

**Individuals with Disabilities
Education Act 2004**

**Nebraska
Part C:
State Performance Plan
2005-2006 through 2012-2013**

**Submitted February 1, 2012
by
Nebraska Department of Education
Nebraska Department of Health and Human Services**

This report was prepared by staff from the Co-Lead Agencies for Early Intervention:
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Nebraska's State Performance Plan (SPP) and Annual Performance Reports (APR)
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<http://www.education.ne.gov/sped/data.html>

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

Overview of the State Performance Plan Development:

In response to federal Office of Special Education Programs (OSEP) requirements, Nebraska's Part C SPP has been developed by the Nebraska Department of Education (NDE) and the Department of Health and Human Services (DHSS)* co-lead agencies ("the Co-Leads") with broad stakeholder input and is being made widely available to the public, as described below.

** Note: The name of Nebraska's Health and Human Services System (HHSS) was changed in 2007 to the Nebraska Department of Health and Human Services (NDHHS). The SPP has been updated to reflect the change.*

NDE Development: June – August 2005

Development of the SPP began with a review of SPP requirements in the Individuals with Disabilities Education Act (IDEA) 2004, and in the June 21, 2005 proposed IDEA regulations. Beginning in June 2005, and continuing through the completion of the SPP in November, 2005, combined Part B and Part C planning and development sessions were held with NDE Office of Special Education and Co-Leads staff, including the State Director of Special Education, the administrator of Special Services for Children and Adults (NDHHS), the SPP management team, and Special Education program consultants.

At the initial planning meeting, OSEP's SPP package, which included instructions, draft indicator measurement tables, and draft SPP templates, was studied and discussed. Indicators were assigned to individual program consultants related to areas of expertise and assignment within NDE and the Co-Leads. Small groups were assigned where appropriate to facilitate the collection and examination of data and to assure continued integration of activities. Planning meetings were held with other teams within the state agencies, especially the Early Childhood Team and NDE and NDHHS data teams, to ensure that data, resources, activities and timelines were aligned to the greatest extent possible across teams.

Revisions to the SPP Indicators were received from OSEP in July 2005 and program specialists produced the first rough draft of the SPP during the last week of July. At that time a meeting was held with the NDE/DHHS/ESU (Educational Service Unit) steering committee to discuss SPP development requirements and timelines, particularly those regarding broad stakeholder input. Also, during the last week of July, the Mountain Plains Regional Resource Center (MPRRC) director and Nebraska TA consultant worked directly with NDE staff and the Co-Leads to provide SPP feedback and to help prepare for the OSEP verification visit to Nebraska in October, 2005.

Selected Co-Leads staff attended the OSEP Summer Institute in Washington, DC on August 11-12, 2005. At that time the final SPP indicators, measurement tables, and other pertinent materials were received and discussed by Nebraska participants. Immediately following the Institute (August 16, 2005), an SPP work session for the Co-Leads consultants was held to ensure understanding of the final requirements and to complete the timeline for SPP development and broad stakeholder input. The work session included materials from the Institute, with copies of mini-notebooks distributed to each program consultant. Based on this additional input, study and discussion, the Co-Leads completed a second revision of the Nebraska Part C SPP, and prepared for its presentation on September 1, 2005 at the state NDE/DHHS/ESU Collaborative meeting in Lincoln.

Broad Stakeholder Input & Continuing Development: August – November 2005

On August 25, 2005, a meeting of the Early Childhood Interagency Coordinating Council (ECICC) sub-committee met to review all of the Part C indicators for the SPP. A report on the meeting was given to the entire ECICC on August 26. On September 1 another major presentation and discussion of Nebraska's SPP was conducted with the NDE/ESU Collaborative group. This key stakeholder group was made up of all special education directors, monitoring/compliance managers and data managers in

Nebraska's intermediate education agencies, as well as representatives of the state's largest school districts, special education cooperatives, and Planning Region chairs. Nebraska's SPP development process and federal requirements were described, featuring the PowerPoint presentation, "Evolution and Expectations of the SPP and APR," from the OSEP Summer Institute. Each of the drafted SPP Indicators was highlighted, noting unique challenges, questions, and particular assistance or feedback needed from stakeholders around baseline data, proposed targets, activities, timelines and resources. Packets containing the proposed SPP and many of the related materials from the OSEP Summer Institute were provided to all participants. At this meeting a plan was established for requesting regional input to be coordinated by the Co-Leads. A sample comment form for public input was created and many strategies and methods for soliciting input from parents, staff members, administrators and community partners were discussed.

Following the September 1, 2005, stakeholder meeting the draft SPP was posted on the NDE Special Education website for access and review by parents, school district staff and administrators, multiple stakeholder groups, and individuals statewide.

In the fall of 2005 similar presentations were facilitated and packets of SPP materials provided to additional stakeholder groups including: the Nebraska Association of Special Education Supervisors (NASES), the Nebraska Special Education Advisory Council (SEAC), and the Early Childhood Interagency Coordinating Council (ECICC). The NASES membership represents all special education directors and coordinators in school districts and ESUs. SEAC and ECICC are made up of parents, the Parent Training and Information Center, advocacy groups, special and general education teachers, individuals with disabilities, other state agencies that serve individuals with disabilities, institutions of higher education, school district administrators, and NDE staff. At these meetings selected Indicators were the focus of discussion. All participants were encouraged to submit comments regarding the Indicators' proposed targets, activities, timelines and resources, with particular attention to online access of the proposed SPP.

During the last week of September and first week of October, 2005, a series of four regional special education workshops were hosted at locations across Nebraska by the NDE Special Education Office and NDHHS. At these sites primary participants were special education and general education teachers, principals, related services personnel, services coordinators, and parents. Again, discussion and response to key questions on selected Indicators were featured on the agenda.

In addition to receiving direct feedback at each of these stakeholder venues in September and October, all participants were encouraged to access and promote the use of the NDE website with local program staff, parents, and other stakeholders to provide additional comment at any time throughout the SPP development process. In early October an SPP Comment Form was posted on the NDE website with input invited through November 1, 2005, to help ensure input from a wide range of stakeholders. At its November 3rd meeting SEAC analyzed the summary of public comments received, held further discussion, and made recommendations regarding the Indicators and SEAC priorities. On November 10 a meeting was held with the Co-Leads to review and comment on the Part C SPP.

Throughout October and November the MPRRC and OSEP, as well as other national technical assistance centers, hosted series of SPP conference calls, all of which offered valuable opportunities for discussion and clarification with colleagues and OSEP partners. The Q & A document and other resource and support materials provided by OSEP for the conference calls were especially useful in refining and guiding the final development of the SPP, including the OSEP Bottomlines and SPP Checklist.

2005 OSEP Verification Visit and Response to Annual Performance Report (APR) Findings

On October 17-19, 2005, an OSEP verification visit was made to Nebraska, and valuable feedback was offered by the OSEP team regarding the proposed SPP, especially related to the plan for improvement strategies in areas of concern identified in the March, 2005 APR response letter.

Completion and Submission of SPP: December 2005

Following ongoing receipt of input and discussion of the proposed SPP Indicators, the NDE special education team and the Co-Leads reconvened in November for a series of three meetings to review, adjust, and incorporate ideas, recommendations, and additional data into the SPP as appropriate. The MPRRC provided technical assistance in a final review of the SPP using OSEP's SPP Checklist as the standard. Nebraska's SPP was completed and submitted electronically to OSEP on December 2, 2005.

Stakeholder Input Related to "New Indicators" for February, 2007 SPP

In the February 1, 2007 SPP submission to OSEP states were required to provide information as to how the state obtained broad input from stakeholders related to "New Indicators" and disseminated the SPP to the public.

A variety of key stakeholder groups were involved in discussions during 2006 and early 2007 seeking input for the continued development of targets, improvement activities, timelines, and resources as appropriate for each of the three new Indicators (3, 4 and 12).

During October, 2006, a series of four regional special education workshops were hosted at locations across Nebraska by the NDE and NDHHS. The topics addressed in these workshops included the "New Indicators".

The NDE/ESU Collaborative project, a stakeholder group made up of ESU and school district representatives, provided input throughout 2006 on a number of the "New Indicators." As ILCD facilitators for their school district and ESUs, they are responsible for helping school districts and Planning Region Teams meet all the compliance and performance requirements of SPP Indicators.

The NDE/NDHHS Results Matter team hosted conference calls March-November, 2006, with the six selected school district and educational service unit (ESU) sites who participated in Nebraska's phase-in of child outcomes data for Indicator 3. In addition to these key stakeholders, input around Indicator 3 (Part C) family outcomes and Indicator 4 (Part C) surveys was gathered from the Early Intervention practitioners and administrators participating in the five Results Matter workshops held throughout the state in October, 2006. Throughout 2007, 2008, and 2009, the Nebraska Results Matter Task Force continued to provide ongoing guidance and direction to NDE and NDHHS around child and family outcomes work. In addition, the state Early Childhood Interagency Coordinating Council (ECICC) was engaged in discussions and provided input related to the infant and toddler outcomes and family survey.

Stake holder input related to extending the SPP Targets for February 2011 SPP

In the spring of 2010 the Part C Co-Leads reviewed the trend data for each indicator from the previous APRs. The actual data compared to the target(s) were considered along with the improvement activities conducted each year. Co-Leads re-examined the explanations for achieving targets or slippage to determine if additional or differing conclusions could be drawn from the data when considered over several years instead a single year at a time. The results of this discussion led to proposed targets for the additional two years needing to extend the SPP through FFY 2013.

On November 19, 2010, the Gaps and Barriers Committee of the Nebraska Early Childhood Interagency Coordinating Council (ECICC) met to consider the proposed SPP targets for FFY 2011 and FFY 2012. The Committee, composed of representatives of agencies, parents, educators, health care and child care professionals, and others with a vested interest in the welfare of infants and toddlers, reviewed the same data considered by the Co-Leads and endorsed the proposed targets. Committee members also contributed suggestions for expanded improvement activities in several areas related to child find and parent involvement. The Committee presented their conclusions to the entire ECICC who recommended the SPP extension be submitted as approved by the Committee.

The Special Education Advisory Committee also reviewed the targets proposed for FFY 2011 and FFY 2012 at their meeting on January 20, 2011. They added their confirmation of the approval provided by the ECICC.

2011 OSEP Verification Visit and Results Stakeholder Meeting

The Nebraska Part C OSEP team conducted an on-site visit on September 26-28, 2011. Prior to the on-site visit, multiple conference calls involving the exchange of documents and review of the NDE website were held. Nebraska Part C Co-Leads completed the Critical Elements Analysis Guide (CrEAG) in preparation for the contacts with the OSEP team. As Nebraska had no issues identified on the FFY2010 APR Response Table, there was no need for discussion of that document.

During the on-site visit the CrEAG document was reviewed by the OSEP team to ascertain that Nebraska Part C was in compliance with IDEA requirements. Policies and procedures were discussed with OSEP team members interviewing Part C staff to confirm the implementation of policies and procedures as outlined in the CrEAG. During the informal wrap-up session at the conclusion of the visit, OSEP team members summarized the discussions of the three days. They indicated that there were no major compliance issues and outlined steps to be taken in preparation for implementing the new Part C Regulations, which were issued during the course of the visit. A written letter of findings to summarize the conclusions of the OSEP team as a result of their visit has not yet been received by Nebraska Part C Co-Leads.

The second part of the OSEP visit involved a stakeholders meeting to develop activities to address a topic that had been chosen to work toward improved results for infants and toddlers with disabilities and their families. Approximately thirty stakeholders participated, representing state agencies, private foster care providers, school districts, services coordinators, parents, Head Start, ECICC, underserved groups, medical parent partners, and technical advisors. They considered the issue of increasing the number of infants and toddlers who are referred to the Early Development Network through Children's Abuse Prevention and Treatment Act (CAPTA), and evaluated by a multidisciplinary team (MDT). Trend data from APR Indicators #5 and #6 for the last five years was reviewed by the stakeholders who, then, developed action steps to boost the number of CAPTA children who are effectively screened resulting in MDT evaluations to determine eligibility. ECICC and SEAC also received information and data regarding the selected improved results for their comment. Members of the stakeholder group and Councils will receive updates on progress toward achieving the targets established for Indicators 5 and 6.

Public Dissemination:

In keeping with the policies and practices of the Nebraska Department of Education and the Nebraska Department of Health and Human Services, the final SPP is being made available to the public in a variety of ways. It is posted on the Early Development Network Web Site, accompanied by a user-friendly, one-page table of contents that lists each of the 14 indicators, the focus of each indicator, and the page number in the SPP on which that indicator can be located.

