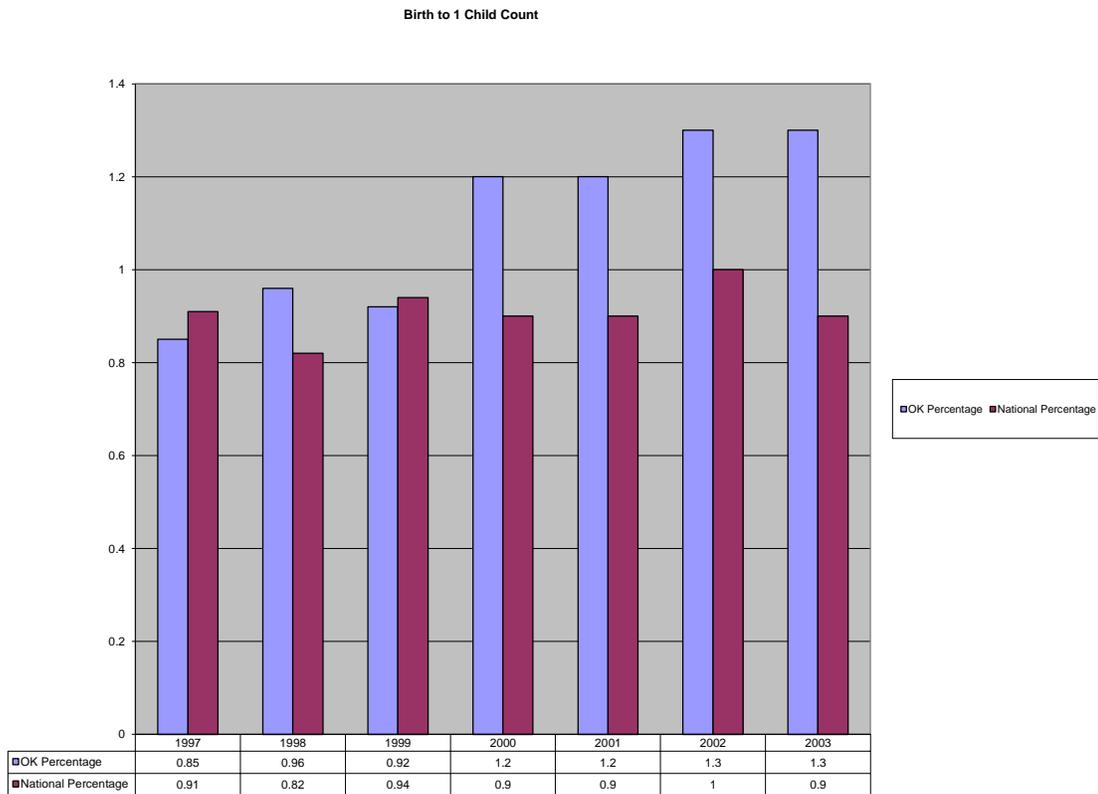
SoonerStart partner agencies are facilitating the development of state policies and procedures to ensure coordinated, timely referral of all children identified by the state for substantiated abuse, neglect, or substance abuse. In SFY2005, regional OKDHS SoonerStart referral trainings were conducted at six regional OKDHS sites across the state.

Medical Home:

SoonerStart is involved with Oklahoma's Medical Home initiative. This multiagency initiative involves providing support to develop a medical home for Medicaid eligible children. Within this project, SoonerStart is working with local staff to increase the understanding of the role of the medical home in the coordination of care that is vital to

effective collaboration between early intervention and medical services. This model promotes coordinated, effective communication between all professionals providing services to children.

Child Count Data:



Indicator 5, Figure 1(Source US Department of Education, Office of Special Education, Data Analysis System)

Indicator 5, Figure 1 shows a point in time report to the Federal Office of Special Education Programs (OSEP) on SoonerStart eligible infants and toddlers who are on an IFSP and receiving services on December 1, 1997-2003. SoonerStart serves at or above the national average for children under the age of one. SoonerStart’s public awareness efforts are effectively reaching families with young children.

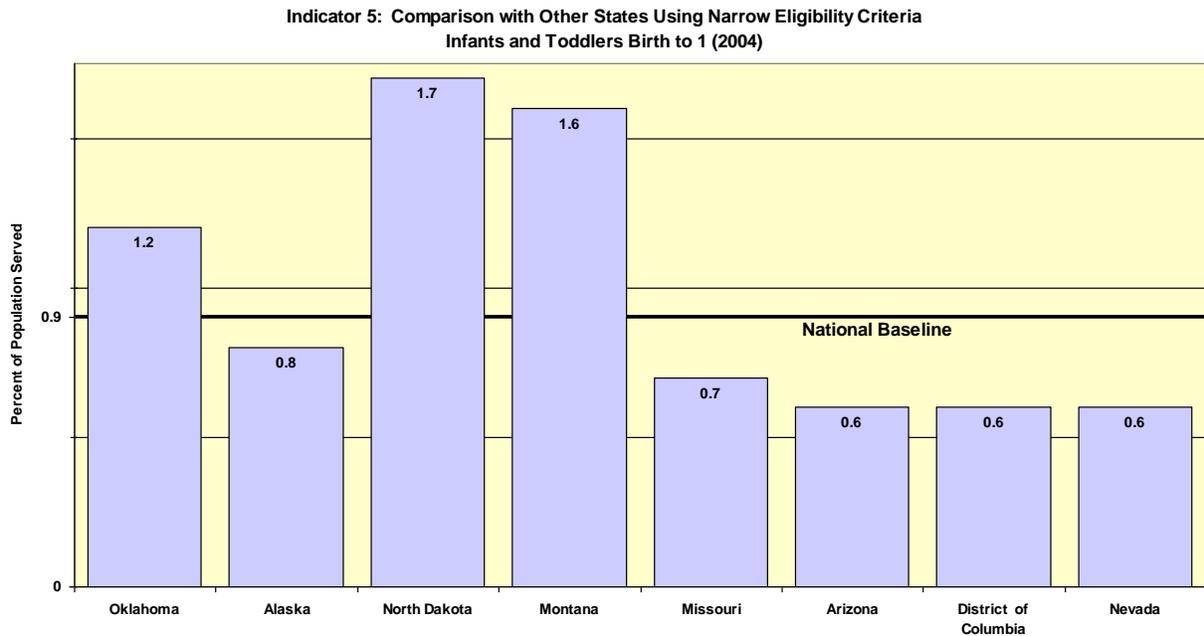
Monitoring Process

The SoonerStart quality assurance public awareness component was fully implemented in SFY 2004. The SoonerStart local early intervention sites develop and implement yearly public awareness plans that target families with infants under one. These plans include strategies to address OSEP indicators and local needs.

SoonerStart partner agencies conduct on-site QA reviews using program indicators related to public awareness and child find activities. This QA Process contains seven program questions specifically to identify the local public awareness and child find plan and activities.

In SFY 2005, the QA team identified public awareness plan and activities targeted healthcare and community programs serving children under the age of one and environments where families would spend time.

Baseline Data for FFY 2004 (2004-2005):



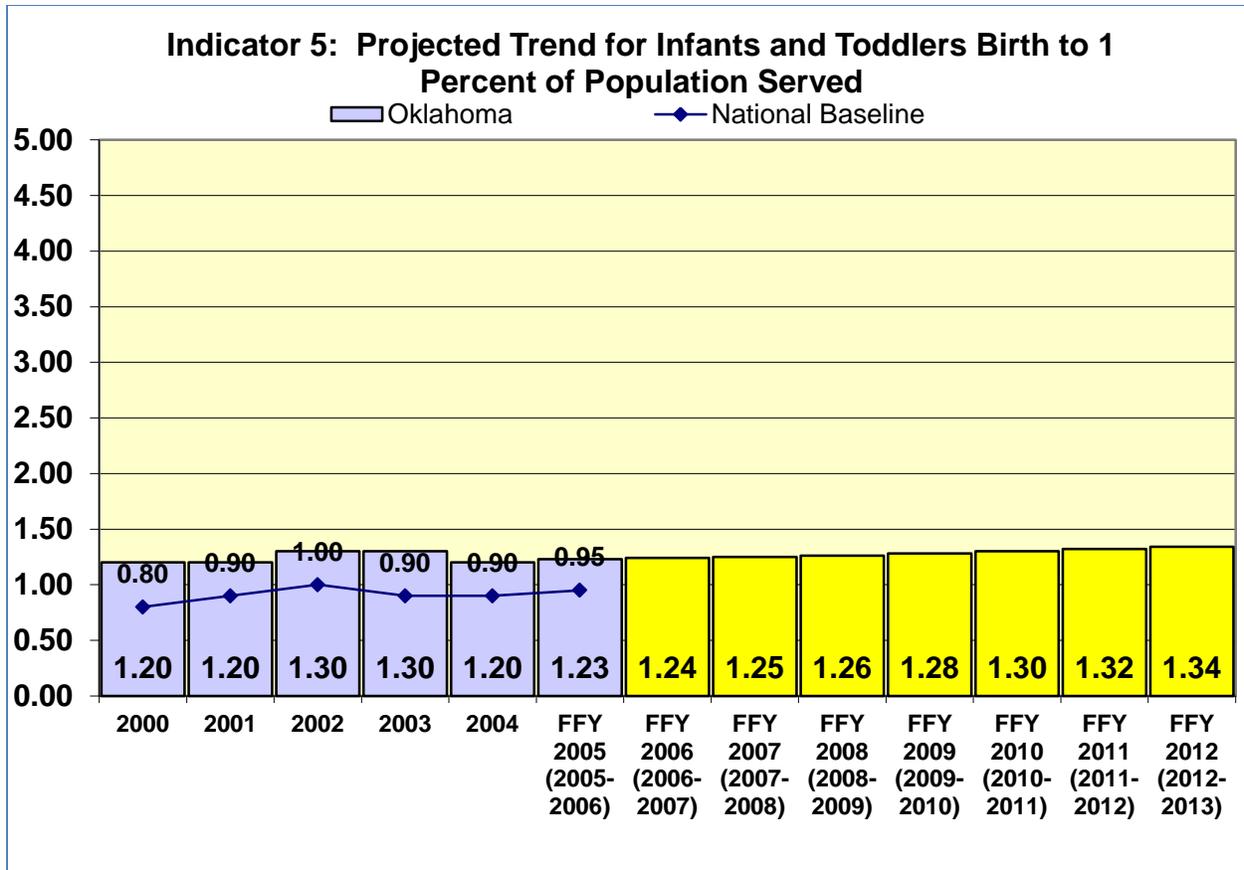
Indicator 5, Figure 2 (Source US Department of Education, Office of Special Education, Data Analysis System)

Discussion of Baseline Data:

Indicator 5, Figure 2 shows a point in time report to the Federal Office of Special Education Programs (OSEP) on SoonerStart eligible infants and toddlers who are on an IFSP and receiving services on December 1, 2004. Oklahoma is above the national average for serving children with developmental delays under the age of one. SoonerStart’s partner agencies, the ICC Public Awareness Committee and local SoonerStart sites efforts in public awareness and child find activities has resulted in identification of eligible children. Overall, these figures indicate that the SoonerStart program is serving above the national average.

Measurable and Rigorous Targets

Indicator 5, Figure 3 (Source: OSEP Data Analysis System; Measurable and Rigorous Targets)



Oklahoma will continue to strive to serve all children in need of early intervention services birth through the age of one. Targets for 2010-2011 are 1.30% and 1.32% for 2011-2012.

Improvement Activities/Timelines/Resources:

- A. SoonerStart partner agencies will continue to work with the OSDH to refer all potentially eligible children on the Birth Defect Registry (BDR) to SoonerStart.
- B. SoonerStart partner agencies will continue to work with the OKDHS to make referrals from OKDHS smooth and effective for children under the age of one, in foster care and in OKDHS custody.
- C. SoonerStart partner agencies, the ICC and local early intervention sites will continue to engage in public awareness activities that identify all eligible infants and toddlers with disabilities.
- D. The OSDE will work on any needed revisions of SoonerStart Policies and Procedures upon receipt of final federal regulations.
- E. The Program Managers will continue to monitor the local early intervention sites public awareness plans and activities to identify dissemination of public awareness materials and targeting healthcare and community programs serving children under the age of one.

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

Overview of the State Performance Plan Development:

The stakeholders, which includes representatives of parents, advocates, service providers, coordinators, educators, and work groups involved with the SoonerStart program met to review SoonerStart's data. The stakeholders agreed that there is a statewide comprehensive and coordinated public awareness child find system. The stakeholders recommended that the SoonerStart program continue to focus on getting local Head Start agreements in place. See introduction and Indicator 5 for more details.

<p>Monitoring Priority: Child Find 0-3</p>

Indicator 6 - Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

<p>Measurement:</p>

<p>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.</p>

Overview of Issue/Description of System or Process:

OSDE, as lead agency, develops a public awareness program that focuses on early identification of children. OSDE prepares and disseminates information to primary referral sources, especially hospitals and physicians, of information to be given to parents. The public awareness plan includes a broad range of referral sources such as homeless family shelters, clinics, and other health service related offices, public schools and officials, and the child welfare system.

SoonerStart's public awareness program represents a strategy for promoting public acceptance and raising public consciousness regarding children with disabilities and early intervention services. It is a systematic, continuous, and purposeful communication activity, which uses multiple resources to inform groups and the public regarding these issues. A primary focus is the early identification of children who are eligible to receive early intervention services. The dissemination of information is coordinated through the state partner agency coordinators. SoonerStart partner agency coordinators present at conferences and state meetings for Head Start, Indian health organizations, and physicians to inform them about SoonerStart services. State coordinators serve on state task forces and committees for disability issues and/or early childhood issues to ensure infants and toddlers with disabilities are represented and collaborative child find and outreach activities are successful.

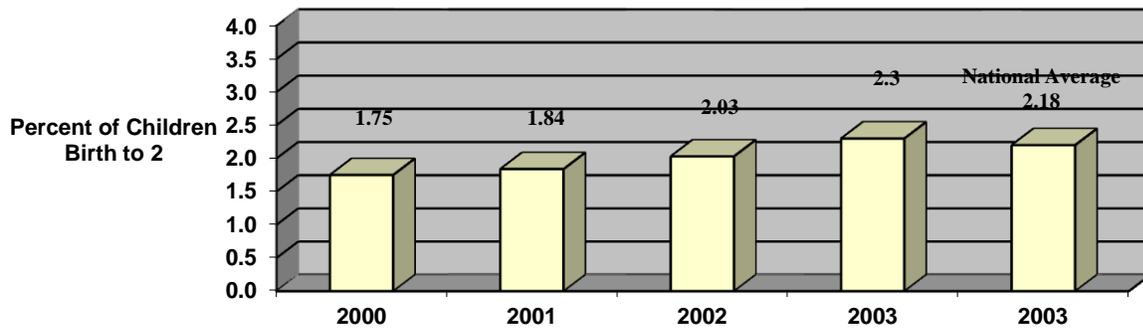
Referrals:

In SFY 2005, 36 percent of the referrals came from parents/caregivers, 34 percent of referrals were received from medical providers, 16 percent were OKDHS referrals, and the remaining referrals came from other community sources. This data indicates that public awareness and child find activities are reaching a variety of referral sources. Every effort is being made to identify and serve all eligible children.

Child Count Data:

SFY 2000, Oklahoma's Part C Child Count data indicated 1.75 percent of children born in Oklahoma, aged birth through two, were served in the SoonerStart program. In 2001, 1.84 percent of children born in Oklahoma, aged birth through two, were served and in 2002, 2.03 percent of children born in Oklahoma birth through two were served. In addition, in 2003, 2.30 percent of children born in Oklahoma, aged birth through two were served.

Children Birth through 2 Receiving Early Intervention Services:



Indicator 6, Figure 1 (Source NECTAC, OSEP and CIMP Report), Oklahoma SoonerStart Child Count

Indicator 6, Figure 1 shows a point in time report to the Federal Office of Special Education Programs (OSEP) on SoonerStart eligible infants and toddlers who are on an IFSP and receiving services on December 1, 2000-2003. SoonerStart serves at or above the national average for children under the age of 3. SoonerStart’s public awareness efforts are effectively reaching families with young children.

The SoonerStart program reports the number of infants and toddlers receiving services by race/ethnicity. Increases can be attributed to slight population growth and increased public awareness efforts and outreach to minority and marginalized populations.

Central Directory:

OASIS provides access to resource information through a searchable directory which is available on the OASIS Web site. OASIS assists the SoonerStart program by providing one-on-one information and referral by telephone, mail and email, taking relay calls from parents needing to get in touch with their resource coordinator or other early intervention staff outside their dialing area. In addition to providing community resource information to families/caregivers and service providers, OASIS also attended, exhibited and/or presented at a number of conferences, workshops and events. During April 1-June 30, 2004, seven conferences were attended by OASIS staff. Over 7,838 public awareness materials were distributed including OASIS, ORRN, SoonerStart brochures and the Family Connections Newsletter.

Monitoring Process:

Every year local early intervention sites create a public awareness plan specific to their local needs and document child find activities. The data are collected using the SoonerStart QA Process that has a child find component that monitors the local early intervention sites activities and plans. A local early intervention site must receive 85 percent compliance rate on their quality assurance public awareness component. The SoonerStart QA Process indicates the local early intervention teams are developing and implementing effective public awareness strategies. The SoonerStart ICC Public Awareness Committee receives the quality assurance component data related to Public Awareness/Central Directory and gives recommendations to the QA Team. The committee identifies possible improvement strategies that could be useful with local public awareness plans and activity reports. Public awareness materials are also reviewed by the ICC Public Awareness Committee. The Publication Committee works with the SoonerStart partner agencies to help create public awareness materials and distribution.

Birth Defect Registry (BDR):

The Birth Defect Registry has redesigned its data collection and reporting system during SFY2003 and 2004. In order to evaluate the referral process, SoonerStart is in the process of matching the Birth Defects and SoonerStart databases for the years 1999-2003. This allows partner agencies to track matches and mismatches referrals received from the Birth Defect Registry. Currently the BDR abstractors go through the child’s birth records. They note

whether the child qualifies for SoonerStart or is already enrolled in the program. If the child qualifies and isn't enrolled, then they send a referral letter to the local early intervention site. A researcher from the ICC evaluation committee is currently working with the Departments of Education and Health to streamline the referral process from the Birth Defect Registry (BDR) to SoonerStart.

Sooner Success:

SoonerStart agency coordinators participate with the University of Oklahoma to implement the State Unified Children's Comprehensive Exemplary Services for Special Needs (Sooner Success). Sooner Success is a model development project begun through the collaboration of families of children with special needs with the State Departments of Education, Health, Human Services, Mental Health and Substance Abuse Services, Oklahoma Health Care Authority, Center for Learning and Leadership, University Center for Excellence in Developmental Disabilities and is lead by the Child Study Center at the University of Oklahoma. The project is working toward a strong comprehensive, unified system of health, social and educational services supporting children and youth with special needs and their families.

Medical Home:

SoonerStart is involved with Oklahoma's Medical Home initiative. This multiagency initiative involves providing support to develop a medical home for Medicaid eligible children. Within this project, SoonerStart is working with local staff to increase the understanding of the role of the medical home in the coordination of care that is vital to effective collaboration between early intervention and medical services. This model promotes coordinated, effective communication between all professionals providing services to children.

Child Abuse Prevention and Treatment Act (CAPTA) (PL 108-36):

SoonerStart partner agencies are facilitating the development of state policies and procedures to ensure coordinated, timely referral of all children identified by the state for substantiated abuse, neglect, or substance abuse.

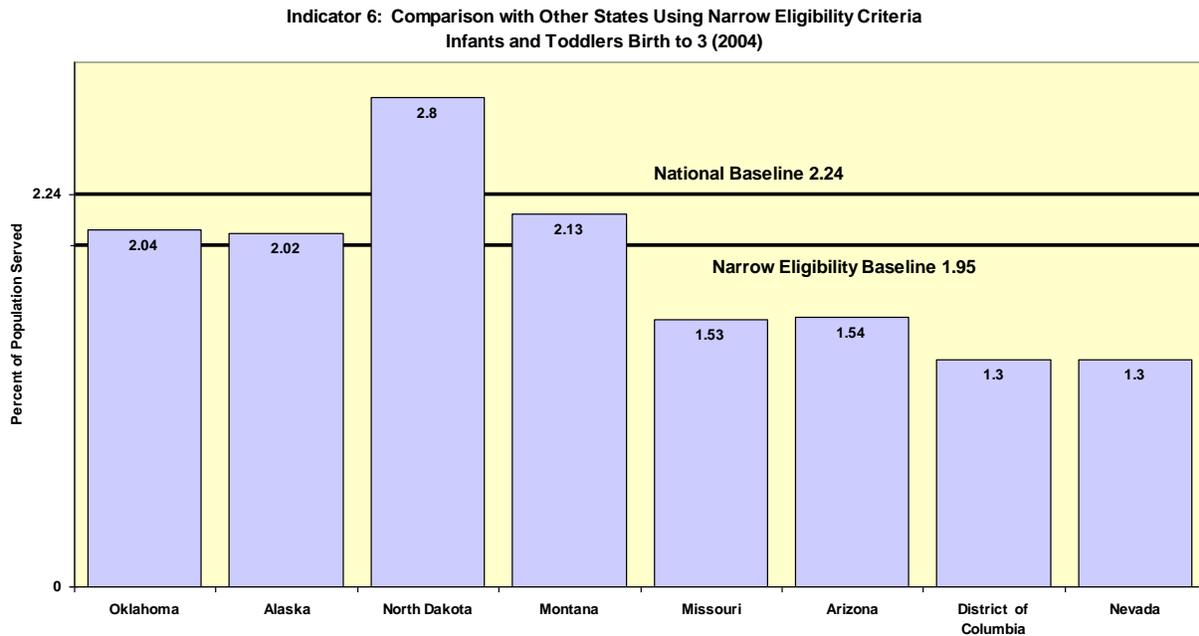
Public Awareness/Child Find:

The ICC Public Awareness Committee meets quarterly for the purpose of reviewing brochures, publications and public awareness plans and activities for local SoonerStart early intervention sites. During SFY 2004, a subcommittee was formed to assist the ICC with the validity, utilization and availability of SoonerStart brochures, publications and forms. The publications committee meets monthly with representative from each agency. The committee members meet with OKDHS publications artist who reviews the brochures and makes suggestions regarding logos, font, colors and production process to enhance visual quality of brochures and display boards. All materials are currently analyzed for content relevance and cultural and family sensitivity. The SoonerStart logo was revised and a Neonatal Intensive Care Unit (NICU) brochure was created by the publications committee and disseminated throughout the state. Additionally, the NICU support director has joined the committee to help with publications and child find.