In addition, an electronic and/or paper notice is sent to all school districts, ESUs, Planning Region Teams, advocacy groups, Protection and Advocacy agencies, the Parent Training and Information Center, Nebraska Advocacy Services, other public agencies, and media (television and newspapers) statewide announcing the posting of the SPP as well as the availability of paper copies at the Nebraska Department of Education.

Reporting Results to the Public:

Beginning in 2006-07, and in 2007-08 for new Indicators, the public reporting of data on SPP Indicators, as required by IDEA, has been accomplished using technology. NDE prepares a summary of Indicators for each school district (local education agency) that is published each year. This process coincides with the release of the Nebraska State of the Schools Report. This report is posted on the NDE website as

well as being made available for posting on school district websites. Copies of the summary are available through NDE. A report is made annually to the ECICC, SEAC, and other stakeholders as appropriate and upon request. Public reporting for Part C may be found on the Early Development Network website: <http://edn.ne.gov/spp/index.html>

Nebraska continues to use the NDE Special Education Office website to annually report to the public on Nebraska's progress and/or slippage in meeting the State Performance Plan measurable and rigorous targets. The State Performance Plan and the Annual Performance Reports can be viewed on the website at the following address: <http://www.education.ne.gov/sped/data.html>

The State of the Schools Report website is the vehicle used to report State Performance Plan data to the public. It is the state reporting tool for displaying district and state level data for all students in Nebraska schools. Through the NDE State of the Schools Report (SOSR) website, Nebraska annually reports the district and state level data to the public. The annual SPP data reported for each school district (LEA) in the State, on the SOSR, includes LEA performance on each of the SPP indicators and indicates whether the district has met or not met the established SPP target. The SOSR website is located at: <http://reportcard.education.ne.gov>

As required by state and federal law, NDE does not report to the public any information on performance that would result in the disclosure of personally identifiable information about individual children, or when the available data are insufficient to yield statistically reliable information.

NDE Data Collection and Reporting Systems:

The Special Education Office and the Data Center in the Nebraska Department of Education (NDE) use an electronic, web-based data collection system, called the Nebraska Student and Staff Record System (NSSRS). NSSRS includes a "continuous data submission" feature that allows school districts to enter child data on-line at any time. This allows for regular updates of both student and staff information.

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Part C State Performance Plan (SPP) for 2005-2013

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 1:

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

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

Measurement: (updated 2-1-10)

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

Account for untimely receipt of services, including the reasons for delay. (not required until FFY 2010)

Overview of Issue/Description of System or Process:

The IFSP team determines the start date of each service based on the individual needs of the child and family. The NAC Rule 51 states all services on the IFSP must begin as soon as possible after the IFSP meeting.

Determining the percent of infants and toddlers with IFSPs who receive early intervention service on their IFSP in a timely manner is part of the file review monitoring process. The on-site monitoring process is on a three-year cycle. (Refer to Indicator 9 for an overview of monitoring process).

IFSP files are reviewed for the date services were initiated and the Services Coordinators narratives are also reviewed for support documentation. A billing check is also conducted through Health and Human Services CONNECT database on services coordination to determine if services are being provided in a timely manner.

Baseline Data for FFY 2004 (2004-2005):

Baseline data from the on-site monitoring visits showed 100% of the 99 infants and toddlers received early intervention services on their IFSPs in a timely manner. Billings' checks for services coordination found 100% of infants and toddlers received services coordination in a timely manner.

Discussion of Baseline Data:

All services are considered available to the family immediately following their signature for consent at the IFSP meeting. The family has access to all team members as needed. The Services Coordinator and services providers immediately start to arrange schedules with the family for services.

FFY	Measurable and Rigorous Target
2005 (2005-1y2006)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2006 (2006-2007)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2007 (2007-2008)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2008 (2008-2009)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2009 (2009-2010)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2010 (2010-2011)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2011 (2011-2012)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.
2012 (2012-2013)	100% compliance of infants and toddlers who receive the early interventions services on their IFSPs in a timely manner.

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Train early intervention programs on definition of timely services. <i>Revised 2-1-09</i> Provide training and technical assistance in a variety of venues, such as with school districts, Planning Region Teams, Services Coordinators, families, and others as appropriate, about definition of timely services and documenting reasons for delay in delivery of timely services.	X	X	X	X	X	X	X	X
2.	<i>Discontinued 2007-2008: see revised Activity 1.</i> During the pre-monitoring site visit, provide technical assistance on documenting the reason for a delay in infants and toddlers receiving timely services due to family needs.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
3.	<i>Discontinued 2007-2008: see revised Activity 1.</i> Routinely provide training and technical assistance to school districts, Planning Region Teams, services coordinators, and others as appropriate, about documenting	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.

	reasons for delay in delivery of timely services.								
4.	Continue billing checks for services coordination through the CONNECT system.	X	X	X	X	X	X	X	X
5.	Continue monitoring of programs for compliance with this indicator. When noncompliance is identified, Co-Leads staff will work with programs to determine nature of noncompliance, develop and implement an improvement plan or corrective action.	X	X	X	X	X	X	X	X

Resources:

Early Development Network Co-Lead staff
 Department of Health and Human Services (NDHHS) staff
 LEA Special Education staff
 NDE data manager
 NDHHS data manager
 Educational Service Unit ILCD facilitator
 CONNECT system (data)
 NECTAC

Added 2-1-07:
 PTI-Nebraska

Added 2-1-08:
 Munroe-Meyer Medical Institute

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2:

The percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs in community-based settings.*¹

** previously termed "programs for typically developing children"-revised as in 2006-2007APR.*

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

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

Measurement:

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

Overview of Issue/Description of System or Process:

Since 1998 the state has provided on-going training and technical assistance to EIS agencies on providing support services to infants and toddlers in their natural environments. A technical assistance and training project has been on going with the Planning Region Teams using the Primary Provider Model over the past six years. This model combines the elements of coaching, conducting evaluation and assessment, developing IFSP outcomes, and provision of services in natural environments. Annual training along with quarterly teleconferences has been held to provide support and training to service providers and Services Coordinators. In 2005-2006 the teleconferences were discontinued and directed the early intervention teams to Communities of Practice on natural environments on the OSEP website.

The SESIS (Special Education Student Information System) provides setting information for all infants and toddlers through an annual school district count to capture the percent of children receiving services in the home or programs in community-based settings.

Baseline Data for FFY 2004 (2004-2005):

Nebraska 2004 baseline data for settings in natural environments for infants and toddlers

Source	Total # children served	Children served in homes		Children served in programs in community-based settings	
		Number	Percent	Number	Percent
SEGIS Count 12/1/04	1302	998	76.7%	113	8.7%

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

Discussion of Baseline Data:

SEGIS did not capture completely the settings categories for the Part C settings report. This has been rectified for the December 1, 2005 settings count.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	At least 85.5% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2006 (2006-2007)	At least 86% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2007 (2007-2008)	At least 86.5% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2008 (2008-2009)	At least 87% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2009 (2009-2010)	At least 87.5% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2010 (2010-2011)	At least 88% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2010 (2010-2011)	At least 88.5% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2011 (2011-2012)	At least 90% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.
2012 (2011-2012)	At least 90.5% of infants and toddlers with IFSPs primarily will receive early intervention services in the home or programs in community-based settings.

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY	2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1. In pre-monitoring visits provide training and technical assistance in correctly documenting justification on the IFSP for services not provided in natural environments <i>Revised 2-1-09:</i> Provide training and technical assistance in a variety of venues, such as with school districts, Planning Region Reams, Services Coordinators, families, and other as appropriate, about providing services in natural and inclusive environments, and in correctly documenting justification on the IFSP for services not provided in natural environments.	X	X	X	X	X	X	X	X

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
2.	<i>Discontinued 2-1-07.</i> Continue quarterly conference calls with the Primary Provider Model early intervention teams to give technical support on providing services in natural environments.	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
3.	<i>Discontinued 2-1-09: see revised Activity 1.</i> Continue session at Summer Institute on documenting appropriately when services are not provided in natural environments.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
4.	<i>Discontinued 2-1-09: see revised Activity 1.</i> Provide session at Summer Institute on documenting appropriately when services are not provided in natural environments.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
5.	<i>Added 2-1-07:</i> <i>Revised 2-1-09:</i> Provide early intervention teams with information on resources to obtain current information on evidence-based practices; e.g., Communities of Practice (COP) and the National Professional Development Center on Inclusion (NPDCI)		X	X	X	X	X	X	X
6.	<i>Added 2-1-07:</i> Evaluate trend data for this indicator and reset targets if warranted.				Post-poned to 2009	X	Disc.	Disc.	Disc.

Resources:

- Early Development Network Co-Leads staff
- Department of Health and Human Services (NDHHS) staff
- LEA Special Education staff
- NDE data manager
- NDHHS data manager
- Educational Service Unit ILCD facilitator
- CONNECT system (data)
- NECTAC regional contact
- Mountain Plains Regional Resource Center (MPRRC)
- Orelena Hawks Puckett Institute–Dathan Rush and M’Lisa Sheldon (natural environments trainers)
- Added 2-1-08:*
- PTI-Nebraska
- Munroe-Meyer Medical Institute

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Part C State Performance Plan (SPP) for 2005-2012*[Updated 2-1-2010]***Overview of the State Performance Plan Development:**See [APR Overview](#), Page 1**Monitoring Priority: Early Intervention Services in Natural Environments****Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

Outcomes:

- 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.

Progress categories for A, B and C:

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

Measurement: (cont.)

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

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

Measurement for Summary Statement 1: Percent = # of infants and toddlers reported in progress category (c) plus # of preschool children reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

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

Overview of Issue/Description of System and Process:

Results Matter in Nebraska (hereafter, referred to as Results Matter) is a child, family and program outcomes measurement system designed and implemented to improve programs and supports for all young children birth to age five (B-5) served by school districts (LEAs), the Early Development Network (Part C) and their community partners.

Results Matter is responsive to the state requirements of the Nebraska Department of Education (NDE) Rule 11 Regulations for Early Childhood Programs, NDE Rule 51 for Special Education Programs, and the federal mandates of IDEA-Part C (infants and toddlers) and Part B-619 (children ages 3-5).

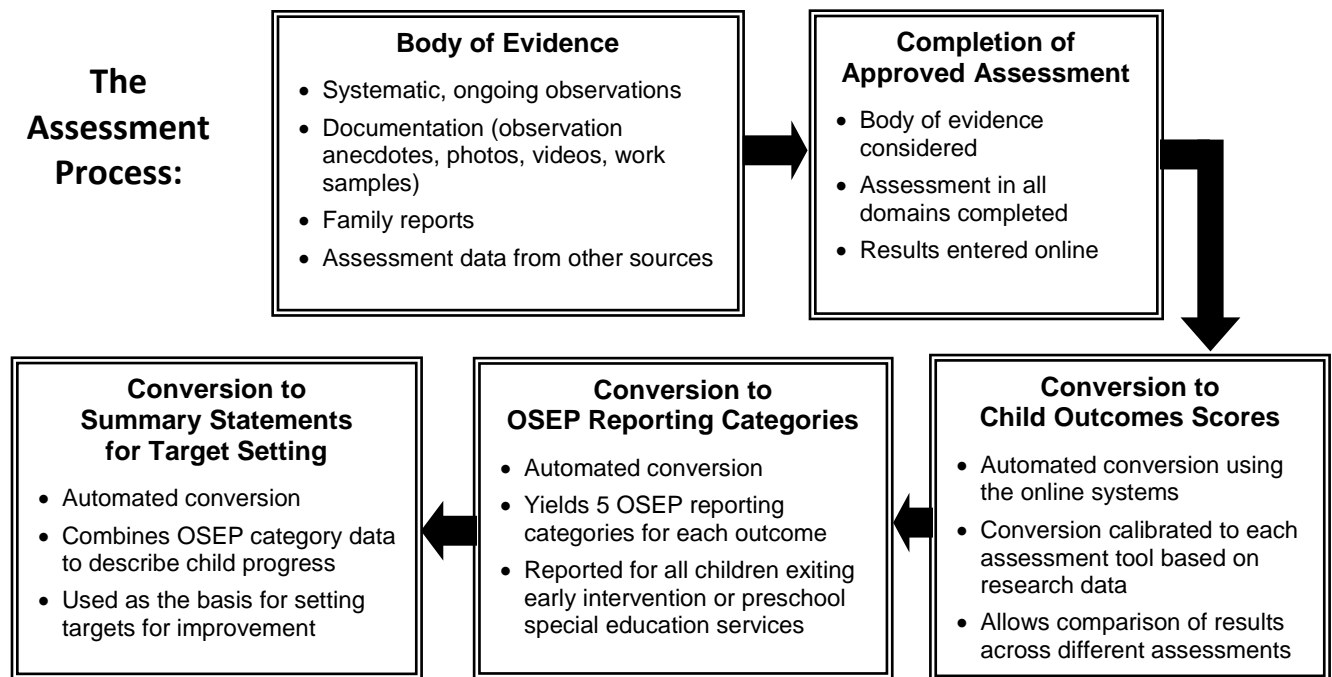
The child outcomes component of Results Matter measures young children's progress using authentic child assessment tools. School districts (LEAs) report child progress data online, using one or more of three authentic child assessment tools required by NDE: Creative Curriculum Developmental Continuum®, High/Scope Child Observation Record (COR) and Assessment, Evaluation and Program System (AEPS). This child outcomes measurement and reporting process is depicted and described in the following flow chart.