In SFY 2003, the SoonerStart NICU subcommittee was created. Several SoonerStart partner agencies are involved as well as the Executive Director of the Oklahoma Neonatal Parents Network. The subcommittee developed a transition process from NICU to SoonerStart. The subcommittee introduced this transition process to the ICC Public Awareness Committee and training for regional and resource coordinators was provided through the SoonerStart STARS. Currently regional and resource coordinators meet with families referred to SoonerStart whose newborns are in intensive care at the NICU before the infant is released.

Partner agency coordinators present at conferences and state meetings for Head Start, Indian Health Organizations, and physicians to inform them about SoonerStart services. Partner agency coordinators serve on state task forces and committees for disability issues and/or early childhood issues to ensure infants and toddlers with disabilities are represented and collaborative child find and outreach activities are successful.

Baseline Data for FFY 2004 (2004-2005):



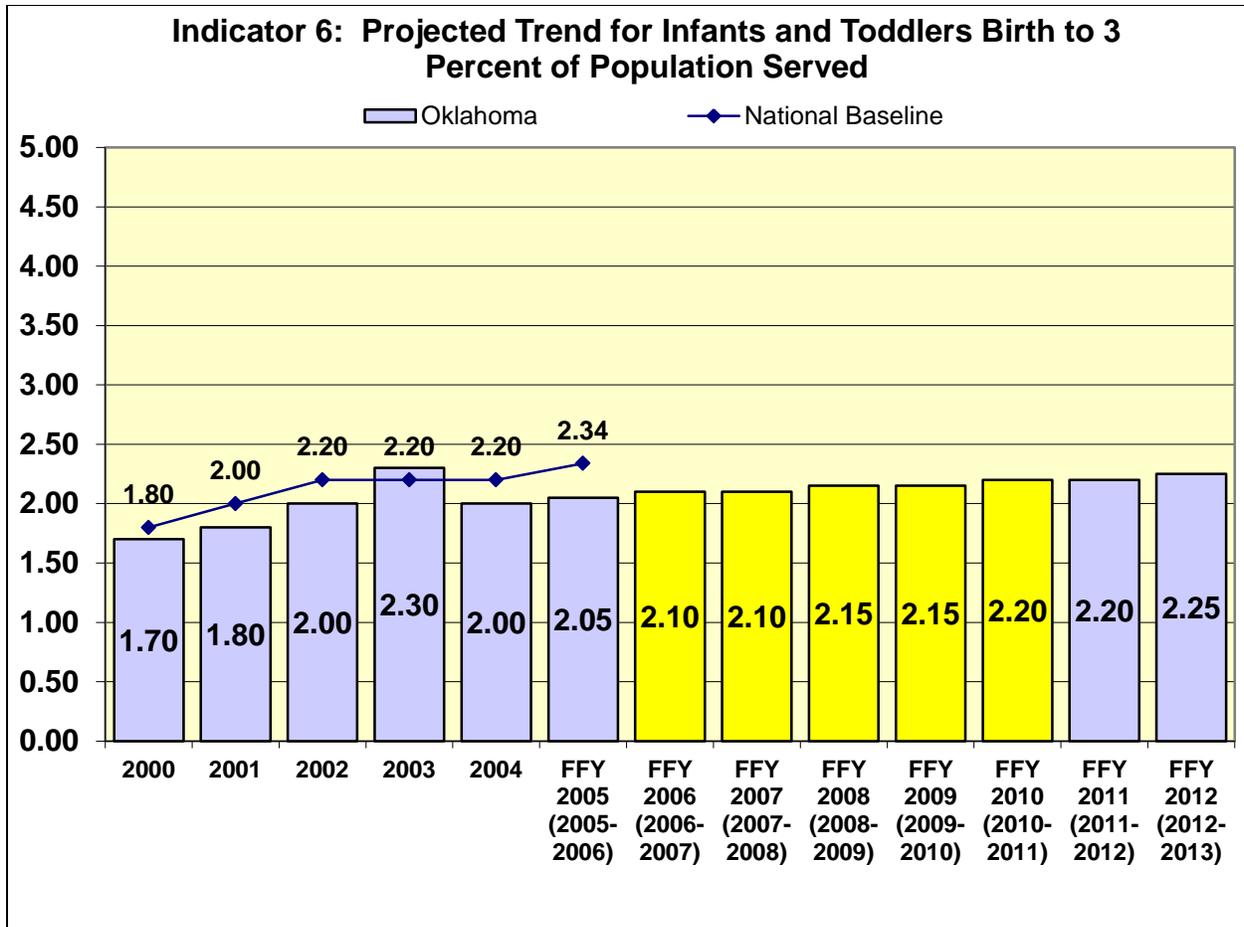
Indicator 6, Figure 4 (Source U.S. Department of Education, Office of Special Education Programs, Data Analysis System)

Discussion of Baseline Data:

Indicator 6, Figure 4 shows a point-in-time report to the Federal Office of Special Education Programs (OSEP) on SoonerStart eligible infants and toddlers who are on an IFSP and receiving services on December 1, 2004. The table shows Oklahoma is serving 2.04 percent of the birth through two populations of 147,755. In SFY 2004, SoonerStart served 3,013 infants and toddlers on IFSPs. Figure 4 Part C eligibility criteria is a ranking by OSEP placing Oklahoma in the narrow category and shows the percentages of population served. The narrow average is 1.95 percent of the population served. Overall, these figures indicate that the percentage of eligible infants with developmental delays birth through two is receiving SoonerStart services are comparable to state and national data.

Measurable and Rigorous Target:

Indicator 6, Figure 5 (Source OSEP Data Analysis Report), measurable and rigorous targets



Oklahoma will continue to strive to serve all children in need of early intervention services birth through the age of two. Targets for 2010-2011 are 2.20% and 2.20% for 2011-2012

Improvement Activities/Timelines/Resources:

- A. The OSDE will work on any needed revisions of SoonerStart Policies and Procedures upon receipt of final federal regulations.
- B. The Program Managers will continue to monitor the local early intervention sites public awareness plans and activities to identify dissemination of public awareness materials and targeting healthcare and community programs serving children under the age of three.
- C. SoonerStart partner agencies, the ICC and local early intervention sites will continue to engage in public awareness activities that identify all eligible infants and toddlers with disabilities.
- D. SoonerStart partner agencies will continue to work with the OKDHS to make referrals from OKDHS smooth and effective for children under the age of one, in foster care and in OKDHS custody.

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

Overview of the State Performance Plan Development:

The OSDE-SES has worked with the ICC members along with other stakeholders to create a SPP that improves the state's accountability and supports improved results that are data driven and focus on family and child outcomes. The QA Team and stakeholders, analyzed the 45-day timeline data, identified key errors with the data collection, and made recommendations to eliminate SoonerStart sites record reviews that were not considered valid data to include in the analysis. The stakeholders agreed that 45-day timeline is not a systemic issue for the SoonerStart program. See introduction and Indicator 1 for more details of stakeholder activities and public dissemination of the SoonerStart SPP.

Monitoring Priority: 45-Day Timeline

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

Measurement:

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 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.

Overview of Issue/Description of System or Process:

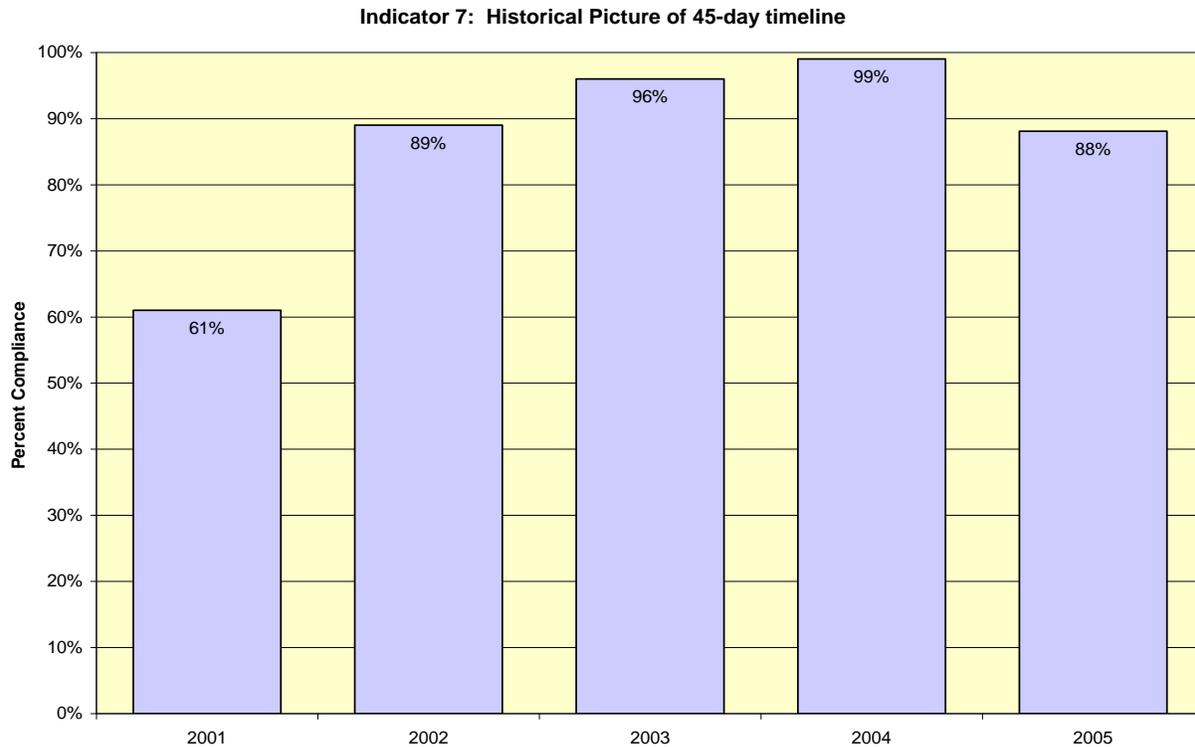
An Individualized Family Service Plan (IFSP) is a process in which families, resource coordinators, and service providers are partners.

Resource coordinators and service providers assist families in identifying the strengths and needs of their child and family through discussions, evaluations and assessments. Based on the strengths and needs identified by the families, resource coordinators and service providers inform families about the early intervention program services. Families then determine which services will help meet their identified needs. Together families, resource coordinators and service providers develop a plan of action for initiating services. Once services have been implemented, ongoing communication and assessment are necessary to ensure that services continue to meet the changing needs of children and families.

Sensitivity and flexibility is extended to individual families involved in the IFSP process. Resource coordinators and service providers acknowledge and respect differences in family structures in order to build on the strengths that families bring with them to this process.

Each child receives a multidisciplinary evaluation in natural environments.

In SFY 2005, the QA Team asks local sites to collect actual days from the date of referral to the initial IFSP meeting. A total of 22 SoonerStart sites responded to the request and submitted this information along with their self assessment report. Data indicates that the average number of days for SoonerStart sites was 47 days from the referral to the initial IFSP. The median number of days from the referral to the initial IFSP was 43 days. The circumstances preventing compliance with the 45-day timeline were hospitalization, family cancellations, no shows, trainings, scheduling around the family's needs, families not ready to receive services, lost contact with the family, weather, and systems reasons. Tracking the average and median numbers of days from the referral helps the QA Team better identify and address system wide deficiencies and issues affecting SoonerStart.



Indicator 7, Figure 1 (Source: SFY 2001-2005 data)

In SFY 2001, the SoonerStart partner agencies compared 26 SoonerStart sites sample data. This data did not take into consideration reasons for the IFSP delay. The QA Team was not able to compare all 26 SoonerStart sites monitoring data in FFY 2002 due to the timelines of the APR. There were five monitoring sites completed by the QA Team prior to the APR that identified 89 percent of IFSP were conducted within the 45-day timeline, up from 61 percent in the SFY 2001 APR. In SFY 2003, the SoonerStart QA Team randomly selected one urban site and three rural sites to analyze the circumstances preventing compliance with the 45-day timeline, percent of compliance and the actual days for these families for the initial IFSP meeting to be held. When taking into consideration family and systems reasons the urban site scored 96 percent compliance with meeting IFSP timelines and the three rural sites scored 93 percent to 100 percent compliance with the 45-day timeline using the quality assurance indicator. In addition to state monitoring, SoonerStart implemented a pilot project to better meet the State's 45-day timeline for initial IFSPs utilizing an urban site which served a monthly caseload of over 800 children. In calendar year 2003, a total of 83 percent of the SoonerStart records reviewed from Tulsa County met the 45-day timeline. According to the pilot project data analyses in calendar year 2004, Tulsa County identified 99 percent of the records reviewed met the 45-day timelines. As a result of the urban IFSP pilot project, 45-day timelines have greatly increased. The information gathered from this pilot indicated that the changes in the initial IFSP and review process can make a difference in meeting timelines. Modifications to the initial IFSP and review process will enable the local early intervention sites to better meet the IFSP timeline. OSDE modified the IFSP form and review process in SFY 2005. During SFY 2005, IFSP training modules were revised and updated to ensure that the most current guidelines are being used by all SoonerStart teams. By the end of April 2005 all SoonerStart teams were trained to use the revised IFSP form. Full implementation was May 1, 2005.

In addition to state monitoring, several statewide meetings are held on a regular basis to identify deficiencies and statewide problems in the delivery of Part C services. State level Part C agency partners from OSDH, DHS, OSDE, OHCA, ICC, and OUHSC, meet monthly to identify systemic and local issues. Quarterly, regional coordinators, technical supervisors and lead clinicians meet with the SoonerStart partner agencies to identify and address any possible system-wide deficiencies and issues affecting SoonerStart.

SoonerStart partner agencies reviewed evaluation and assessment tools and made recommendations for the most appropriate tools to use for identifying child and family needs.

SoonerStart partner agencies provided statewide and local training, including STARS, to families/care providers, community providers, and early intervention staff about family-centered support services, resources, and strategies to meet the family and child needs.

Baseline Data for FFY 2004 (2004-2005):

In FFY 2004, 503 of 571 (88.09%) eligible infants and toddlers with IFSPs had an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.

Discussion of Baseline Data:

In FFY 2004, SoonerStart did not collect information regarding the reason for delays (but has modified the data collection system to provide this information beginning in FFY 2005). SoonerStart is dedicated to providing complete and accurate data to provide to the OSEP, including information regarding the documentation of delays in the 45-day timeline. Among other steps to correct the noncompliance (including corrective action plans from each noncompliant local SoonerStart site), the QA Stakeholders recommended that the 45-day timeline become a focused monitoring priority area for FFY 2005.

FFY	Measurable and Rigorous Targets
2005 (2005-2006)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2006 (2006-2007)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2007 (2007-2008)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2008 (2008-2009)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2009 (2009-2010)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2010 (2010-2011)	100.00% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.
2012 (2012-2013)	100% of eligible infants and toddlers with IFSPs will have an evaluation, assessment, and initial IFSP meeting conducted within Part C’s 45-day timeline.

Improvement Activities/Timelines/Resources:

- A. Findings from the Comprehensive Desk Audit will be used to identify technical assistance, training, corrective action plans, and positive recognition.
- B. The local SoonerStart team leaders will continue to evaluate the effectiveness of the evaluation and IFSPs process on an ongoing basis and consistently use the data to make program changes.
- C. The SoonerStart Part C partner agencies will continue to provide IFSP training.

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

Overview of the State Performance Plan Development:

The QA Stakeholders met October 4, 2005 to discuss the SoonerStart QA data and make recommendations for measurable and rigorous targets. Overall, SoonerStart QA Team provided data that will enable the program to determine the degree to which Indicator 8 was being achieved. It was determined by the QA Stakeholders that a few of the transition questions asked on the QA document needed to be more clear for data collection and to match the OSEP measurement. The QA Team and Stakeholders, analyzed Indicator 8 baseline data, identified key errors with the data collection, and made recommendations to eliminate SoonerStart sites record reviews that were not considered valid data to include in the analysis. The Stakeholders agreed that timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday is not a systemic issue for the SoonerStart program. See introduction and Indicator 1 for more details regarding Stakeholder involvement and public dissemination of the SoonerStart SPP.

Monitoring Priority: 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 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 divided by # of children exiting Part C times 100.
- B. 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 100.
- C. 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.

Overview of Issue/Description of System or Process:

The Transition at Age Three: Steps for Success Transition Guide was developed to support families, the SoonerStart early intervention program, schools, and community programs in meeting the federal and state requirements under the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 for transition of children at age three. This serves as a practical guide identifying state and federal policies and procedures to support families, the SoonerStart early intervention program, schools and community programs in smooth and effective transitions for Oklahoma's children with developmental delays as they reach their third birthday. It provides guiding principles, recommended practices, and tools to promote smooth and effective transitions. The guide also serves to encourage practices that will reflect a home, school, and community partnership to benefit all concerned – the family and child, the SoonerStart early intervention program, local schools, and, ultimately, the community at large.

The SoonerStart team is required to complete a transition evaluation and a current assessment of the child's present levels of functioning to assist in a smooth and effective transition, whether or not the family chooses to be referred to the local school for Part B services.

As a means of preparing for transition, SoonerStart and the family create an individualized plan that includes transition activities, visiting programs, addressing any remaining equipment that the child may need for the future, and identify community resources. Many families like to visit community preschools, Head Starts, child care centers, and preschools located in public schools when thinking about transition. From July 2004 through March 2005, STARS has provided four statewide trainings specific to transition and IEP development for parent/caregivers,

SoonerStart staff, school staff, and other community service providers. A total of 25 school districts participated in the STARS trainings.

According to a report by the family services coordinator, transition training was conducted through the SPAN curriculum and mentorship program for 12 families during this fiscal year. SoonerStart family services coordinator consulted with 6 trained mentors and 6 families, who also received mentorship, through the transition period. There were a total 300 families who participated in the SPAN training and received transition support, information and educational materials.

Analysis of the data indicates that information gathered from the family survey demonstrates SoonerStart families feel they are receiving the supports, services and resources necessary to provide a smooth and effective transition from the SoonerStart program. See Indicator 1 for further information regarding the SoonerStart Part C Survey.

Quality Assurance Process:

The design of the SoonerStart quality assurance process provides for continuous improvement through ongoing planning, implementation analysis, and evaluation of the SoonerStart program to improve results for infants and toddlers and their families in Oklahoma. The methodology for record selection is identified in Indicator 1 of this document.

Quality assurance process questions for measuring transition compliance:

Program Questions
Transition plan was initiated 6 to 12 months prior to the child’s 3 rd birthday for children receiving SoonerStart services prior to the age of 30 months.
Early Intervention information was sent to the LEA in a timely manner for planning of the transition planning conference. Timeliness is defined as two weeks prior to the Transition Planning Conference (TPC).
Transition evaluation and assessment was completed by 24-32 months of age for children receiving services prior to 32 months of age using the Battelle Developmental Inventory (BDI) in all five domains.
Records reflect documentation of the IFSP team discussing the transition process with the family before writing the transition plan.
IFSP team assisted the family in identifying a range of options and community resources.
The IFSP reflect individualized outcomes for the transition.
Parent consent for referral was obtained if the parent desired further services.

Indicator 8, Table 1(Source: SFY 2005 SoonerStart Comprehensive Quality Assurance Process)

In SFY 2005, 25 local SoonerStart early intervention sites conducted a self assessment using the SoonerStart QA Process to gather data. The SoonerStart records indicated that the transition plan was initiated 6 to 12 months prior to the child’s 3rd birthday for children receiving SoonerStart services prior to the age of 32 months is in compliance. The transition identified reasons why the Transition Planning Conference (TPC) with possible receiving agencies were not within the 90 day timeline. Reasonable efforts were documented to convene a conference among the SoonerStart program, the family, and Part B. Some of the reasons that prevented timely 90-day TPCs were:

- Cancellations
- No shows
- Weather
- Child illness
- Hospitalization
- Summer birthdates
- Scheduling challenges
- Parent consent

- Parent not ready to meet with the LEA

The SoonerStart QA Team changed the quality assurance transition questions. The transition program questions were separated into late referrals, transitioning to Part B, transitioning to community programs, and identifying the reasons why the TPCs did not happen within the 90-day timeline. The records reflected that the resource coordinator attempted to initiate TPCs with the family, LEA, and community programs in a timely manner. This process clearly documents implementation of transition specific performance and compliance requirements. It is important to note, in Oklahoma, the QA process for gathering transition data is different than the identified OSEP measurement. The SoonerStart QA measurement is identified in Indicator 8, Table 1.

Part B 619 coordinator works with the Part C program as an interagency partner. The Part B 619 provides funding to support transition trainings for SoonerStart early intervention staff, family/caregivers, Part B staff, and other community service providers.

In SFY 2004, through the public awareness component of the SoonerStart quality assurance process, local early intervention sites must have Memorandums of Understanding (MOU) on file for local community services such as Head Start. Out of the 26 SoonerStart early intervention sites, four sites received cautions regarding the lack of having agreements in place with local Head Starts. In SFY 2005, all 26 SoonerStart sites had MOUs with Head Start or the documentation that supported the attempt to have MOUs.

Baseline Data for FFY 2004 (2004-2005):

- 353 of 401 (88.03%) of children exiting Part C had an IFSP with transition steps and services.
- 199 of 227 (87.67%) of children exiting Part C and potentially eligible for Part B had notification to the LEA.
- 195 of 227 (85.90%) of children exiting Part C and potentially eligible for Part B had a transition conference.