Child Outcomes Measurement and Reporting Process

From Authentic Assessment to OSEP Reporting

The Early Childhood Outcomes Center has been collaborating with national experts to develop a process for converting early childhood assessment results to scores on the three OSEP-required child outcomes. These child outcome scores allow us to compare results from across the state while maintaining flexibility for local programs to choose their preferred assessment tool from three NDE- required tools. This chart describes the assessment process for children B-5 served by school districts and the Early Development Network through early intervention (Part C) and early childhood special education (Part B). This process culminates in the reporting of Nebraska child outcomes data to the federal Office of Special Education Programs (OSEP) for Part C Indicator 3 and Part B Indicator 7.



**Reporting
to
OSEP:**

Three Child Outcomes:

- A. Children have positive social skills including positive social relationships.
- B. Children acquire and use knowledge and skills including language /communication.
- C. Children take appropriate action to meet their needs.

Five OSEP Reporting Categories:

For each of the child outcomes:

- a. Percent of children who did not improve functioning
- b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach it
- d. Percent of children who improved functioning to reach a level comparable to same-aged peers
- e. Percent of children who maintained functioning at a level comparable to same-aged peers.

Two OSEP Summary Statements:

For each of the child outcomes:

- 1. Of those children who entered the program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they exited the program.
- 2. The percent of children who were functioning within age expectations in each Outcome by the time they exited the program.

Progress Data/ Baseline Data for Infants and Toddlers Exiting 2008-2009:

The charts below contain Nebraska’s infant and toddler progress/baseline data for FFY 2008 (2008-2009) as well as Summary Statement 1 and Summary Statement 2 for infants and toddlers exiting 2008-09. Given the baseline data in the five progress categories for each of the three Outcomes in FFY 2008, states are required to calculate and report two Summary Statements for each Outcome, using the measurement formulas provided by OSEP.

<u>Baseline Data for FFY 2008:</u>	Outcome A: Positive social-emotional skills		Outcome B: Acquisition and use of knowledge and skills		Outcome C: Use of appropriate behaviors to meet their needs	
	# of children	% of children	# of children	% of children	# of children	% of children
OSEP Reporting Categories—baseline data:						
a. Percent of infants and toddlers who did not improve functioning.	18	4.6% (18/389)	25	6.4% (25/389)	14	3.6% (14/388)
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	109	28.0% (109/389)	113	29.0% (113/389)	108	27.8% (108/388)
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.	9	2.0% (9/389)	6	1.5% (6/389)	14	3.6% (14/388)
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	30	7.7% (30/389)	31	8.0% (31/389)	73	18.8% (73/388)
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	223	57.3% (223/389)	214	55.0% (214/389)	179	46.1% (179/388)
TOTAL	389	100%	389	100%	388	100%
Summary Statements—baseline data:						
Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. <i>OSEP formula: $c + d / a + b + c + d \times 100 =$ Summary Statement 1 “Trajectory Changers at Exit”</i>	23.5%		21.1%		41.6%	
Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program. <i>OSEP formula: $d + e / a + b + c + d \times 100 =$ Summary Statement 2 “Meeting Age Expectations at Exit”</i>	65.0%		63.0%		64.9%	

Discussion of Baseline Data:

In November 2009, the Results Matter Child Measurement Task Force (state stakeholders group) met to review the baseline child progress data from 2008-2009 to determine targets for FFY 2009 and FFY 2010. In addition, results on the quality of Nebraska assessment data were reviewed to determine if there were other data patterns that might help to inform the target setting process.

Summary Data Quality Check:

Analyses were completed to address the quality of the data from the three authentic child assessment tools required by NDE for Results Matter. These assessments are: Creative Curriculum Developmental Continuum®, High/Scope Child Observation Record (COR) and Assessment, Evaluation and Program System (AEPS).

These three research-based, authentic assessment tools were selected by NDE in 2006, based on the recommendations of the Results Matter Child Measurement Task Force. They were selected due to their reported high reliability and validity, and their link to curriculum and instruction. Scientifically-based cutoff scores defining comparability to same-aged peers has been determined by each of the publishers, which maximizes the validity of the data used to report on each of the OSEP EC Outcomes. The Nebraska Department of Education is the state administrator of the online subscription agreements between the school districts and publishers.

The information from analyses of the 2008-09 data quality check was used to: 1) determine quality of the data, 2) discover possible patterns of data that would help in determining targets, and 3) determine implications for continuous improvement efforts.

Descriptive information on the children assessed with each tool:

Instrument	Creative Curriculum Developmental Continuum®	High/Scope COR	AEPS	Total # across Assessments
Total number of children with entry assessments in 2008-09	302	203	525	1030
Total number of children with exit data in 2008-09	152	39	198	389

Average time in program: 16 months

Average age at exit: 3.18 years

The rate of a child's development will differ for children with disabilities, but for most children scores will increase with age. As a result, there should be a high correlation between chronological age and raw score. Analyses of Nebraska data found that correlations were moderate and statistically significant in the expected directions for AEPS, indicating that child scores increased with age.

Correlations between chronological age and raw Total Score for AEPS

Assessment	AEPS
Total Score	.389 (n=257)

Progress between assessments:

Measures need to be sensitive to change over time. To examine the sensitivity of scores to change over time, the percent of infants and toddlers who made progress between entry and exit was determined for each of the three Outcomes, as indicated by an increase in raw score of at least one point. This section will describe the percent of infants and toddlers who made progress per assessment tool used.

Creative Curriculum Developmental Continuum®. Of infants and toddlers who exited between 7/1/2008 and 6/30/2009, 96% made progress in Outcome A (n =152), 93% made progress in Outcome B (n =152) and 93% made progress in Outcome C (n =152).

High/Scope COR. Of infants and toddlers who exited between 7/1/2008 and 6/30/2009, 92% made progress in Outcome A (n = 39), 92% made progress in Outcome B (n =39) and 92% made progress in Outcome C (n =39).

AEPS. Of infants and toddlers who exited between 7/1/2008 and 6/30/2009, 95.5% made progress in Outcome A (n = 198), 94.5% made progress in Outcome B (n = 198) and 99.5% made progress in Outcome C (n =198).

The results suggest that infants and toddlers who exited between 7/1/2008 and 6/30/2009 are making progress equally across all three Outcomes. The percentages were very similar across assessments.

Degree to which outcomes are related to demographic characteristics:

It is anticipated that programs providing services to infants and toddlers with different demographic characteristics (race/ethnicity, gender) will have similar levels of effectiveness. Summary Statement 1 (% of infants and toddlers with trajectory changes) and Summary Statement 2 (% of infants and toddlers scoring as meeting age expectations) was used to compare results across infants and toddlers with varying demographic characteristics. In addition, comparisons to the largest categories of disabilities were analyzed as another pattern check of quality. The results are summarized in the following tables:

Comparison of results for males and females

Gender	OUTCOME A: Summary Statements		OUTCOME B: Summary Statements		OUTCOME C: Summary Statements	
	1	2	1	2	1	2
Male (n=105)	35%	82%	42%	81%	60%	72%
Female (n=57)	43%	84%	47%	82%	59%	74%

At exit, males and females had similar percentages of scores within age expectations across outcomes. For Outcomes A (social) and B (knowledge), females had a higher percentage that made substantial gains. In Outcome C (action to meet needs), both females and males scored similarly.

Comparison of results by ethnicity

Ethnicity	OUTCOME A: Summary Statements		OUTCOME B: Summary Statements		OUTCOME C: Summary Statements	
	1	2	1	2	1	2
white (n=98)	42%	83%	40%	83%	60%	77%
All other ethnicities (n=50)	27%	82%	44%	78%	51%	64%

A higher percentage of infants and toddlers who were white demonstrated substantial gains in Outcome A (*social*) than infants and toddlers representing other ethnicities. Infants and toddlers who were white had a higher percentage scoring within age expectations than those representing other ethnicities in Outcome C (*action to meet needs*).

Data to Inform Targets for Summary Statements:

The data submitted in February 2009 (FFY2007-2008) revealed high percentages of infants and toddlers who were scoring within age expectations at entry in one of the assessments (Creative Curriculum) used in Nebraska. During 2009, representatives from the assessment publisher, Early Childhood Outcomes (ECO) Center and NDE worked to evaluate the data conversion process that was used to determine the progress categories with this assessment. Great strides have been made to determine a new analytic method that has resulted in a more representative distribution of infants and toddlers across progress categories. At this time the first step of the analyses is completed and the results can determine those infants and toddlers who are within age expectations and those who are not. *Data from this new analysis was used to inform and adjust baseline data for Summary Statement 2.* The publisher is now working on the second step of the analyses which will be to determine the cut scores needed so that trajectory changes can be determined. This work will be completed in the winter of 2010. *Since that analysis is not available at this time, targets for Summary Statement 1 were based on the Nebraska FFY 2008-2009 baseline data.*

Data to Inform Targets for Summary Statement 2:

Based on the new analysis, the following chart displays the Adjusted Baseline Data for Summary Statement 2.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.	Adjusted Baseline
Outcome A: Positive social-emotional skills (including social relationships)	48.5%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication)	46.4%
Outcome C: Uses of appropriate behaviors to meet their needs	54.7%

Measurable and Rigorous Targets:

Targets for Infants and Toddlers Exiting in FFY 2009 and FFY 2010

Based on the process outlined above, and the November 2009 recommendations of the Results Matter Child Measurement Task Force, the targets for Summary Statement 1 (based on Nebraska Baseline Data) and Summary Statement 2 (based on Adjusted Baseline Data) are presented.

Summary Statement 1:

Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. *(Based on FFY 2008 baseline)*

FFY	Measurable and Rigorous Targets–Summary Statement 1		
	Outcome A: Positive social-emotional skills	Outcome B: Acquisition and use of knowledge and skills	Outcome C: Use of appropriate behaviors to meet their needs
Adjusted Baseline FFY 2008	<u>70.4%</u>	<u>60.7%</u>	<u>73.8%</u>
2009 (2009-2010)	<u>70.4%</u>	<u>60.7%</u>	<u>73.8%</u>
2010 (2010-2011)	<u>70.9%</u>	<u>61.2%</u>	<u>74.3%</u>
<u>2011</u> (2011-2012)	<u>71.4%</u>	<u>61.7%</u>	<u>74.8%</u>
<u>2012</u> (2012-2013)	<u>71.9%</u>	<u>62.2%</u>	<u>75.3%</u>

Summary Statement 2:

The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program. *(Based on adjusted baseline)*

FFY	Measurable and Rigorous Targets– Summary Statement 2		
	Outcome A: Positive social-emotional skills	Outcome B: Acquisition and use of knowledge and skills	Outcome C: Uses of appropriate behaviors to meet their needs
Adjusted Baseline FFY 2008	<u>73.6%</u>	<u>64.3%</u>	<u>68.9%</u>
2009 (2009-2010)	<u>73.6%</u>	<u>64.3%</u>	<u>68.9%</u>
2010 (2010-2011)	<u>74.1%</u>	<u>64.8%</u>	<u>69.4%</u>
<u>2011</u> <u>(2011-2012)</u>	<u>74.6%</u>	<u>71.3%</u>	<u>69.9%</u>
<u>2012</u> <u>(2012-2013)</u>	<u>75.1%</u>	<u>71.8%</u>	<u>70.4%</u>

Improvement Activities/Timelines/Resources:

Nebraska completed activities for 2008 as outlined below and proposes to continue these activities through 2010.