Discussion of Baseline Data:

SoonerStart QA Team reviewed the self-assessment data submitted by 26 early intervention sites. SoonerStart's QA measurement of Indicator 8 reflects data were analyzed to evaluate the quality of the data and to investigate the ability to collect data that measures IFSP with a transition plan in place 6 months prior to the child turning three, where notification to the LEA occurred of children exiting Part C two weeks prior to the scheduling of the 90-day TPC, and where the 9 day TPC occurred. Individual monitoring tools were used by the lead clinician and regional coordinator from each site. The QA Team reviewed the SoonerStart's sites self assessment data and concluded that some teams did not follow the QA guidelines for collecting data.

SoonerStart's goal is to develop a standard method to select records from sites that minimize sampling errors and variation yet contribute to describing the state's early intervention program. The QA Team discovered that some of the SoonerStart sites record reviews could not be considered valid data to include in the analysis. Taking into consideration types of errors associated with the QA process were:

- Individuals abstracting data and transferring data onto tally sheets
- Staff interpretation of what needs to be abstracted from the record
- Data errors
- Missing data
- Incorrect or outdated individual monitoring tools
- Staff shortages
- Changes in leadership
- Following instructions of the QA procedures
- Random sample contained records prior to the completion of the sites corrective action plan.

These results were presented to the SoonerStart QA Stakeholders. Upon their recommendations, five sites were eliminated from the QA analysis for the state and were identified for technical assistance by the QA Team. These five outlier sites do not represent the typical process for SoonerStart. The five sites are considered to be outside the norm. After evaluating for accuracy by checking and correcting data entry errors, the QA Team believes that

Indicator 8, Figure 1, with outliers removed, is the best representation of Oklahoma’s SoonerStart performance with this indicator. When the SoonerStart QA process was conducted Oklahoma did not have the OSEP Indicator 8 measurement. Because of the difference in the SoonerStart QA and OSEP measurement the varying data collection method may reflect a lower score for Oklahoma. The SoonerStart program does not identify systemic noncompliance with transition.

FFY	Measurable and Rigorous Targets
<p>2005 (2005-2006)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2006 (2006-2007)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2007 (2007-2008)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2008 (2008-2009)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2009 (2009-2010)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2010 (2010-2011)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2011 (2011-2012)</p>	<p>A. 100.00% of children exiting Part C will have an IFSP with transition steps and services. B. 100.00% of children exiting Part C and potentially eligible for Part B will have notification to the LEA. C. 100.00% of children exiting Part C and potentially eligible for Part B will have a transition conference.</p>
<p>2012 (2012-2013)</p>	<p>A. 100% of children exiting Part C 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. B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the SEA and LEA occurred at least 90 days prior to their third birthday. C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred at least 90 days and at the discretion of all parties, not more than nine months prior to their third birthday.</p>

Improvement Activities/Timelines/Resources:

- A. The OSDE will work on any needed revisions of SoonerStart Policies and Procedures upon receipt of final federal regulations.
- B. *The Transition at Age Three: Steps for Success Transition Guide* will be revised to include the new statute and federal regulations to reinforce the policy that resource coordinators and service providers are responsible for helping families with children who are and are not eligible for Part B services find appropriate services.
- C. SoonerStart will continue to provide training and information available at the state, regional, and local level to all families/care providers, resource coordinators, regional coordinators, service providers, staff, LEAs, and community providers on the topic of transition.
- D. The Section 619 Preschool Coordinator will provide 5 trainings across Oklahoma on Transition. SoonerStart sites and local school districts will be trained together to help promote local partnerships. This training is mandatory for all SoonerStart staff.
- E. OSDE-SES will send out a clarification memo to both Part B and C staff regarding the recent guidance received from OSEP regarding transition.
- F. OSDE-SES will evaluate data to investigate the SoonerStart sites that are having challenges with this indicator and provide that site targeted technical assistance and training.
- G. OSDE-SES will consider developing a tool kit for SoonerStart sites to use when working on transition.

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

Overview of the State Performance Plan Development:

SoonerStart partner agencies met with the National Center for Special Education Accountability Monitoring (NCSEAM) to complete a self-assessment focused monitoring implementation checklist, develop a work plan for Oklahoma Part C and scheduled a Stakeholder meeting. October 26, 2004 was Part C's first SoonerStart Stakeholder Committee meeting. A total of 35 people were invited. The Stakeholder Committee reviewed data from the quality assurance activities to evaluate the process and to make recommendations for enhancement. The SoonerStart Stakeholder Committee meets biannually to review existing monitoring data, the QA Reports, APR, and program indicators to identify needed changes in the system and identify strategies that will assist the SoonerStart program to move towards a more focused monitoring process.

The OSDE-SES will make available and report statewide data to the public regarding progress and/or slippage in meeting the measurable and rigorous targets identified in the SPP. In addition, the state will report disaggregated data based on the performance of each SoonerStart site on the targets in the SPP. The OSDE-SES will deliver the SPP electronically to all SoonerStart sites, local health department administrators, ICC, and the QA and SPP Stakeholder Group. The SPP will be posted on the OSDE-SES Web site <www.sde.state.ok.us> for public viewing and will be shared at open public meetings such as the ICC Committee meeting, Program Evaluation Committee meeting, QA Stakeholders Committee, State Superintendent's Special Education Conference, and SoonerStart Team Leader meeting.

Monitoring Priority: 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:

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

SoonerStart implemented a new monitoring system in FFY 2009-2010. This included the development of new monitoring procedures, timelines, reports, and tools. OSDE-SES hired two Program Managers to develop and implement the new system. The Program Managers are responsible for monitoring and providing technical assistance to the 26 SoonerStart sites.

The OSDE implements and oversees an integrated monitoring system, which ensures that the functions of IDEA, Part C are carried out statewide. Effective monitoring strategies are integrated across all components of the general supervision system to ensure data collection from early intervention programs on all State Performance Plan (SPP) indicators. Multiple data sources and methods are used to monitor SoonerStart for continuous examination of performance for compliance and improvement. The system also includes the analysis and review of all available data for both onsite and off-site monitoring activities. SoonerStart's monitoring activities are conducted to:

- A. identify areas of compliance and noncompliance;
- B. assist sites in correcting identified noncompliance with IDEA, Part C requirements and SoonerStart policies and procedures
- C. assist sites with the development of corrective action and program improvement plans;

- D. ensure that identified noncompliance is corrected as soon as possible, but no later than one year from the time of identification; and
- E. provide the SoonerStart sites with support and technical assistance.

Oklahoma's monitoring schedule is a twelve month cycle beginning in July of each year (See Monitoring Timeline). Program Managers complete an annual compliance review for all sites. Focused Monitoring is conducted for selected sites each monitoring cycle. Concern Specific Monitoring is completed as needed when a concern has been identified or is requested by a SoonerStart site.

Annual Compliance Review

The annual compliance review consist of utilizing data from each site that is submitted to the lead agency via an electronic monitoring database, public awareness plans, public awareness activities, and the SoonerStart data system. The review provides a comparison of site-reported information to the performance and compliance indicators identified in the State Performance Plan (SPP). The Oklahoma State Department of Education's Data Analysis Specialist compiles information from the SoonerStart database and provides it to the OSDE Program Managers by September 1st prior to site verification visits.

In preparation for the annual compliance review, the program manager reviews the information provided by the Data Analysis Specialist before scheduling the on-site visit. This information includes a list of client names that appear to be in non-compliance because they did not meet required timelines for compliance indicators #1 – Timely Services, #7 – 45 day timeline for IFSP; #8a – Steps and Services on the IFSP; #8b – Notification to the LEA; and #8c – TPC timeline per the SoonerStart data system. These charts are reviewed at each site to determine if exceptional family circumstances or other approved reasons (hazardous weather, late referrals, etc) were documented as required.

The on-site verification visit is scheduled with the SoonerStart regional coordinator by telephone or e.mail correspondence. The SoonerStart Regional Coordinator will arrange to make the required client charts available to the Program Manager. Each chart identified by the Data Analysis Specialist as failing to meet a compliance timeline is reviewed. Based on documentation found in the client's chart, the Program Manager enters the child information in the electronic monitoring database and indicates the reason that a timeline was not met. (See Appendix – Explanations of Reasons for Non-Compliance).

The Program Manager also randomly selects 10% (but no less than 10) of client charts at each site to review from the information provided by the Data Analysis Specialist to verify 100% compliance reported in the SoonerStart data system.

The annual compliance review allows the Program Manager to verify compliance as well as correction at the individual child level and at the site level. All on-site verification visits are completed by the Program Managers and the electronic monitor database information submitted to the Associate State Director of Monitoring by November 1st. The Data Analysis Specialist analyzes the data submissions and provides the results to the Associate State Director of Monitoring and Program Managers. The Program Managers, acting on behalf of the Oklahoma State Department of Education as the lead agency for Part C services, will issue a finding to all local sites that did not achieve 100% compliance for Indicators #1, #7, #8a, #8b, and #8c. A letter detailing all non-compliance (see appendix – Finding letter) is sent to the Regional Early Intervention Coordinator (REIC) and local County Health Administrator (or designee) by December 10th with a copy to the Oklahoma State Department of Education Associate State Director of Monitoring and the Oklahoma State Department of Health Chief of SoonerStart.

Each site that is issued a finding is required to complete a Corrective Action Plan (CAP) detailing specific strategies for improvement and meeting compliance requirements. The Corrective Action Plan is required within 30 days from the date of the letter issuing the finding. The site has up to one year to correct non-compliance.

The Program Manager provides technical assistance to each site during the development of a CAP. Technical assistance may include support in identifying underlying causes of low performance and noncompliance and in developing appropriate strategies for improvement. The Regional Early Intervention Coordinator (REIC) and local SoonerStart health department lead clinician assures that the CAP is implemented immediately for each area of noncompliance after submission to the Oklahoma Associate State Director of Monitoring for approval. The Program Manager is responsible for providing training and technical assistance the site may need in order to be in

compliance. The REIC or health department lead clinician contacts the Program Manager if additional assistance is required to correct the identified areas of noncompliance. The Program Manager provides periodic updates to the Oklahoma State Department of Education Associate State Director of Monitoring as to each site's progress toward compliance. Updates are provided as written Technical Assistance Reports. Subsequent monitoring activities may be initiated as necessary to ensure the Site's compliance is consistent with policies, procedures, and regulations and in accordance with the Part C lead agency requirements.

The Program Manager conducts monitoring and verification activities that focus on each of the areas of noncompliance beginning 90 days from the CAP date. Oklahoma monitors each applicable chart within a designated time period at each site to determine correction at the child level. The SoonerStart database Target Date Report and Transition Report is reviewed for each site to determine the charts with applicable activity (i.e. initial IFSPs, Transition steps and services and/or Transition Planning conferences) that has been completed during the three months following the submission of the CAP. An on-site visit is conducted to complete chart reviews to monitor correction of non-compliance. If the database reports reflect that the required timelines have been met, 10% of (but not less than 10) randomly chosen charts that meet this criteria are reviewed to verify correction at the site level. If the database reports indicate that a required timeline has not been met, the chart is reviewed for documentation and to insure that correction has occurred at the child level. The documentation is entered into the electronic monitoring database. Additional feedback may be provided on the Corrective Action Plan Follow up Form as technical assistance to the site. When noncompliance for a specific indicator has been corrected, the REIC and local health department lead clinician receive a letter stating that the CAP is closed and that no further action is necessary. If non-compliance has not been corrected, subsequent monitoring and verification continues every 90 days until correction occurs but no later than one year from the issuance of the finding.

If a site is found to be in 100% compliance for any of the Compliance Indicator, a CAP is not required. However, as part of Oklahoma's General Supervision procedures, the site receives two on-site visits per fiscal year to verify 100% compliance. The procedures for monitoring are the same as those used for sites that were found in non-compliance: 10% of (but not less than 10) randomly chosen charts are reviewed to verify correction at the site level. If any non-compliance is determined, a finding is issued and a CAP required.

The Program Managers also monitor for related requirements as part of the quarterly CAP reviews and/or verification review. A different related requirement (i.e. timeline for referral assignment, timeline for first contact, evaluation, etc) is chosen each quarter. Each chart that is part of the CAP review or the verification review is also monitored for the specific related requirement chosen. Feedback regarding related requirements and adherence to IDEA regulations is reported on the Technical Assistance Report (see appendix) completed for each site.

The results of the Annual Compliance Review are used to complete Oklahoma's Annual Performance Report (APR) due in February of each year. The data is also used to develop the Site Profile for each SoonerStart site. Site Profiles are issued by April 1st. The Site Profile displays the local site compliance percentage for each performance and compliance indicator as compared to Oklahoma's target percentage. Sites that do not meet the state target percentage, for the compliance indicators (Indicators #1, #7, #8a, #8b and #8c) are issued a finding and required to submit a Corrective Action Plan (CAP). Sites that do not meet the state's target for performance indicators may be required to complete an Improvement Plan.

Oklahoma requires that all noncompliance, regardless of the level or extent, is corrected (100%) as soon as possible but in no case more than one year from identification. This includes verifying correction of each individual child specific noncompliance unless the child is no longer in the jurisdiction of the program. For child specific noncompliance that relates to a timeline requirement (timely services, 45 day timeline, transition conference, timely correction of noncompliance, timely data, timely IFSP meetings), the required action must be completed, although late (e.g., the IFSP meeting is held after 45 days).

Annual Compliance Review Tools

- Letter of Finding
- SoonerStart Electronic Monitoring Database
- Explanation for Missed Timelines
- Public Awareness Plan (site)

- Public Awareness Activities (site)
- Corrective Action Plan
- Corrective Action Follow Up Report
- Corrective Action Plan Summary Chart
- Corrective Action Plan Tracking Sheet
- Site Letter of Compliance
- Technical Assistance Report

Focused Monitoring Compliance Review

Focused monitoring includes a process that purposefully selects priority areas to examine for compliance/results while not specifically examining other areas to maximize resources, emphasize important variables, and increase the probability of improved results. In order to rank sites in an unbiased manner, stakeholders, along with the Oklahoma State Department of Education (OSDE), Special Education Services (SES), develops four cohorts based on each SoonerStart site's birth to three population. Each site is assigned to the group that has similar population and early intervention child count.

A stakeholder group reviews the Annual Compliance Review data and selects one or more priority areas from the Annual Performance Report (APR) indicators for the Program Managers to review at eight sites (two sites in each cohort) that are selected randomly or that score the lowest in the areas selected. The priority area is chosen by stakeholders annually in April of each year. The sites are not identified to the stakeholder group prior to selecting the priority areas. The stakeholder group assists the Program Managers in developing hypotheses for non-compliance as well as a monitoring plan for the site visits. Questions for interviewing staff and parents are developed by the stakeholders based on the monitoring priority areas.

Focused Monitoring takes place in June and July (See Monitoring timeline). The Program Managers contact the REIC and local health department lead clinician of the selected site and schedule a date for the focused monitoring. Files to be reviewed are chosen by a random sample determined by the OSDE Data Analysis Specialist. The REIC and local county health administrator are notified in writing to confirm the date of the on-site monitoring visit by the Program Managers. The memo includes the monitoring process, the indicators to be reviewed, and details of the overall visit. The priority area(s) selected by the stakeholders are highlighted in the memo as well as any additional administrative files that should be made available to the monitoring team. The REIC works with the local county health administrator to secure a work area for the monitoring team. Based on the indicator chosen by the stakeholder group, a parent forum may be required.

Focused Monitoring site visits include the following activities as needed:

- Introduction meeting
- Staff interviews (Interview protocol developed based on priority area)
- File reviews (Data collection sheet developed based on priority area)
- Administrative file reviews (Data collection sheet developed based on priority area)
- Parent interviews (Interview protocol developed based on priority areas)
- Administrator interviews (Interview protocol developed based on priority area)
- Feedback/Exit Meeting

On the scheduled date of the on-site monitoring visit, the Program Managers reviews the monitoring procedures with the REIC and local health department lead clinician and arranges a tentative time for an exit meeting. The Program Managers reviews the early intervention files and interviews staff in order to assess what is causing the early intervention team to be out of compliance in the priority areas. The exit meeting with the REIC and health department lead clinician is a brief overview of the monitoring results. The final report includes detailed findings after the facts have been assimilated and are mailed to the site within 60 days of the on-site visit. The report outlines any noncompliance that is identified during the onsite visit as well as the methods and sources of information used to identify noncompliance. Other issues impacting performance are identified as appropriate. The findings report also specifies expected actions that programs must complete (such as submitting or modifying Corrective Action

Plans), expected evidence of correction and improvement, and timelines to ensure that noncompliance is corrected in a timely manner but no later than one year from the data of the written report.

If a CAP is required, the Program Manager conducts monitoring and verification activities that focus on each of the areas of noncompliance after 90 days from the CAP date. Oklahoma monitors each applicable chart within a designated time period at each site to determine correction at the child level as well as local site procedures to ensure that barriers to compliance are being addressed. The documentation is recorded on the Corrective Action Plan Follow up Form. When noncompliance has been corrected, the REIC and local health department lead clinician receive a letter stating that the CAP is closed and that no further action is necessary. If non-compliance has not been corrected, subsequent monitoring and verification continues every 90 days until correction occurs.

Focused Monitoring Tools

- Focused Monitoring Review Sheet (developed as applicable)
- Parent Interview Form (as applicable)
- Staff Interview Form (as applicable)
- Hypothesis
- Focused Monitoring Report
- Letter of Compliance (as applicable)
- Focus Monitoring Corrective Action Plan (as applicable)

Concern-Specific Compliance Review

Concern specific monitoring consists of an on-site visit to the SoonerStart site and directs attention towards a specific area. Concern areas may include, but are not limited to; the amount and type of services children and families are receiving, individualized services, IFSP outcomes, family survey participation, personnel, administrative procedures, data collection methods and patterns, or specific issues. The areas of concern may be identified through the annual desk audit, data quality checks, focused monitoring activities, complaints and any other data gathering activities conducted within the year. The Program Managers develop a monitoring plan for the concern specific site visit. Questions for interviewing staff and are developed by the Program Managers based on the identified concern(s).

The Program Managers contacts the local REIC and local health department lead clinician and schedule a date to visit the SoonerStart site. The REIC and health department lead clinician are notified in writing to confirm the date of the on-site monitoring visit. The memo includes the reason for the onsite visit and the materials needed for the review other than child specific files. These materials may include SoonerStart documents related to service provision or compliance, time and effort documentation, service provider contracts, Phocis reports, documentation of travel expenditures, and any other paperwork generated by the local office related to services to infants and toddlers served with early intervention monies.

The Program Managers develop an on-site monitoring plan which includes the areas that need to be investigated within the concern-specific area. The Program Managers organize and obtain all needed forms and documents to be used during the on-site monitoring visit. The REIC of the local site may also need to arrange home visits for the monitoring team with or without local staff members.

On the scheduled date of the on-site monitoring visit, the Program Managers review the plans for the visit with the REIC and local health department lead clinician and arrange a tentative time for an exit meeting. The Program Managers review the necessary documents and/or early intervention files and interview staff in order to assess the issues pertaining to the specific concern. The exit meeting with the REIC and health department lead clinician includes a brief overview of the monitoring results.

The final report is compiled by the Program Managers to summarize the findings determined during the on-site visit. The Associate State Director of Monitoring ensures that the monitoring report is available to the early intervention site within 30 days unless additional information is needed. The Program Managers contact the REIC and local health lead clinician after they have received their report, and schedule a meeting to develop the site Improvement Plan and/or a Corrective Action Plan if any areas are found in non-compliance. The REIC and health department

lead clinician confirm the progress report dates and the expectation of having the corrections made by the deadlines. The Program Managers submit the plan to the OSDE Associate State Director of Monitoring for approval. After the Improvement Plan is in place, the Program Managers provide assistance to the local site as needed.

The Program Managers monitor and document the progress of the Improvement Plan on a monthly basis for three months. If the specific concern has been addressed and corrected, the Regional Coordinator and health department lead clinician receive a letter stating that the Improvement Plan is completed and that no further action is necessary. If the site is unable to correct the identified concern after 90 days, technical assistance and/or a site visit may be scheduled by the OSDE and OSDH.

Concern Specific Monitoring Tools

- Data Gathering Sheet (developed as applicable)
- Corrective Action Summary Form (as applicable)
- Letter of Compliance (as applicable)
- Improvement Plan (as applicable)

Filing Procedures for Monitoring

All data collected for each monitoring activity is on file at the Oklahoma State Department of Education (OSDE) Special Education Services (SES). File folders for each site in all 8 Regions contains:

- Training Activities
- Technical Assistance Reports
- Corrective Action Plans (CAP)
- CAP Follow-up Form
- Single Record Review forms (if applicable)
- CAP Summary Chart
- Concern specific file
- Annual Compliance Review file
- Focus Monitoring file
- Public Awareness Plan
- Site Data Profiles
- Site Determinations

Baseline Data for FFY 2004 (2004-2005):

In FFY 2003, each SoonerStart local site (26 total sites) was monitored. 56 of 65 (86.15%) findings (identified in FFY 2003) were corrected within one year of identification (see table below for more information).

Indicator	Number of sites reviewed in FFY 2003	a. Number of findings of noncompliance.	b. Number of corrections completed within one year.	Percent corrected within one year.
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	26	7	7	100%
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	26	0	0	100%
3. Percent of infants and toddlers with IFSPs who demonstrate improved:				

Indicator	Number of sites reviewed in FFY 2003	a. Number of findings of noncompliance.	b. Number of corrections completed within one year.	Percent corrected within one year.
NEW INDICATOR NO DATA 2004-05				
Percent of families participating in Part C who report that early intervention services helped the family: NEW INDICATOR NO DATA 2004-05				
5. Percent of infants and toddlers birth to 1 with IFSPs compared to:	26	0	0	100%
6. Percent of infants and toddlers birth to 3 with IFSPs.	26	0	0	100%
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.	26	5	4	80%
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.	26	11	6	55%

Indicator 9a, Figure 1 (Source: FFY 2003-2004, SoonerStart QA Report)

Indicator	Number of sites reviewed in FFY 2003	a. Number of findings of noncompliance.	b. Number of corrections completed within one year.	Percent corrected within one year.
Does the SS record reflect reasons why services are not provided in natural environments?	26	3	2	66.67%
Does the IFSP contain evidence that it was reviewed at least once every 6 months?	26	18	18	100%
Does the SS record reflect notification of meeting in the SS record?	26	14	12	85.71%
Does the record contain verification of surrogate parent training?	26	1	1	100%
Does the record reflect that the resource coordinator explained the parent rights to the parent/caregiver?	26	6	6	100%

Indicator	Number of sites reviewed in FFY 2003	a. Number of findings of noncompliance.	b. Number of corrections completed within one year.	Percent corrected within one year.
TOTALS (include priority areas and nonpriority areas)	26	65	56	86.15%

Indicator 9b, Figure 1 (Source: FFY 2004, SoonerStart QA Report)

Oklahoma has other general supervision mechanisms in place to identify areas of noncompliance, including complaint investigations, mediations, and due process hearings. OSDE-SES oversees the due process hearing request system, investigates formal written complaints, and encourages the use of mediation. No formal administrative complaints, mediations, or due process requests were received during this period; therefore no instances of noncompliance were identified related to indicator 9c.