Improvement Activities / FFY		2008 (2008- 2009)	2009 (2009- 2010)	2010 (2010- 2011)	2011 (2011- 2012)	2012 (2012- 2013)
1.	Collaborate with local agencies and stakeholders in providing technical assistance and professional development for the implementation of the state framework for child outcomes known as Results Matters. This includes requiring each LEA to implement an interrater reliability plan to ensure quality assurance and monitoring procedures.	X	X	X	X	X
2.	Disseminate resources and provide training and technical assistance in a variety of venues to assist professionals and families and others as appropriate with requirements and best practice regarding child outcomes.	X	X	X	X	X
3.	Collect and analyze data related to infant-toddler outcomes.	X	X	X	X	X
4.	<i>Added 2-1-10</i> Implementation and maintenance of the state's framework and work plan for child outcomes known as Results Matter			X	X	X

Resources:

National Early Childhood Technical Assistance Center (NECTAC)
Results Matter State Management Team
Results Matter Child Measurement Task Force
Planning Region Teams
EDN Co-Lead agencies
NDE Early Childhood Training Center
Nebraska General Supervision Enhancement Grant (N-GSEG)
Munroe-Meyer Institute, University of Nebraska Medical Center
PTI-Nebraska
Nebraska Association of Special Education Supervisors
NDE/ESU Facilitators
Early Childhood Interagency Coordinating Council (ECICC)
Head Start
EDN Services Coordinators
Colorado Department of Education
Brookes Publishing Company and AEPSi.com consultants
Pearson Learning Group and HighScope.net consultants
Teaching Strategies, Inc. and CreativeCurriculum.net consultants

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

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 4:

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

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

Nebraska used a family survey developed by WESTAT in 2002-2003 and reported the information in the Part C APRs. Currently, Nebraska is reviewing the NCSEAM and ECO family surveys to compare them to the WESTAT Family Survey.

Updated 2-1-07:

In 2005 and 2006 the Part C stakeholder groups reviewed options for a survey to collect family outcomes data. Receipt of the General Supervision Enhancement Grant (GSEG) in March of 2006 allowed Nebraska and Westat to work together on the survey process and future recommendations. Westat provided technical assistance to the Co-Leads and stakeholder groups about the survey process and analyzing results. The NCSEAM Part C Family Survey was selected and the decision was made to survey all Part C families to establish a baseline.

In August and September of 2006, all families in Nebraska receiving Early Intervention Services from July 1, 2005 to June 31, 2006 were asked to respond to the Nebraska Part C Family Survey (NCSEAM Family Survey plus additional questions for ILCD); 48% of the families who received surveys responded.

From November 2006 to January 2007 the Co-Leads, Westat, NCSEAM representatives, and Part C stakeholders met several times to receive and understand the baseline data from the statewide Part C family survey, and to discuss plans for future surveys and improvements activities related to the family survey and Indicator 4.

In these discussions with stakeholders, the Co-Leads were asked to postpone conducting another survey until the Spring 2008 for the following reasons. Analysis of the family survey data uses the Rasch Analysis which was unfamiliar to the Co-Leads as it will be to the majority of Part C stakeholders. It has taken several conversations with NCSEAM and Westat to understand the data well enough to explain it to the stakeholders. Nebraska will use 2006-2007 to educate the Part C services coordinators, providers, families, and general public about the baseline data and what the implications are for using it to improve services for families. Improvement activities and timelines identified below outline how the State will proceed during 2006-2007, so that Nebraska can meet the rigorous targets established for the State.

Another reason for conducting the next family survey in 2008 is due to the short turn around between receiving the State's baseline data back and beginning the process again if we were to conduct a statewide survey in 2007. The Part C stakeholders adamantly prefer surveys distributed in late spring to obtain the best response from families being served in Part C. If a survey is conducted in Spring 2007, then the two surveys would be relatively close together (baseline August-October 2006 and April-May 2007.) The family response rate for Nebraska was one of the highest in the country. The support the State received from services coordinators and school districts accounted for the high return. Nebraska wants to keep up this high response rate.

Finally, Nebraska's co-lead agencies want to increase family response rates, review the data to determine if any demographic groups responded at a lower rate, analyze the return rate by regions, review survey protocol to make needed improvements for the next statewide survey, educate the stakeholders and get their buy-in on the statewide survey. None of this can be accomplished if Nebraska was to begin a statewide survey within the next 2-3 months, nor would the State have the support of its providers or families to complete the task.

Updated 2-1-08:

In OSEP's response to the 2005-2006 APR, OSEP advised the state that they needed to collect and report data for this indicator annually in the APR, and recommended a targeted data collection that could be used to "refresh" the data. In September 2007 the Co-Leads identified families in the Omaha and Lincoln Public School districts who were in Part C prior to June 30, 2007 and conducted a sample survey using the NCSEAM Part C Family Survey. A total of 359 surveys were distributed and 166 were completed and returned (46%).

The result of the 2006-2007 sample (166 surveys) was combined with the 2005-06 baseline data of 928 completed surveys for a new baseline total of 1094 surveys. Dr. Batya Elbaum worked with Westat to update the Statewide Mean Measure and recommended combining the two sets of data to create a new stronger baseline that took into account two points in time. (See Revised Baseline Data for FFY2006 below.)

Baseline Data for FFY 2004 (2004-2005):

- This is a new indicator. Baseline data to be provided in FFY2005, due February 1, 2007.

Baseline data for FFY 2005 (2005-2006): *Updated 2-1-07:*

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

- A. Know their rights.
Percent at or above indicator 4A standard: 76% (SE of the mean = 1.2%)
- B. Effectively communicate their children's needs.
Percent at or above indicator 4B standard: 73% (SE of the mean = 1.3%)
- C. Help their children develop and learn.
Percent at or above indicator 4C standard: 86% (SE of the mean = 1.1%)

Discussion of Baseline Data (2005-2006): Updated 2-1-07:Analysis of responses from the Nebraska Family Survey (NCSEAM):

Number of valid responses: 921 Mean Measure: 672
Measurement reliability: 0.91 Measurement SD: 170

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

A. Know their rights.

Percent at or above indicator 4A standard: 76% (SE of the mean = 1.2%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with item 24 (CH2111) on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

B. Effectively communicate their children’s needs.

Percent at or above indicator 4B standard: 73% (SE of the mean = 1.3%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “ver strongly agree” with item 24 (CH2117) on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

C. Help their children develop and learn

Percent at or above indicator 4C standard: 86% (SE of the mean = 1.1%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with item 24 (CH2118) on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs.”

Revised Baseline Data FFY 2006: (updated 2-1-08)

For the FFY2006 APR, a random sample survey was conducted from half of the families in Lincoln and half of the families in Omaha who received early intervention services from July 1, 2006 to June 30, 2007. These additional 166 families were combined with the original baseline of 928 families collected in FFY2005 for a total of 1094 families, which was used to calculate the revised baseline as reported for FFY2006.

Results of the combined surveys showed the percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights.

– Percent at or above indicator 4A standard: 74% (SE of the mean = 1.3%)

B. Effectively communicate their children’s needs.

– Percent at or above indicator 4B standard: 71% (SE of the mean = 1.4%)

C. Help their children develop and learn.

– Percent at or above indicator 4C standard: 84% (SE of the mean = 1.1%)

Discussion of Baseline Data (2005-2006): *(updated 2-1-08)*

- Analysis of responses from the combined FFY2005 and FFY2006 Nebraska Family Survey (NCSEAM):

Number of valid responses: 1094 Mean Measure: 662
 Measurement reliability: 0.94 Measurement SD: 178

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

A. Know their rights.

Percent at or above indicator 4A standard: 74% (SE of the mean = 1.3%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with item 24 (CH2I11) located at 538.9 on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

B. Effectively communicate their children’s needs.

Percent at or above indicator 4B standard: 71% (SE of the mean = 1.4%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with item 24 (CH2I17) located at 555.9 on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

C. Help their children develop and learn

Percent at or above indicator 4C standard: 84% (SE of the mean = 1.1%)

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with item 24 (CH2I18) located at 516.1 on the NCSEAM survey’s Impact of EI Service on Your Family Scale: “Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs.”

Note: The survey included a preliminary question that asked if the family had a Services Coordinator. Out of the 1094 respondents, 903 said they had a Services Coordinator, 147 said they did not, and 44 did not answer the question. Using the Rasch Analysis for the NCSEAM Survey, the mean measure for those who responded YES was 670 and the mean measure for those who responded NO was 623. The difference was significant, which suggests that families who used a Services Coordinator expressed a higher level of involvement with the Early Intervention Program.

Comparison of Nebraska family survey responses in FFY2005 and FFY2006 to averages of 8 U.S. states’ 1,750 families participating in the 2005 NCSEAM Pilot Study:

Survey Results:	Value Indicator A	Value Indicator B	Value Indicator C	SE of Mean	Mean Measure	Measurement SD
Pilot Study (2005)	74%	70%	84%	0.9%-1.1%	644	158
Nebraska (2005-06)	76%	74%	86%	1.1%-1.3%	672	171
Nebraska (2005-2006/2006-2007)	74%	71%	84%	0.1%-1.4%	662	178

Updated 2-1-07:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Baseline and rigorous targets are to be provided in FFY 2005 APR due February 1, 2007: A. Know their rights 76% B. Effectively communicate their children’s needs 73% C. Help their children develop and learn 86%
2006 (2006-2007)	A. Know their rights 76% B. Effectively communicate their children’s needs 73% C. Help their children develop and learn 86%
2007 (2007-2008)	<i>Targets were revised as shown for 2007-2010.</i> A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%
2008 (2008-2009)	A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%
2009 (2009-2010)	A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%
2010 (2010-2011)	A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%
2011 (2011-2012)	A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%
2012 (2012-2013)	A. Know their rights 74% B. Effectively communicate their children’s needs 71% C. Help their children develop and learn 84%

Improvement Activities/Timelines/Resources:

2005-2006: Updated 2-1-07

- Survey decision-making and development:
 - August 2005: Management team for “Results Matter” (outcomes for children and families) meet to discuss measurement and outcomes.
 - September 2005: Management team for “Results Matters” meet to review NCSEAM and ECO new surveys for families.
 - October 2005: Submit a proposal to OSEP for General Supervision Enhancement Grant (GSEG) to develop family survey.
 - December 2005:
 - Convene stakeholder group to review issues identified by outcomes measurement team around surveys for families.
 - Compare NCSEAM and ECO surveys for families to the WESTAT Family Survey developed for Nebraska in 2002-2003.
 - Select method to collect survey information.

2006-2007:

- Conduct NCSEAM Part C Family Survey
 - August, September 2006: The NCSEAM Part C Family Survey was distributed to all families who had received early intervention services from July 1, 2005 to June 31, 2006.
 - October, November 2006: Westat collected and compiled results of family survey.
 - November, December 2006: Co-Leads received analysis of data from family survey, review preliminary results, and discussed future survey process with assistance from Westat and NCSEAM.
 - February 1, 2007: Report results of the survey in the FFY2005 APR.
- Dissemination of survey results and utilization of the data
 - January 2007: The Co-Leads met with Part C stakeholders to review data, plan for dissemination of data, training/technical assistance required for using data at the local level, and to gather input on protocol, process and timelines for family survey in 2008.

The Co-Leads continued to collaborate with Part C stakeholders to educate groups at scheduled state and regional conferences and workshops about the family survey results, the state mean measure, and planning ways to utilize the findings at the local level. Target groups included: Planning Region teams, special education directors, the public, families with infants and toddlers with disabilities, advocates, state Special Education 619 and Part B staff and state Early Childhood Education staff.
 - March 2007:
 - Statewide Part C retreat to discuss implications of state and local baseline data from the Part C Family Survey conducted in 2006.
 - Explain use of Part C family survey baseline data with Co-Leads’ monitoring process (Improving Learning for Children with Disabilities–ILCD).
 - October 2007: Provide information about family survey baseline data and SPP improvement activities at early intervention and Special Education regional workshops.
- Review baseline data to determine underrepresented groups and representation by race and ethnicity in the statewide survey response rates and develop to increase response rates from underrepresented groups, if warranted.

Added 2-1-08:

- Conduct a targeted sample family survey to combine with FFY2005 results to create a revised baseline.

Added 2-1-08:

- Revised baseline for FFY2006:

<p>2006 (2006-2007)</p>	<p>Revised baseline from combined surveys conducted in FFY2005 and FFY2006:</p> <p>A. Know their rights: Revised Baseline–74%</p> <p>B. Effectively communicate their children’s needs: Revised Baseline–71%</p> <p>C. Help their children develop and learn: Revised Baseline–84%</p>
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Added 2-1-08:

- Contract with Mountain Plains Regional Resource Center (MPRRC) to provide an item-by-item analysis of the Part C family survey.

2007 - 2008:

Activities for FFY2007-2010 were revised to follow formatting similar to other indicators.