Discussion of Baseline Data:

Each year, all early intervention sites are required to monitor their records and submit data results to SoonerStart personnel at the Oklahoma State Department of Education (OSDE), Special Education Services (SES). Baseline data was obtained by aggregating the FFY 2003 data from all 26 sites. Among other activities to correct the noncompliance, a series of improvement strategies intended to correct noncompliance with the 45-day timeline became effective in FFY 2004. The SoonerStart program also created a state guideline that SoonerStart personnel must conduct the initial family interview within 10 days of the initial referral or must document the reasons why it did not occur within the established 10-day timeline. Although SoonerStart has yet to achieve complete compliance with the requirement that initial IFSPs meetings be held in 45 days, it has been successful in dramatically and continuously improving performance. In addition, SoonerStart has collaborated with the National Center for Special Education Accountability and Monitoring (NCSEAM) to implement a focused monitoring system, and to discuss other methods of improving the general supervision of Part C in Oklahoma.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100.00% of identified noncompliance will be corrected within one year.
2006 (2006-2007)	100.00% of identified noncompliance will be corrected within one year.
2007 (2007-2008)	100.00% of identified noncompliance will be corrected within one year.
2008 (2008-2009)	100.00% of identified noncompliance will be corrected within one year.
2009 (2009-2010)	100.00% of identified noncompliance will be corrected within one year.
2010 (2010-2011)	100.00% of identified noncompliance will be corrected within one year.
2011 (2011-2012)	100.00% of identified noncompliance will be corrected within one year.
2012 (2012-2013)	100.00% of identified noncompliance will be corrected within one year.

Improvement Activities/Timelines/Resources:

- A. The OSDE is working on a revision of SoonerStart Policies and SoonerStart Procedures to reflect adherence to final federal regulations released September 2011.
- B. SoonerStart Program Managers have developed and implemented a SoonerStart Monitoring Procedures Manual that describes General Supervision activities and tools.
- C. SoonerStart has begun the process of changing team roles. Service coordinators have been trained to provide evaluation, assessment and IFSP services in some SoonerStart sites. Service providers have received training in procedural safeguards and parents rights as part of service coordination training.

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

Overview of the State Performance Plan Development:

The OSDE, along with the ICC, developed the SPP in accordance with the detailed procedures prescribed by the Secretary of the United States Department of Education. The OSDE-SES incorporated input from the broad group of Stakeholders, including parents of children with disabilities, local SoonerStart staff. See Introduction and Indicator 1 for more information.

Monitoring Priority: Formal Complaints

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:

The OSDE-SES has available a formal written complaint management system for filing and resolving specific complaints regarding alleged violations of the requirements under the IDEA.

Oklahoma Early Intervention Policies and Procedures established procedural safeguard protections to infants, toddlers and their family/care providers and a procedure for care providers to submit written formal and informal complaints. In response to previous OSEP monitoring, Oklahoma developed the Parents' Rights Questions and Answers brochure and created a new reporting system that efficiently tracks caregiver written informal concerns. During the initial family interview, families receive a copy of this brochure with their parent's rights. The resource coordinator provides information and answers questions about formal and informal concerns, mediation and due process. As a result of SoonerStart's efforts to resolve family/caregiver concerns at the local level we have received no formal complaints and only few informal concerns at the state level. Regional coordinators have reported timely investigation and submission of caregiver concern worksheets to the OSDH.

The investigation required by SoonerStart for formal complaints, informal complaints, and mediations are identified in policies and procedures along with the required time frame. Parents are aware of, and have access to, their rights to effective systems for parent and child protections. SoonerStart strives for the earliest resolution indicated with zero formal complaints in SFY 2003-2004. In addition, family/caregivers have opportunities to complete an informal caregiver concern worksheet identifying family/caregiver concerns and issues that are resolved at a local level.

Activities to assist resolution of formal written complaints may include technical assistance, consultation, mediation conferences, negotiations, corrective actions, or other recommended interventions. Early resolutions of the informal caregiver concern process are accomplished by the SoonerStart program and rarely require further steps. If informal caregiver concerns are not resolved at a local level then the OSDH SoonerStart director investigates by getting further information, conducting interviews or if deemed necessary an onsite investigation is conducted.

SoonerStart collaborates with the Alternative Dispute Resolution System of the Administrative Office of the Courts to mediate disputes over services for children with disabilities through Early Settlement Centers.

Mediation is a process of resolving disputes with the assistance of an outside third party. The process is voluntary on the part of the parents and the local SoonerStart site, and there is no cost to either party. OSDE bears the cost of mediation. A qualified mediator is selected on random bases and assists the communication and problem solving of participates in arriving at resolution, but does not render decisions on their behalf.

The Center for Special Education Due Process was established on September 1, 2003. The Center is responsible for managing, directing, training, and operating the special education due process hearing system as required under the IDEA. Oklahoma continues to use the IDEA Part B policies and procedures to guide formal complaints, mediation and due process proceedings.

Oklahoma has an appeal process in place, where either party, for any reason, who is not in agreement with the due process hearing decision, may appeal. Within 30-calendar days of the receipt of the due process hearing decision, a written appeal request must be received. An appeal officer will be selected to review the hearing procedures and decision, shall notify the parties of the need for more evidence and a formal hearing; or, the decision that no additional evidence is needed and that no formal appeal hearing is necessary. An appeal review decision will be made within 30-calendar days of the receipt of the appeal request unless the appeal officer grants an extension of the time. Delays in the 30-calendar day timeline may occur if either party requests additional time to secure new evidence, subject to the appeal officer’s decision that new or additional evidence is needed; either party request a postponement because of conflicting schedules or other valid cause for delay; or other reasons presented by either party within are approved by the appeal officer.

Baseline Data for FFY 2004 (2004-2005):

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(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 SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0

Indicator 10, Table 1 OSEP Attachment 1

Discussion of Baseline Data:

Percent = $0 + 0 / 0 \times 100 = 0$.

As shown in Table 1, zero baseline data of written complaints, mediation and due process SoonerStart methodology of resolving complaints has resulted in favorable outcomes for families. The SoonerStart caregiver concern process is working to resolve issues at a local level prior to written formal complaint, mediation or due process proceedings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2006 (2006-2007)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2007 (2007-2008)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2008 (2008-2009)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2009 (2009-2010)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2010 (2010-2011)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2011 (2011-2012)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.
2012 (2012-2013)	100% of informal and formal complaints, mediations and due procedures will be resolved in a timely manner.

Improvement Activities/Timelines/Resources:

- A. The OSDE-SES will work on any needed revisions of SoonerStart Policies and Procedures upon receipt of final federal regulations in coordination with Part B.
- B. SoonerStart staff will continue to disseminate information to family/caregivers regarding their rights and protection for infants and toddlers with disabilities. (ongoing)
- C. SoonerStart partner agencies will continue to use the SoonerStart Family Survey to determine if parents understand their rights in the SoonerStart process and procedural safeguards available to their family. (ongoing)
- D. The family services coordinator will continue assisting the OFN program and provide training and technical assistance to SoonerStart staff and families. (ongoing)

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

Overview of the State Performance Plan Development:

The OSDE, along with the Interagency Coordinating Council (ICC), developed the SPP in accordance with the detailed procedures prescribed by the Secretary of the United States Department of Education. The OSDE-SES incorporated input from the broad group of Stakeholders, including parents of children with disabilities, local SoonerStart staff. See Introduction and Indicator 1 for more information.

Monitoring Priority: Due Process Hearing Requests

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:

Oklahoma has an appeal process in place, where either party, for any reason, who is not in agreement with the due process hearing decision, may appeal. Within 30-calendar days of the receipt of the due process hearing decision, a written appeal request must be received. An appeal officer will be selected to review the hearing procedures and decision, shall notify the parties of the need for more evidence and a formal hearing; or, the decision that no additional evidence is needed and that no formal appeal hearing is necessary. An appeal review decision will be made within 30-calendar days of the receipt of the appeal request unless the appeal officer grants an extension of the time. Delays in the 30-calendar day timeline may occur if either party requests additional time to secure new evidence, subject to the appeal officer’s decision that new or additional evidence is needed; either party request a postponement because of conflicting schedules or other valid cause for delay; or other reasons presented by either party within are approved by the appeal officer.

Baseline Data for FFY 2004 (2004-2005):

Percent = 0+0/ 0 x 100 = 0

Discussion of Baseline Data:

During SFY 2005, SoonerStart did not receive a request for due process.

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

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

Improvement Activities/Timelines/Resources:

- A. The OSDE will work on any needed revisions of SoonerStart Policies and Procedures upon receipt of final federal regulations in coordination with Part B.
- B. SoonerStart local sites will continue to disseminate information to parents regarding their rights and protections for infants and toddlers with disabilities.
- C. SoonerStart due process hearings, mediation, caregiver written informal concerns, and complaint investigations data will be collected and coordinated for decision-making through a comprehensive data management and reporting system and reviewed quarterly by SoonerStart Part C partner agencies. (ongoing)

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

Overview of the State Performance Plan Development:

The OSDE, along with the ICC, developed the SPP in accordance with the detailed procedures prescribed by the Secretary of the United States Department of Education. The OSDE-SES incorporated input from the broad group of Stakeholders, including parents of children with disabilities, local SoonerStart staff. See Introduction and Indicator 1 for more information.

Monitoring Priority: Hearing Requests Resolution Sessions

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:

SoonerStart collaborates with the Alternative Dispute Resolution System of the Administrative Office of the Courts to mediate disputes over services for children with disabilities through Early Settlement Centers.

Baseline Data for FFY 2004 (2004-2005):

After final regulations are provided, SoonerStart will collaborate with OSDE-SES Part B to develop policies and procedures to address this indicator.

Discussion of Baseline Data:

Baseline data are not available at this time.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Measurable and rigorous targets will be established when baseline data becomes available.
2006 (2006-2007)	Measurable and rigorous targets will be established when baseline data becomes available.
2007 (2007-2008)	Measurable and rigorous targets will be established when baseline data becomes available.
2008 (2008-2009)	Measurable and rigorous targets will be established when baseline data becomes available.
2009 (2009-2010)	Measurable and rigorous targets will be established when baseline data becomes available.
2010 (2010-2011)	Measurable and rigorous targets will be established when baseline data becomes available.
2011 (2011-2012)	Measurable and rigorous targets will be established when baseline data becomes available.
2012 (2012-2013)	Measurable and rigorous targets will be established when baseline data becomes available.

Improvement Activities/Timelines/Resources:

After final regulations are provided, SoonerStart will collaborate with OSDE-SES Part B to develop improvement activities/timelines/resources.

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

Overview of the State Performance Plan Development:

The OSDE, along with the Interagency Coordinating Council (ICC), developed the SPP in accordance with the detailed procedures prescribed by the Secretary of the United States Department of Education. The OSDE-SES incorporated input from the broad group of Stakeholders, including parents of children with disabilities, local SoonerStart staff. See Introduction and Indicator 1 for more information.

Monitoring Priority: Mediation Agreements

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:

SoonerStart collaborates with the Alternative Dispute Resolution System of the Administrative Office of the Courts to mediate disputes over services for children with disabilities through Early Settlement Centers.

Mediation is a process of resolving disputes with the assistance of an outside third party. The process is voluntary on the part of the parents and the local SoonerStart site, and there is no cost to either party. OSDE-SES bears the cost of mediation. A qualified mediator is selected on a random basis and assists the communication and problem solving of participates in arriving at resolution, but does not render decisions on their behalf.

Baseline Data for FFY 2004 (2004-2005):

During SFY 2005, SoonerStart received no request for mediation.

Discussion of Baseline Data:

SoonerStart continues to strive for the earliest and most effective dispute resolution process. SoonerStart staff disseminates information to family/caregivers regarding their rights and protection for infants and toddlers with disabilities.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of mediations held will be documented
2006 (2006-2007)	100% of mediations held will be documented
2007 (2007-2008)	100% of mediations held will be documented
2008 (2008-2009)	100% of mediations held will be documented
2009 (2009-2010)	100% of mediations held will be documented

<p>2010 (2010-2011)</p>	<p>100% of mediations held will be documented</p>
<p>2011 (2011-2012)</p>	<p>100% of mediations held will be documented</p>
<p>2012 (2012-2013)</p>	<p>100% of mediations held will be documented</p>

Improvement Activities/Timelines/Resources:

- A. At the state level, the OSDE-SES is examining existing policies, practices, and procedures to determine what (if any) changes should occur in the system to address mediations that result in mediation agreements.
- B. The SoonerStart program will enter into an agreement with the Alternative Dispute Resolution System of the Administrative Office of the Court regarding the provision of mediation for the state of Oklahoma (Winter 2006).
- C. Require that the Alternative Dispute Resolution system of the Administrative office of the Court maintain a list of mediators, and report this updated list to the OSDE-SES (beginning Winter 2006).

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

Overview of the State Performance Plan Development:

The OSDE, along with the ICC, developed the SPP in accordance with the detailed procedures prescribed by the Secretary of the United States Department of Education. The OSDE-SES incorporated input from the broad group of Stakeholders, including parents of children with disabilities, local SoonerStart staff. See Introduction and Indicator 1 for more information.

Monitoring Priority: State 618 data reported are timely and accurate.

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, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

The Oklahoma Early Intervention Act has designated the OSDE, as the lead agency for administration of the SoonerStart program. OSDE is responsible for monitoring progress and providing oversight in the administration of early intervention services for infants and toddlers, and their families to ensure that the intent of the Individuals with Disabilities Education Act (IDEA) is achieved in Oklahoma. Oversight by the OSDE includes the use of various processes for accountability.

The Department of Education maintains the statewide Early Intervention Data System for the program. The data entry is maintained at local sites, supervised by a regional coordinator and reviewed monthly by the OSDE. The Web-based system includes data elements to meet federal, state and local data needs. Security and confidentiality is maintained by the OSDE-SES. The Department of Education Information Specialist (I.S.) maintains the early intervention database, provides technical assistance to local staff, and develops and maintains the federal, state, and local reports. The Department of Education Information Specialist (I.S.) has completed the following training: HTML and Site Design, Web Concepts 1 and 2, and Crystal Reports 1, 2 and 3.

In SFY 2004, the SoonerStart program created a Web-based system for the collecting of data and reporting the 618 child count data. This new Web-based system allows local staff the ability to facilitate more timely and accurate completion of the monthly data reports. By viewing the information simultaneously with the SoonerStart sites during technical assistance telephone calls the application specialist and regional coordinators eliminate errors more efficiently. OSDE-SES is ensuring additional steps towards the reliability and validity of the information reporting process by computerized edit checks.

IDEA Part C 618 data are reviewed using a multilayer approach. On the local level, the regional coordinators review the data with resource coordinators and service providers. Several reports have been developed for the local teams to facilitate this process (i.e., duplicate record, provider caseload, transition, etc...). At the state level, the I.S. at the OSDE constantly reviews data for entry errors and system problems. The state staff meets with the regional coordinators bimonthly to discuss current issues including data concerns. Videoconference training on the database has been developed and will be provided annually or more often if requested.

Baseline Data for FFY 2004 (2004-2005):

In SFY 2005, the OSDE-SES received an extension and submitted 618 Child Count Data to the OSEP by the extension date. The Oklahoma SoonerStart Part C APR was submitted to the OSEP prior to the due date March 31, 2005. Mechanisms for ensuring accuracy are guaranteed through the OSDE-SES and are described in the overview.

- 100% of State reported data will be accurate.
- 100% of State reported data will be reported timely.

Discussion of Baseline Data:

One hundred percent of state reported data has been submitted on or before due dates or extensions were requested. Extensions were requested due to the change in the data system. In SFY 2005, the OSDE-SES started entering Child Count Data into a new web-based system. This created many data challenges prior to the submission on 618 data to WESTAT. Time and effort was spent to ensure the data was valid and accurate.

One hundred percent of Part C SoonerStart APR was submitted prior to the due date.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2006 (2006-2007)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2007 (2007-2008)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2008 (2008-2009)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2009 (2009-2010)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2010 (2010-2011)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2011 (2011-2012)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.
2012 (2012-2013)	100% of state reported data will be submitted on or before due dates. 100% of State reported data will be accurate.

Improvement Activities/Timelines/Resources:

- A. The OSDE-SES will continue to implement strategies for ensuring the timeliness and accuracy of data submissions.
- B. The OSDE-SES will continue to implement computerized edit checks by OSDE data services and SoonerStart staff.
- C. The OSDE will continue to maintain the statewide SoonerStart Data System for the program.
- D. The SoonerStart data specialist will continue to ensure accuracy of the 618 data.
- E. The SoonerStart will continue to attend the annual Accountability Conference.
- F. In SFY 2006, the SoonerStart program will publicize the timeliness of data submissions on the OSDE-SES web-site as part of the QA Process.

Family Survey - Early Intervention

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. You may skip any item that you feel does not apply to your family.

Use pencil only 

Fill in circle completely:
Incorrect: 

Very Strongly Disagree
Strongly Disagree
Disagree
Agree
Very Strongly Agree

Family-Centered Services

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s). | <input type="radio"/> |
| 2. I was asked whether I wanted help in dealing with stressful situations. | <input type="radio"/> |
| 3. I was given choices concerning my family's services and supports. | <input type="radio"/> |
| 4. My family's daily routines were considered when planning for my child's services. | <input type="radio"/> |
| 5. I have felt part of the team when meeting to discuss my child. | <input type="radio"/> |
| 6. The services on our IFSP have been provided in a timely way. | <input type="radio"/> |

My family was given information about:

- | | | | | | | |
|------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. - modifications of routines, activities, and the physical setting that would help my child. | <input type="radio"/> |
| 8. - the rights of parents regarding Early Intervention services. | <input type="radio"/> |
| 9. - community programs that are open to all children. | <input type="radio"/> |
| 10. - organizations that offer support for parents of children with disabilities. | <input type="radio"/> |
| 11. - how to participate in different programs and services in the community. | <input type="radio"/> |
| 12. - opportunities for my child to play with other children. | <input type="radio"/> |
| 13. - how to advocate for my child and my family. | <input type="radio"/> |
| 14. - who to call if I am not satisfied with the services my child receives. | <input type="radio"/> |

Someone from the Early Intervention program:

- | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 15. - helped me get services like child care, transportation, respite care, or food stamps. | <input type="radio"/> |
| 16. - helped me get in touch with other parents for help and support. | <input type="radio"/> |
| 17. - asked whether the services my family was receiving were meeting our needs. | <input type="radio"/> |
| 18. - went out into the community with me and my child to help us get involved in community activities and services. | <input type="radio"/> |

The Early Intervention service provider(s) that work with my child:

- | | | | | | | |
|------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 19. - are dependable. | <input type="radio"/> |
| 20. - are easy for me to talk to about my child and my family. | <input type="radio"/> |
| 21. - are good at working with my family. | <input type="radio"/> |
| 22. My service coordinator is available to speak with me on a regular basis. | <input type="radio"/> |
| 23. My service coordinator is knowledgeable and professional. | <input type="radio"/> |
| 24. Written information I receive is written in an understandable way. | <input type="radio"/> |
| 25. I was given information to help me prepare for my child's transition. | <input type="radio"/> |

Please turn page over ⇌



		Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Very Strongly Agree																																								
Impact of Early Intervention Services on Your Family																																														
<i>Over the past year, Early Intervention services have helped me and/or my family:</i>																																														
26.	- participate in typical activities for children and families in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
27.	- know about services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
28.	- improve my family's quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
29.	- know where to go for support to meet my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
30.	- know where to go for support to meet my family's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
31.	- get the services that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
32.	- feel more confident in my skills as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
33.	- keep up friendships for my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
34.	- make changes in family routines that will benefit my child with special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
35.	- be more effective in managing my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
36.	- do activities that are good for my child even in times of stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
37.	- feel that I can get the services and supports that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
38.	- understand how the Early Intervention system works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
39.	- be able to evaluate how much progress my child is making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
40.	- feel that my child will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
41.	- feel that my family will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
42.	- communicate more effectively with the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
43.	- understand the roles of the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
44.	- know about my child's and family's rights concerning Early Intervention services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
45.	- do things with and for my child that are good for my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
46.	- understand my child's special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
47.	- feel that my efforts are helping my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																								
48. Child's Gender 1 <input type="radio"/> Male 2 <input type="radio"/> Female		51. Child's Race / Ethnicity 1 <input type="radio"/> White 2 <input type="radio"/> Black or African-American 3 <input type="radio"/> Hispanic or Latino 4 <input type="radio"/> Asian or Pacific Islander 5 <input type="radio"/> American Indian or Alaskan Native 6 <input type="radio"/> Multi-racial																																												
49. Child's Age at Time of Survey Completion 1 <input type="radio"/> Birth to 1 year 2 <input type="radio"/> 1 - 2 years 3 <input type="radio"/> 2 - 3 years 4 <input type="radio"/> Over 3 years		<i>For Office Use Only</i> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																												
50. Child's Age When First Referred to Early Intervention 1 <input type="radio"/> Birth to 1 year 2 <input type="radio"/> 1 - 2 years 3 <input type="radio"/> 2 - 3 years																																														
--Thank you for your participation.--																																														