Improvement Activities / FFY		2007 (2007- 2008)	2008 (2008- 2009)	2009 (2009- 2010)	2010 (2010- 2011)	2011 (2011- 2012)	2012 (2012- 2013)
1.	Conduct NCSEAM Part C Family Survey, compile and analyze results, and disseminate data.	X	X	X	X	X	X
2.	Report NCSEAM Part C Family Survey results in the Part C-APR.	X	X	X	X	X	X
3.	<i>Added 2-1-11:</i> Developed and disseminate <u><i>A Family's Guide to Early Intervention Services in Nebraska</i></u> (http://edn.ne.gov)				X	X	X
4.	<i>Added 2-1-11:</i> Conducted a series of trainings for families on Family Rights, Safeguards and Resources				X	X	X
5.	<i>Added 2-1-11:</i> Collaborated with and conducted trainings for the Nebraska Boys Town Medical Home Collaborative				X		
6.	<i>Added 2-1-11:</i> Conduct the <i>ABC Leadership Training</i>				X	X	
7.	<i>Added 2-1-12:</i> Provide resource support and technical assistance to the BoysTown Family Care Enhancement Program for children with disabilities and special health care needs and their families				X	X	X

Resources:

- WESTAT
- NCSEAM
- ECO (NECTAC)
- ECICC (Early Childhood Interagency Coordinating Council) and other stakeholders
- MPPRC (Mountain-Plains Regional Resource Center)
- PTI-Nebraska (Parent Training and Information Center)

- Added 2-1-2012*
- BoysTown Family Care Enhancement Program
- Munroe-Meyer Medical Institute

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

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision / CHILD FIND
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Indicator 5:

Percent of infants and toddlers birth to 1 with IFSPs compared to national data. *[Revised 2-1-2010]*

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

Measurement: *[Revised 2-1-2010]*

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

Overview of Issue/Description of System or Process:

Nebraska has implemented a comprehensive, coordinated Child Find system resulting in identification, evaluation and assessment of all eligible infants under the age of one. Child Find is a state-led, regionally implemented set of activities to distribute early intervention information to the public, medical community, schools, child protection services, Migrant and Early Head Start, tribal populations and child care providers. Regional implementation of Child Find occurs through the 28 Planning Region Teams (PRTs) in Nebraska, which were established as local interagency coordinating councils.

Systems Support Change Grants are provided to the 28 PRTs in order to support and supplement funding for special projects, including Child Find activities. Regions use several public information strategies that include, but are not limited to: public service announcements, radio, newspaper, television, brochures, videos, posters, health fairs, web pages and promotional items. Records of Child Find brochures and materials distributed show that all 28 PRTs use materials that reflect cultural and ethnic populations in their respective regions. Materials have been produced in English, Spanish and Vietnamese.

The number of children verified with a disability is collected through Nebraska Student and Staff Records System (NSSRS). The analysis of the referral source to the Child Find/Early Development Network (EDN) is collected through the CONNECT (Coordinating Options in Nebraska Through Effective Communication and Technology) system. This information is entered by services coordinators who work with children birth to age three. CONNECT also allows services coordinators to access information on other services the child is receiving, enabling better coordination for the child's family. Services coordinators are trained in using CONNECT and are required to update existing information at least once every six months until: 1) the child does not verify; 2) the child dies; 3) the child's family relocates from the coordinator's region; 4) the child no longer requires EDN services; or 5) the child transitions out of EDN. Services coordination contractors are able to share this referral source information with their local Planning Region Team in order to identify gaps in referrals and promote Child Find activities among local agencies. One gap that CONNECT has identified is consistency in referrals from the medical community. Regular outreach to the medical providers has been implemented at the state and local levels as a result of this identified gap. In addition, several local services coordination agencies are tracking referrals received from parents in order to further promote Child Find activities.

In addition to the NSSRS and CONNECT databases, Nebraska's continuous monitoring process, Improving Learning for Children with Disabilities (ILCD) gathers data on Child Find. ILCD has

components for the local 28 Planning Regions to analyze their own data and make improvements based upon their self-assessment. For a complete description of ILCD, see State Performance Plan (SPP) Indicator #9.

In the spring of 2005 a statewide Child Find campaign was launched to celebrate the 10th anniversary of Nebraska's Early Development Network. Several media options were employed including a redesigned logo, radio and television public service announcements, billboards, press releases and newspaper advertisements. There were several materials that were distributed in English, Spanish and Vietnamese during the campaign. Some of these materials included: cards, brochures, pamphlets, "Developmental Wheels" and lapel pins.

The Early Development Network along with the Protection and Safety staff have developed and implemented policies and guidance regarding the requirements the Child Abuse Protection and Treatment Act (CAPTA). The referral process for CAPTA was implemented in order to ensure that Protection and Safety staff refer all children under the age of three to the Early Development Network when there is a substantiated abuse or neglect. Efforts are continuing to be made on the state level between the Early Development Network and Protection and Safety to enhance collaboration between the agencies at the local levels in order to capture all of the mandated referrals.

Baseline Data for FFY 2004 (2004-2005):

Based on the December 1, 2004 child count data, 192 infants birth to age one were served by the Early Development Network (EDN).

Year of Data Collection	2003	2004
Number served of Infants and Toddlers, Birth to age 1	176	192

[Revised 2-1-2010: removed comparison to other states.]

Percent of infants and toddlers birth to 1 with IFSPs compared to National Data

Comparison of Nebraska with the national baseline of percentage served of infants birth to age 1 with IFSPs (excluding children at risk)

State/National	Number served of infants and toddlers, birth to age 1	Percentage of Population
Nebraska	192	0.74
National Baseline (U. S. and outlying areas)	38,192	0.92

Source: Received from U. S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS). Data updated as of July 30, 2005.

Discussion of Baseline Data:

Based on child count data of December 1, 2004, 192 infants under the age of one with IFSPs were served by the Early Development Network (EDN) in Nebraska. Data taken from the U. S. Department of Education, Office of Special Education Programs (OESP), indicates that Nebraska served 0.74% of the birth-to-one population in 2004. This is a difference of 0.26% from the 1% OSEP benchmark and a slight increase (from 0.71% to 0.74%) of the birth-to-one population served in the Part C program in 2003.

Since 1998, the Nebraska child count has generally demonstrated a steady increase in the number of infants, birth to age 1, and their families receiving early intervention services. The lower percentage may be explained by the low birth rate in several Nebraska counties. Nebraska is a rural state by nature. In 2003, the vital statistics report indicated a birth rate of 14.9 live births per 1,000 population.

Twenty-three counties in Nebraska had a birth rate in the range of 4.1 to 9.6, which is significantly lower than the state birth rate. To capture referrals in these less populated areas, Planning Region Teams located in rural areas continuously reach out to health care providers, child-care providers, local shopping centers and others in the community. Local agencies in rural areas network with service providers outside their areas to eliminate gaps within the referral process. For example, in the highly rural northern, western and northeast regions of Nebraska a medically fragile child born within these regions may receive medical care through larger hospitals located in the metropolitan areas of Nebraska, Colorado, South Dakota or Iowa.

The medical community is an important point of referral of infants and toddlers to the Early Development Network, although gaps and barriers have been identified in the consistent receipt of referrals from the medical community. To support awareness activities for medical providers, EDN provides information statewide at state conferences, public health fairs and at major hospitals serving infants and toddlers from all regions of the state. Activities also address this referral gap through regular contacts with hospitals, and partnering with the primary NICU for their area, clinics, pediatricians, family physicians, audiologists, and visiting nursing programs.

Nebraska continues to have strong collaboration and outreach to underserved populations by working closely with immigration relocation services, medical clinics and employers in order to reach these populations.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	At least 0.74% of children aged birth to one with IFSPs will be identified.
2006 (2006-2007)	At least 0.75% of children aged birth to one with IFSPs will be identified.
2007 (2007-2008)	At least 0.75% of children aged birth to one with IFSPs will be identified.
2008 (2008-2009)	At least 0.76% of children aged birth to one with IFSPs will be identified.
2009 (2009-2010)	At least 0.76% of children aged birth to one with IFSPs will be identified.
2010 (2010-2011)	At least 0.77% of children aged birth to one with IFSPs will be identified.
2011 (2011-2012)	At least 0.77% of children aged birth to one with IFSPs will be identified.
2012 (2012-2013)	At least 0.77% of children aged birth to one with IFSPs will be identified.

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Conduct a more in depth analysis of CAPTA referrals to identify those infants and toddlers who were verified with a disability on a quarterly basis.	X							
2.	Establish a task force to enhance collaboration between Early Development Network and Protection and Safety staff at the local levels, establish timelines for improvement activities and identify resources.	X							

Improvement Activities / FFY		2005 (2005- 2006)	2006 (2006- 2007)	2007 (2007- 2008)	2008 (2008- 2009)	2009 (2009- 2010)	2010 (2010- 2011)	2011 (2011- 2012)	2012 (2012- 2013)
3.	<i>Revised 2-1-09:</i> Conduct Child Find activities*, review Planning Region Teams for progress or slippage, and build on successful initiatives.	X	X	X	X	X	X	X	X
4.	<i>Discontinued 2-1-09-encompassed in revised Activity 3.</i> Evaluate Child Find activities * and build on successful initiatives.		Deferred 2-1-07	Deferred 2-1-07	Disc.	Disc.	Disc.	Disc.	Disc.
5.	<i>Added 2-1-07:</i> Continue to build on CAPTA collaboration between Child Protection and Safety workers and the Early Development Network.		X	X	X	X	X	X	X
6.	<i>Added 2-1-07:</i> <i>Discontinued 2-1-09-encompassed in revised Activity 3.</i> The Co-Leads will conduct a review of the Planning Region Teams to better determine roles and responsibilities in the Child Find process.		X	X	Disc.	Disc.	Disc.	Disc.	Disc.
7.	<i>Added 2-1-07:</i> Evaluate trend data of referrals and verifications for the Early Development Network and set new targets for this indicator, if warranted.			X					
8.	<i>Added 2-1-08:</i> Improve CONNECT data collection and data entry.		X	X	X	X	X	X	X
9.	<i>Added 2-1-08:</i> Collaborate with Early Hearing Detection and Intervention Program (previously Newborn Hearing Screening) on an enhanced referral process for identified newborns with a hearing loss.			X	X	X	X	X	X
10.	<i>Added 2-1-12:</i> Provide resource support and technical assistance to the BoysTown Family Care Enhancement Program for children with disabilities and special health care needs and their families						X	X	X

* Child Find activities:

- Continue to develop and implement continuing collaborative activities with Health Care Professionals, Developmental TIPS (Tracking Infants Progress Statewide), Newborn Hearing Screening, Homeless Shelters, Title V, Protection and Safety, Vital Statistics, State Migrant Program, Birth to Three Endowment/Sixpence Programs.
- Continue collaboration with Maternal and Child Health Clinics.

- Build outreach to the early childhood medical community through Project DOCCS (Delivery of Chronic Care Services) to inform Pediatric Residents about Early Intervention. Future expansion of DOCCS to include all Residents.
- Continue Developmental TIPS to follow infants that have received an NICU intervention in the participating hospitals.
- Continue to track infants who have failed the newborn hearing screening through the Newborn Hearing Screening Program and conduct collaborative analysis to compare the date of the failed screening to the date of referrals to EDN.
- Continue interagency partnering with Medically Handicapped Children's Program.
- Continue strong collaboration and outreach efforts to underserved populations through work with immigration relocation services, medical clinics and employers.
- Collaborate with the Head Start Association including migrant Head Start for Child Find strategies (targeting Early Head Start).
- Continue outreach and collaboration with the Native American Reservations.
- Continue collaboration with Answers4Families.org.
- Continue statewide efforts in public awareness for Child Find.
- Continue to support Nebraska's 28 Planning Region Teams' efforts in Child Find and public awareness as outlined in local grant applications.

Resources for Child Find Efforts:

Co-Lead Early Development Network Staff
 ECICC, Early Childhood Interagency Coordinating Council
 Statewide Planning Region Teams
 Systems Support Grants
 Title 1 Migrant and Homeless programs
 TIPS (Tracking Infant Progress Statewide) program
 DOCCS (Delivery of Chronic Care Services)
 Newborn Hearing Screening
 CAPTA
 Immigration Relocation Centers
 Answers4Families.org
 ILCD monitoring process
 Westat
 NECTAC (National Early Childhood Technical Assistance Center)
 Mountain Plains Regional Resource Center
 ITCA (IDEA Infant and Toddler Coordinators Association)

Added 2-1-07:

PTI-Nebraska
 State Domestic Abuse and Violence Shelters
 University of Nebraska-Lincoln

Added 2-1-08:

NDE-Early Childhood Training Center
 Judge Douglas Johnson (*Family Court judge, fellow of Zero-Three Institute*)
 Early Hearing Detection and Intervention Program (*previously Newborn Hearing Screening*)

Added 2-1-2010

University of Nebraska-Lincoln Center for Children, Families and the Law

Added 2-1-2011

Birth to Three Endowment/Sixpence Program

Added 2-1-2012

BoysTown Family Care Enhancement Program
 Munroe-Meyer Medical Institute

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision / CHILD FIND

Indicator 6:

Percent of infants and toddlers birth to 3 with IFSPs compared to national data. *[Revised 2-1-2010]*

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

Measurement: *[Revised 2-1-2010]*

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

Overview of Issue/Description of System or Process:

See Overview of System Description, SPP Indicator 5.

Baseline Data for FFY 2004 (2004-2005):

For the 2004-2005 year, 1302 infants birth to three were served by the Early Development Network (EDN).

Year of Data Collection	2003	2004
Number served of infants and toddlers, birth to age 3	1260	1302

[Revised 2-1-2010: removed comparison to other states.]

Percent of infants and toddlers birth to 3 with IFSPs compared to National Data

Comparison of Nebraska with the national baseline of percentage served of infants birth to age 3 with IFSPs (excluding children at risk)

State/National	Number served of infants and toddlers, birth to age 3	Percentage of Population
Nebraska	1,302*	1.73*
National Baseline (U. S. and outlying areas)	275,484	2.24

Source: Received from U. S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS). Data updated as of July 30, 2005.

* Child count number/percentage reflects revised Part C child count data re-submitted by NDE to WESTAT on November 1, 2005.

Discussion of Baseline Data:

Nebraska has consistently shown an increase in the numbers of infants and toddlers, birth to age 3, and their families receiving early intervention services. Nebraska increased from 1.70% in 2003 to serving 1.73% of the birth-to-age-three population in the Early Development Network for 2004. The benchmark for all infants and toddlers receiving early intervention services is 2% as determined by the Office of Special Education Programs (OSEP), a 0.27% difference.

Refer to SPP Indicator 5 for further discussion of the baseline data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	At least 1.74% of children aged birth to three with IFSPs will be identified.
2006 (2006-2007)	At least 1.75% of children aged birth to three with IFSPs will be identified.
2007 (2007-2008)	At least 1.75% of children aged birth to three with IFSPs will be identified.
2008 (2008-2009)	At least 1.76% of children aged birth to three with IFSPs will be identified.
2009 (2009-2010)	At least 1.76% of children aged birth to three with IFSPs will be identified.
2010 (2010-2011)	At least 1.77% of children aged birth to three with IFSPs will be identified.
2011 (2011-2012)	At least 1.77% of children aged birth to three with IFSPs will be identified.
2012 (2012-2013)	At least 1.77% of children aged birth to three with IFSPs will be identified.

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Conduct a more in depth analysis of CAPTA referrals to identify those infants and toddlers who were verified with a disability on a quarterly basis.	X							
2.	Establish a task force to enhance collaboration between Early Development Network and Protection and Safety staff at the local levels, establish timelines for improvement activities and identify resources.	X							
3.	<i>Revised 2-1-09:</i> Conduct Child Find activities*, review Planning Region Teams for progress or slippage, and build on successful initiatives.	X	X	X	X	X	X	X	X
4.	<i>Discontinued 2-1-09-encompassed in revised Activity 3.</i> Evaluate Child Find activities * and build on successful initiatives.		Deferred 2-1-07	Deferred 2-1-07	Disc.	Disc.	Disc.	Disc.	Disc.
5.	<i>Added 2-1-07:</i> Continue to build on CAPTA collaboration between Child Protection and Safety workers and the Early Development Network.		X	X	X	X	X	X	X

Improvement Activities / FFY		2005 (2005- 2006)	2006 (2006- 2007)	2007 (2007- 2008)	2008 (2008- 2009)	2009 (2009- 2010)	2010 (2010- 2011)	2011 (2011- 2012)	2012 (2012- 2013)
6.	<i>Added 2-1-07:</i> <i>Discontinued 2-1-09-encompassed in revised Activity 3.</i> The Co-Leads will conduct a review of the Planning Region Teams to better determine roles and responsibilities in the Child Find process.		X	X	Disc.	Disc.	Disc.	Disc.	Disc.
7.	<i>Added 2-1-07:</i> Evaluate trend data of referrals and verifications for the Early Development Network and set new targets for this indicator, if warranted.			X					
8.	<i>Added 2-1-08:</i> Improve CONNECT data collection and data entry.		X	X	X	X	X	X	X
9.	<i>Added 2-1-08:</i> Collaborate with Early Hearing Detection and Intervention Program (previously Newborn Hearing Screening) on an enhanced referral process for identified newborns with a hearing loss.			X	X	X	X	X	X
10.	<i>Added 2-1-12:</i> Provide resource support and technical assistance to the BoysTown Family Care Enhancement Program for children with disabilities and special health care needs and their families						X	X	X

* Child Find activities:

- Continue to develop and implement continuing collaborative activities with Health Care Professionals, Developmental TIPS (Tracking Infants Progress Statewide), Newborn Hearing Screening, Homeless Shelters, Title V, Protection and Safety, Vital Statistics, State Migrant Program, Birth to Three Endowment/Sixpence Programs.
- Continue collaboration with Maternal and Child Health Clinics.
- Build outreach to the early childhood medical community through Project DOCCS (Delivery of Chronic Care Services) to inform pediatric residents about Early Intervention. Future expansion of DOCCS to include all residents.
- Continue Developmental TIPS to follow infants that have received an NICU intervention in the participating hospitals.
- Continue to track infants who have failed the newborn hearing screening through the Newborn Hearing Screening Program and conduct collaborative analysis to compare the date of the failed screening to the date of referrals to EDN.
- Continue interagency partnering with Medically Handicapped Children’s Program.
- Continue strong collaboration and outreach efforts to underserved populations through work with immigration relocation services, medical clinics and employers.
- Collaborate with the Head Start Association including migrant Head Start for Child Find strategies (targeting Early Head Start).
- Continue outreach and collaboration with the Native American Reservations.
- Continue collaboration with Answers4Families.org.

- Continue statewide efforts in public awareness for Child Find.
- Continue to support Nebraska's 28 planning region teams' efforts in Child Find and public awareness as outlined in local grant applications.

Resources for Child Find Efforts:

Co-Lead Early Development Network Staff
ECICC, Early Childhood Interagency Coordinating Council
Statewide Planning Region Teams
Systems Support Grants
Title 1 Migrant and Homeless programs
TIPS (Tracking Infant Progress Statewide) program
DOCCS (Delivery of Chronic Care Services)
Newborn Hearing Screening
CAPTA
Immigration Relocation Centers
Answers4Families.org
ILCD monitoring process
WESTAT
NECTAC (National Early Childhood Technical Assistance Center)
Mountain Plains Regional Resource Center
ITCA (IDEA Infant and Toddler Coordinators Association)

Added 2-1-07:

PTI-Nebraska
State Domestic Abuse and Violence Shelters
University of Nebraska-Lincoln

Added 2-1-08:

NDE-Early Childhood Training Center
Judge Douglas Johnson (*Family Court judge, fellow of Zero-Three Institute*)
Early Hearing Detection and Intervention Program (*previously Newborn Hearing Screening*)

Added 2-1-2010

University of Nebraska-Lincoln Center for Children, Families and the Law

Added 2-1-2011

Birth to Three Endowment/Sixpence Program

Added 2-1-2012

BoysTown Family Care Enhancement Program
Munroe-Meyer Medical Institute

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

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / CHILD FIND

Indicator 7:

Percent of eligible infants and toddlers with IFSPs for whom an evaluation, assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
(20 USC 1416(a)(3)(B) and 1442)

Measurement: *[Revised 2-1-2010]*

Percent =[(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by (# of eligible infants and toddlers evaluated and assessed 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. *(Not required until FFY 2010.)*

Overview of Issue/Description of System or Process:

Nebraska's Early Development Network (EDN) requires that every infant and toddler referred to early intervention services receives a comprehensive multidisciplinary assessment in all domains, and if eligible, an Individualized Family Service Plan (IFSP) meeting conducted within Part C's 45-day timeframe. The procedural timelines are documented in Nebraska Administrative Code (NAC) Rule 51 and Nebraska's Health and Human Services 480 Manual as follows:

- A referral must be made by the school district to the agency responsible for providing services coordination in the Planning Region within two (2) working days of the district becoming aware of an infant or toddler who may be eligible for services.
- A multidisciplinary team evaluation and assessment must be completed within 45 calendar days of the date of referral.
- Upon completion of a multidisciplinary team verification decision, and within 45 calendar days of the referral, schools districts shall participate in an IFSP.

In the event of family-driven exceptional circumstance that makes it impossible to complete the evaluation and assessment within the 45 days, the school district and services coordinator will document those circumstances, inform the parent of the time estimated by the district to complete the evaluation and develop and implement an interim IFSP as necessary. If the 45-calendar-day timeline is not met due to exceptional circumstances, the services coordinator must document this in the file narrative. If a family has declined services coordination, then the school district must document exceptional circumstances in the IFSP.

The Early Development Network IFSP data is collected through Medicaid Waiver reviews on infants and toddlers receiving services through the Aged and Disabled HCBS Waiver and the Early Intervention Waiver, along with the on-site file reviews completed within the Improving Learning for Children with Disabilities (ILCD) process. ILCD was developed to enhance identification of noncompliance and assist programs to meet full compliance. (See Indicator #9 for a full description of ILCD process.) Agencies that do not reach full compliance on this indicator are required to submit a corrective action plan.

Baseline Data for FFY 2004 (2004-2005):

The Individualized Family Service Plan (IFSP) on-site file review for ILCD gathers data on the initial IFSP completion within 45 calendar days. One-third of the Planning Regions within the (3) year monitoring cycle participated in an IFSP file review. Ten Planning Regions were reviewed for a total of 99 applicable files.

2004-2005 IFSP on-site file reviews for compliance with the 45-day timeline

Planning Region Team	Number of Files Reviewed		
	Completed within 45 days	Outside of 45-days with appropriate documentation	Outside of 45-days without appropriate documentation
1	9	1	0
2	7	0	0
4	9	4	0
5	17	2	0
6	15	1	0
7	11	2	0
8	8	1	0
17	1	1	0
25	4	0	0
29	5	1	0
Total	86	13	0
Percentages	86.9%	13.1%	0.0%

Discussion of Baseline Data:

Applicable files reviewed include those infants and toddlers who were referred and determined eligible for early intervention services. There were ten planning regions monitored based on the 3-year cycle, but these regions are not necessarily representative of regions statewide.

A total of 86 or 86.9% applicable infant and toddler files completed the IFSP within 45 calendar days of the initial referral date. There were 13.1% files that exceeded the 45-day timeline. These thirteen files contained appropriate documentation to indicate family choice to exceed the IFSP time frame. Of the thirteen files that exceeded 45-day timeframe, one file contained an interim IFSP. No files exceeded the timeframe without appropriate documentation or provided documentation that would suggest exceeding the timeframe was outside of family choice or due to provider availability.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.
2006 (2006-2007)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.
2007 (2007-2008)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.
2008 (2008-2009)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.
2009 (2009-2010)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.

2010 (2010-2011)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45
2012 (2012-2013)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C's 45

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2011-2012)
1.	Implement and enhance data collection of IFSPs 45-day timeline through SESIS and/or CONNECT. <i>Revised 2-1-07:</i> Implement and enhance data collection of IFSPs 45-day timeline through CONNECT.	X							
2.	Implementation of documenting exceptional circumstances on CONNECT and/or SESIS databases. <i>Revised 2-1-07:</i> Implementation of documenting exceptional circumstances on CONNECT database.	X							
3.	Collaborate with local agencies to complete IFSPs within 45 days.	X	X	X	X	X	X	X	X
4.	Continue to train services coordinators on documenting exceptional circumstances if IFSPs are not completed within 45 days. <i>Revised 2-1-09:</i> Provide training and technical assistance in a variety of venues, such as with school districts, Planning Region Teams, Services Coordinators, families, and others as appropriate, on documenting exceptional circumstances if IFSPs are not completed within 45 days.	X	X	X	X	X	X	X	X
5.	<i>Discontinued 2-1-09- encompassed in revised Activity 4.</i> Continue to train school districts on documenting exceptional circumstances if IFSPs are not completed within 45 days.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
6.	Distribution of 45-day projection calendars to services coordinators and school districts. This calendar allows	X	X	X	X	X	X	X	X

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2011-2012)
	agencies to have a reference to the 45-days from the referral date.								
7.	<i>Discontinued 2-1-09- encompassed in revised Activity 4.</i> Continue to train on-site file reviewers to ensure accurate data collection.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
8.	<i>Discontinued 2-1-09- encompassed in revised Activity 4.</i> Continue to provide ongoing technical assistance and follow-up in each Planning Region.	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
9.	Continue collaboration with Answers4Families in order to update IFSP web site as needed.	X	X	X	X	X	X	X	X
10.	Quarterly reports from CONNECT will be generated in order to evaluate the IFSPs 45-day timeline. These will be distributed to the local regions. <i>Revised 2-1-07: Discontinue—all years.</i>	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
11.	Collaborate with local regions to run CONNECT reports to evaluate IFSPs 45-day timeline on a monthly basis. <i>Revised 2-1-07: Discontinue—all years.</i>	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
12.	<i>Added 2-1-07:</i> Provide training to Planning Region Teams on ways to generate reports from CONNECT.		X	X	X	X	X	X	X
13.	<i>Added 2-1-11: Monitor programs for compliance with this indicator. When noncompliance is identified, Co-Lead staff will work with programs to determine and correct noncompliance.</i>					2009 X	2010 X	2011 X	2012 X

Resources:

Early Development Network Co-Lead staff
 ECICC, Early Childhood Interagency Coordinating Council
 NDE data manager
 NDHHS data manager
 Statewide Planning Region Teams
 Systems Support Grants
 Answers4Families.org, IFSP web: Nebraska’s Individualized Family Service Plan
 ILCD monitoring process
 NECTAC (National Early Childhood Technical Assistance Center)
 ITCA (IDEA Infant and Toddler Coordinators Association)
 Mountain Plains Regional Resource Center

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / EFFECTIVE TRANSITION

Indicator 8:

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

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- 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.

[Added 2-1-2010]

Account for untimely transition conferences, include reasons for delays. *[Not required until FFY 2010.]*

Overview of Issue/Description of System or Process:

As a birth mandate state eligibility criteria for Part C and Part B are the same; therefore, if a child is eligible for Part C at the time of transition he or she is eligible for Part B. This allows for a seamless transition from early intervention to the 619 preschool with no delays in services.

Determining the percent of infants and toddlers with IFSPs who receive timely transition planning is part of the file review monitoring process. The on-site monitoring process is on a three-year cycle. (Refer to Indicator 9 for an overview of monitoring process). The on-site monitoring reviews the transition plans for the necessary action to support the child and family as the child transitions from early intervention to 619 preschool programs or other community services as needed. Of the 99 files reviewed, 97% of the files had timely and appropriate transition plans to support the child's transition to preschool or other community services as needed. The out-of-compliance files showed transition steps completed and services provided, but did not document the dates for completion.

Baseline Data for FFY 2004 (2004-2005):

A.	Percent of children exiting Part C who have an IFSP with transition steps and services	97% (96 files)
B.	Percent of children exiting Parent C and potentially eligible for Part B where notification to the LEA occurred	100%
C.	Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by children exiting Part C who were potentially eligible for Part B.	100%

Discussion of Baseline Data:

Transitions are being met in a timely and appropriate manner, however documentation on dates is sometimes not correctly recorded.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p><i>Revised 2-1-07:</i></p> <p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2006 (2006-2007)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2007 (2007-2008)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2008 (2008-2009)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2009 (2009-2010)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2010 (2010-2011)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time.</p>
<p>2011 (2011-2012)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time</p>
<p>2012 (2012-2013)</p>	<p>A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. For children exiting Part C and potentially eligible for Part B, notification to the LEA will occur 100% of the time. C. For children exiting Part C and potentially eligible for Part B, a transition conference will occur 100% of the time</p>

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	<p>Follow-up on-site monitoring visits to review files for timely transition planning to preschool program or community services as needed.</p> <p><i>Revised 2-1-09:</i> Monitor programs for compliance with this indicator. When noncompliance is identified, Co-Leads staff will work with programs to determine and correct non-compliance.</p>	X	X	X	X	X	X	X	X
2.	<p><i>Discontinued 2007-2008- encompassed in revised Activity 1.</i> Continue with on-site monitoring visits to review IFSP files to determine if appropriate transition planning is occurring to meet the needs of infants and toddlers with disabilities and their families.</p>	X	X	Disc	Disc.	Disc.	Disc.	Disc.	Disc.
3.	<p>During pre-monitoring site visit provide training on appropriate transition planning. Training and technical assistance will be provided to school districts, Planning Region Teams, services coordinators, and others as appropriate.</p> <p><i>Revised 2-1-08:</i> Provide on-going training and technical assistance on appropriate transition planning and documentation of transition steps and services on the IFSP to school districts, Planning Region Teams, services coordinators, and others as appropriate.</p> <p><i>Revised 2-1-09:</i> Provide training and technical assistance in a variety of venues, such as with school districts, Planning Region Teams, Services Coordinators, families, and other as appropriate, about providing transition services, and correctly documenting steps, services, and notification on the transition plan.</p>	X	X	X	X	X	X	X	X
4.	<p><i>Discontinued 2007-2008- encompassed in revised Activity 3.</i> Planning Region Teams work on identifying formal and informal supports to address community services.</p>	X	X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
5.	<p><i>Added 2-1-07:</i></p> <p><i>Discontinued 2007-2008- encompassed in revised Activity 3.</i></p> <p>Meetings with service coordination supervisors will address record keeping issues regarding documentation of dates for transition steps completed.</p>		X	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.

Resources:

Early Development Network Co-Lead staff
 ECICC, Early Childhood Interagency Coordinating Council
 NDE data manager
 NDHHS data manager
 Statewide Planning Region Teams
 Systems Support Grants
 Answers4Families.org, IFSP web: Nebraska’s Individualized Family Service Plan
 ILCD monitoring process
 NECTAC (National Early Childhood Technical Assistance Center)
 ITCA (IDEA Infant and Toddler Coordinators Association)
 Mountain Plains Regional Resource Center

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION

Indicator 9:

General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.
20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: *[Revised 2-1-2010]*

Percent of noncompliance corrected within one year of identification:

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

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

States are required to use the “Indicator 9 Worksheet” to report data for this indicator.

Overview of Issue/Description of System or Process:

Monitoring: The Nebraska Departments of Education and Health and Human Services are responsible for ensuring that Part C, of Individuals with Disabilities Education Act (IDEA), is fully implemented for all infants and toddlers and their families. As a birth mandate state, Nebraska’s stakeholders requested the lead agencies for Part C and the State Education Agency (SEA) for Part B to develop a monitoring process that would allow the Local Education Agency (LEA) and Early Intervention Services (EIS) to work more effectively together. The Co-Leads for Early Intervention collaborated with Part B to bring the two monitoring systems together in the Improving Learning for Children with Disabilities (ILCD) Process.

The ILCD Process is a comprehensive, self-assessment and improvement monitoring process, which relies on multiple sources of data to gauge the results of Early Intervention and Special Education services and supports. ILCD indicators analyze services coordination, early intervention services in natural environments, Child Find, the Individual Family Service Plan process, early childhood and family outcomes, effective transition and family rights. Data is obtained through family, provider/services coordinator and Planning Region Team member surveys. IFSP files are reviewed by the co-lead agencies for compliance with IDEA and Medicaid. The percentage of files reviewed is based on the percentage described in the ILCD workbook as shown in the following table:

ILCD file review rate

Total number of infants and toddlers with disabilities in an EIS agency	Suggested IFSP file selection rate
1 – 20	40%
21-60	30%
61-100	20%
101-500	10%
500+	5%

The NDE monitoring process for Early Intervention Services (EIS) is a part of the ILCD process in which the NDE Special Education Regional Representatives review the IFSP files for compliance with

IDEA. In addition, NDHHS staff monitor compliance with IDEA Part C, Medicaid, and Services Coordination regulations on a three year cycle. All information gathered through the monitoring by the two agencies is shared for use in identifying and correcting non-compliance, developing the APR and issuing annual determinations to school districts.

Verification of Correction (either timely or subsequent)

In each case of noncompliance found in FFY 2008, the Co-Leads notified the EIS program in writing concerning the finding of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that all children were provided all services as specified on the IFSP. Each EIS program not in compliance was required to develop and implement a corrective action plan to ensure correction of non-compliance within one year. The Co-Leads monitored the implementation of the action plans and reviewed different files from those previously reviewed or reviewed the state database of newly referred children for assurance that compliance was met and CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification, each EIS program was found to be in 100% compliance in meeting the specific regulatory requirement.

Complaints: If it is determined through a complaint investigation that a district is not fully implementing the requirements of Rule 51 or IDEA for Part C, the Letter of Findings will include any noncompliance related to monitoring priority and non-priority areas. In response, the district is required to develop, submit and implement a corrective action plan. The corrective action plans for early intervention must be reviewed by NDE and NDHHS. Timeline for completion and corrective actions plans must be approved by the Complaint Investigator assigned to the complaint. The required corrective action plan activities are to be completed within the timelines contained in the approved plan. The scope of the timeline is one year.

Due Process Hearing: The Hearing Officer will identify noncompliance related to priority and non-priority areas, and issue a corrective action plan for the identified areas. NDE will follow up with the school district to implement the corrective action plan, review the completion of activities, and submit a closeout letter to document the completion of the monitoring activities. The scope of the timelines is one year. Information was obtained from the NDE Legal Office, who is responsible for the oversight of the due process hearings.

Baseline Data for FFY 2004 (2004-2005):**A. Files Reviewed in Priority Areas***2004-2005 files reviewed in priority areas (99 files)*

INDICATOR (priority area)	FILES IN COMPLIANCE	FILES OUT OF COMPLIANCE					
		Reason Documented			No Documentation		
		#	%	Reason	#	%	Correction
1 (timely services)	99 (100%)	0			0		
2 (natural environments)	94 (94.9%)	0			5	5.1%	Findings corrected within one year
7 (45-day timeline)	86 (86.9%)	12	12.1%	Family choice	1	1.0%	Findings corrected within one year
8 (transition)	96 (97%)	0			3	3.0%	Findings corrected immediately

Discussion of Baseline Data (A):

Data collected through file reviews for the 2004-2005 monitoring year revealed noncompliance in 2 priority areas. In the area of natural environments, 5 files were in noncompliance and findings were corrected within one year as required. In the area of 45-day timeline, 12 files were in noncompliance but were documented as family choice to delay the process. One file provided an interim IFSP, but the IFSP had not been developed within the 45-day timeline. The finding was corrected within one year as required. In the area of transition, 3 files were not in compliance and did not provide documentation of dates and timelines for transition steps and services. These findings were corrected immediately.

B. Files Reviewed in Non-Priority Areas*2004-2005 files reviewed in non-priority areas (99 files)*

NON-PRIORITY AREA	FILES IN COMPLIANCE		FILES OUT OF COMPLIANCE		
	#	%	#	%	Correction
Continuous Services (year round)	92	92.9%	7	7.1%	Findings corrected within one-year.
Assessment of child's present level of development in all domains	91	91.9%	8	8.1%	Findings corrected within one-year.

Discussion of Baseline Data (B):

Data collected through file reviews for the 2004-2005 monitoring year revealed areas of noncompliance in non-priority areas in the districts that were reviewed. As required, corrective action plans were submitted. All corrective action plans were implemented within the one-year timeline in each case.

C. Noncompliance identified through other mechanisms:

No noncompliance was determined through other mechanisms.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2006 (2006-2007)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2007 (2007-2008)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2008 (2008-2009)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2009 (2009-2010)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2010 (2010-2011)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one-year timeline.
2011 (2011-2012)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one
2012 (2012-2013)	100% of noncompliance issues identified through monitoring, complaints, or due process were corrected and compliance met, within the one

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Provide technical assistance and oversee implementation of corrective action plans for agencies having areas of noncompliance. <i>Revised 2-1-12:</i> Provide technical assistance and training to EIS agencies about the monitoring process; provide support for implementation of corrective action plans.	X	X	X	X	X	X	X	X
2.	<i>Discontinued 2-1-12: Encompassed in revised Activity 1.</i> Provide technical assistance to Planning Region Teams and school districts about the file review process in the current year monitoring cycle.	X	X	X	X	X	Disc.	Disc.	Disc.
3.	<i>Discontinued 2-1-12: Encompassed in revised Activity 1.</i> Review files in next third of the state (per three-year monitoring cycle) and identify findings of noncompliance.	X	X	X	X	X	Disc.	Disc.	Disc.

4.	<i>Discontinued 2-1-12: Encompassed in revised Activity 1.</i> Provide technical assistance and training to EIS agencies to support corrective action plans on noncompliance standards.	X	X	X	X	X	Disc.	Disc.	Disc.
5.	<i>Discontinued 2-1-12: Encompassed in revised Activity 1.</i> Begin new three-year cycle of monitoring activities			X			Disc.	Disc.	Disc.

Resources:

NDE and NDHHS staff and regional contacts
 Educational Service Unit (ESU) facilitators
 School districts
 EIS service agencies

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

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION
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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
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Overview of Issue/Description of System or Process:

Parts B and C use the same complaint process (see below), which requires that reports issued will be resolved within a 60-day timeline or the timeline extended with respect to a particular complaint. For Part C, if it is determined through a complaint investigation that a district is not fully implementing the requirements of Rule 51 or IDEA for Part C, the district is required to develop and implement a corrective action plan. The corrective action plans for early intervention must be reviewed by NDE and NDHHS and indicate the timeline for completion of the corrective actions and must be approved by the Complaint Investigator assigned to the complaint. When a district is required to develop and implement a corrective action plan, the required activities are to be completed within the timelines contained in the approved plan.

If it is determined through a complaint investigation that a contracting agency has failed to comply, there will need to be included in the notification of findings the specific steps which must be taken by the contracting agencies to bring the contracting agency into compliance, including technical assistance, negotiations and corrective actions. There were no complaints in early intervention during this time period.

The Complaint Process in Nebraska

An organization or individual may file a complaint regarding alleged violation of requirements set forth in Special Education Rules. The complaint shall be submitted to the Department of Education, Special Education Office, in writing. The written, signed complaint must contain a statement that a school district has violated a requirement of this Chapter and the facts on which the statement is based. If the complaint can be determined to be related to a violation of Special Education Rule(s), the following procedures will be carried out:

Within fourteen (14) calendar days of receipt of the written, signed complaint, an assigned Special Education Office official shall notify in writing each complainant and the service agency against which the violation has been alleged, that the complaint has been received. This written notification shall include a copy of the complaint and the substance of the alleged violation. The service agency shall have fourteen (14) calendar days to submit a written response.

Special Education Office officials will investigate each complaint received from an individual or organization (including an individual or organization from another state) to determine whether there has been a failure to comply with these rules and may require further written or oral submission of information by all parties and may conduct an independent on-site investigation if necessary. The complainant will have the opportunity to submit additional information either orally or in writing, about the allegation.

Within sixty (60) calendar days of receipt of a signed written complaint, the Department of Education Special Education Office will review all relevant information and provide written notification of findings of facts and conclusions and the basis for such findings to all parties involved.

If, as a result of extenuating circumstances, the Department of Education Special Education Office is not able to complete the investigation within the sixty (60) calendar days, an extension period of forty-five (45) calendar days will be implemented. The Department of Education Special Education Office will notify the person filing the complaint and the service agency of the 45 days extension.

Baseline Data for FFY 2004 (2004-2005):

There were no Part C complaints in FFY 2004.

Discussion of Baseline Data:

Although there have been no complaints filed in the last two fiscal years, efforts must be made to make sure parents understand their rights to file complaints.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2006 (2006-2007)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2007 (2007-2008)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2008 (2008-2009)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2009 (2009-2010)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2010 (2010-2011)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2011 (2011-2012)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).
2012 (2012-2013)	100% of complaints are resolved within the established timeline (60 days or extended timeline for exceptional circumstances).

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005- 2006)	2006 (2006- 2007)	2007 (2007- 2008)	2008 (2008- 2009)	2009 (2009- 2010)	2010 (2010-2011)	2011 (2011- 2012)	2012 (2012- 2013)
1.	Within sixty (60) calendar days of receipt of a signed written complaint for EIS, the Department of Education Special Education Office and Health and Human Services (Co-Leads) will review all relevant information and provide written notification of findings of facts and conclusions and the basis for such findings to all parties involved.	X	X	X	X	X	X	X	X
2.	Work with PTI-Nebraska to develop collaborative training on parent's rights.	X	X	X	X	X	X	X	X
3.	<i>Added 2-1-07:</i> Family Partners will meet regularly with parent members of the Early Childhood Interagency Coordinating Council (ECICC) to discuss issues pertinent to families of infants and toddlers with disabilities and recommend actions to the ECICC. Concerns about parent rights will be addressed in the discussions.		X	X	X	X	X	X	X

Resources:

- PTI-Nebraska
- NDE Regional Contacts
- ESU ILCD Facilitators
- Nebraska School Districts
- Nebraska Service Agencies
- Consortium for Appropriate Dispute Resolution in Special Education (CADRE)
- Mountain Plains Regional Resource Center (MPRRC)

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION

Indicator 11:

Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.
20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

Hearing Request Process:

As a birth mandate state, Part C in Nebraska uses the same procedures for due process as Part B. A parent or a school district may initiate a hearing on any of the matters described in relating to the identification, evaluation or educational placement of the child with a disability, or the provision of FAPE.

When a hearing is initiated, the school district shall inform the parents of the availability of mediation. The school district shall inform the parent of any free or low-cost legal and other relevant services available in the area if the parent requests the information or if the parent or the school district initiates a hearing. Any party to a due process hearing has the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.

Upon receipt of the initial petition, the Department of Education shall assign the petition to a hearing officer, send a notice of assignment to the hearing officer with the petition attached, and send a copy of the notice of assignment and of the petition to the petitioner and respondent. The Hearing Officer shall serve a notice to file an answer and a copy of the notice of assignment and of the petition on each respondent listed in the petition personally or by first-class or certified mail. Written proof of such service shall be filed with the Hearing Officer. Each respondent who chooses to file a responsive pleading must do so within ten (10) days from the date of personal service or the date of mailing by the hearing officer of the petition and notice to file an answer.

Within forty-five (45) days after the receipt of a petition by the Department of Education, the hearing officer shall prepare a final decision and order directing such action as may be necessary and mail a copy of the decision and order to each of the parties and to the Commissioner.

Baseline Data for FFY 2004 (2004-2005):

Measurement:

Data Year	3.2(a) + 3.2(b)	Divided by (3.2)	Times 100	= Percent
2004-2005	0	0	0	N/A

Discussion of Baseline Data:

There were no due process hearings for Part C in 2004-2005.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2008 (2008-2009)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2009 (2009-2010)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2010 (2010-2011)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2011 (2011-2012)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).
2012 (2012-2013)	100% of fully adjudicated due process hearing requests are resolved within the established timeline (45-day timeline or a timeline that is properly extended by the hearing officer).

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Within forty-five (45) days after the receipt of a petition by the Department, the hearing officer shall prepare a final decision and order directing such action as may be necessary and mail a copy of the decision and order to each of the parties and to the Commissioner.	X	X	X	X	X	X	X	X

Resources:

- NDE Regional Contacts
- ESU ILCD Facilitators
- Nebraska School Districts
- Nebraska Service Agencies
- Consortium for Appropriate Dispute Resolution in Special Education (CADRE)
- Mountain Plains Regional Resource Center (MPRRC)

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION

Indicator 12

Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

This is a new indicator for which Nebraska has collected no data.

Baseline Data for FFY 2004 (2004-2005):

To be provided in FFY 2005 APR due on February 1, 2007.

Discussion of Baseline Data:

This is a new indicator. N/A at this time.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Baseline and Targets will be provided in the FFY 2005 APR due February 1, 2007.
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	
2011 (2011-2012)	
2012 (2012-2013)	

Improvement Activities/Timelines:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Implement the resolution process.	X							
2.	Begin data collection of the process.		X						
3.	Continue data collection of the process.			X	X	X	X	X	X
4.	NDE will complete the revision of NDE Rules 51 and 55.	X	X						
5.	NDE Special Education and NDE Legal Counsel Staff to determine and implement a data collection system for this new indicator.	X	X	X	X	X	X	X	X
6.	Provide training and information to school districts regarding resolution sessions and dispute resolution procedures.	X	X	X	X	X	X	X	X

Resources:

- NDE and NDHHS Staff
- Nebraska School Districts
- Nebraska Mediation Centers
- Consortium for appropriate Dispute Resolution in Special Education
- Mountain Plains Regional Resource Center (MPRRC)

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

Overview of the State Performance Plan Development:

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION

Indicator 13:

Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

Parts B and C use the same mediation process. Part C shall implement the procedures to allow parties to resolve disputes involving any matter described through a mediation process.

The procedures for seeking mediation initiated by either the family or early intervention agencies include:

Contact the Nebraska Office of Dispute Resolution who will arrange a meeting, invite both parties and conduct the mediation in an attempt to resolve the dispute.

The procedures shall insure that the mediation process:

- is voluntary on the part of the parties;
- is not used to deny or delay a family's right to a due process hearing, or to deny any other rights afforded under this Chapter; and
- is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

Each session in a mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute. An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of such process.

Baseline Data for FFY 2004 (2004-2005):

Data Year	2.1(a)(i) + 2.1(b)(i)	Divided by (2.1)	Times 100	= Percent
2004-2005	0	0	0	0

Discussion of Baseline Data:

There were no mediations held for EIS in 2004-2005.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<i>Revised 2-1-07:</i> Removed proposed targets and improvement activities from SPP (per report from OSEP 3/10/06 on 2004-2005 SPP, i.e., targets and improvement activities are not required if complaints are fewer than 10.
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	
2011 (2011-2012)	
2012 (2012-2013)	

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1.	Provide training regarding the benefits of mediation to parents and school districts.	X							
2.	Request that Nebraska Mediation Centers provide cost comparison data between mediation and due process.	X							
3.	Work with Nebraska Mediation Centers to develop data collection instrument to document which mediation requests are related to due process.	X							

Resources:

- NDE and NDHHS staff
- ESU ILCD Facilitators
- Nebraska School Districts
- Nebraska Service Agencies
- Nebraska Parent Training and Information Center
- Nebraska Mediation Center
- Consortium for Appropriate Dispute Resolution in Special Education (CADRE)
- Mountain Plains Regional Resource Center (MPRRC)

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

See SPP Overview, Page 1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / GENERAL SUPERVISION

Indicator 14:

State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: *[Revised 2-1-2010]*

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, including covering the correct year and following the correct measurement.

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

Overview of Issue/Description of System or Process:

This indicator highlights the importance of submitting accurate and timely data to OSEP and WESTAT. Accurate data from school districts, the Nebraska Departments of Education (NDE) and Health and Human Services (NDHHS) is necessary in order to make timely and effective decisions about improving outcomes for infants and toddlers with disabilities in Nebraska, including the provision of a free appropriate public education in natural environments.

Baseline Data for FFY 2004 (2004-2005):

Nebraska submitted 5 Part C federal reports and one annual report to OSEP during the relevant time period: from July 1, 2004-June 30, 2005.

Part C Reports:

Settings Report, due 11/1/04
Exit Report, due 11/1/04 (resubmitted 2/9/05)
Services Report, due 11/1/04 (resubmitted 2/9/05)
Personnel Report, due 11/1/04 (resubmitted 2/9/05)
Child Count Report, due 2/1/05
Annual Performance Report, submitted 3/05

Discussion of Baseline Data:

During the 2004/2005 time period (July 1, 2004 to June 30, 2005), Nebraska resubmitted three Part C federal reports (see list above). One of these reports on Part C Personnel did not have complete data before the 11/1/04 deadline because some of the data was not available from NDE's financial report. Nebraska is currently working to align the deadlines for these reports so that we have complete personnel information by the November 1st deadline, which will eliminate the need to resubmit these reports. Nebraska is also implementing verification procedures to improve the accuracy of data for all federal reports.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	State reported data is submitted in a timely and accurate manner 100% of the time.
2006 (2006-2007)	State reported data is submitted in a timely and accurate manner 100% of the time.
2007 (2007-2008)	State reported data is submitted in a timely and accurate manner 100% of the time.
2008 (2008-2009)	State reported data is submitted in a timely and accurate manner 100% of the time.
2009 (2009-2010)	State reported data is submitted in a timely and accurate manner 100% of the time.
2010 (2010-2011)	State reported data is submitted in a timely and accurate manner 100% of the time.
2011 (2011-2012)	State reported data is submitted in a timely and accurate manner 100% of the time.
2012 (2012-2013)	State reported data is submitted in a timely and accurate manner 100% of the time.

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY	2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)	2011 (2011-2012)	2012 (2012-2013)
1. Improve verification procedures for state and school district data to improve accuracy.	X	X						
2. Incorporate 10% criteria for flagging changes to data by both the State and school districts prior to submission of data (completed by 1/1/06).	X	X completed	X completed	X completed	X completed	X completed	X completed	X completed
3. <i>Updated 2-1-07:</i> Complete all-student Nebraska Student and Staff Record System.	X	X completed	X completed	X completed	X completed	X completed	X completed	X completed
4. <i>Added 2-1-07:</i> Continue to monitor system for accuracy of reporting and make adjustments as needed.		X	X	X	X	X	X	X
5. <i>Added 2-1-08:</i> Work with the NDE Data Center on merging SESIS Part C data with the Nebraska Student and Staff Record System (NSSRS-unique identifier system).			X	X	X	X	X	X

Resources:

WESTAT publication: "Taking Your Data to the Laundry" located at www.ideadata.org
 National Center for Special Education Accountability Monitoring (NCSEAM)
 (Located at www.monitoringcenter.lshuhsc.edu)
 Education Information Management Advisory Consortium (EIMAC)
 Mountain Plains Regional Resource Center (MPRRC) materials