

**Individuals with Disabilities
Education Act 2004**

**Nebraska
Part C:
State Performance Plan
2005-06 through 2010-2011**

Revised April 20, 2009

**Originally submitted February 1, 2006
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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This report was printed with funds from grant award: H181A060033
April 2009

IDEA Part C State Performance Plan (SPP) Indicators

Table of Contents

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Indicator #	Indicator Topic	Page
	Overview of Part C SPP Development	1
1	IFSPs in a timely manner	5
2	EI services at home or in community-based settings	9
3	Infant and toddler outcomes	13
4	Family outcomes	19
5	Birth to age 1 children served	27
6	Birth to age 3 children served	33
7	Evaluation and initial IFSP within 45 days	39
8	Transition at age 3	43
9	Noncompliance corrected within one year	47
10	State complaints resolved within 60 days	51
11	Due process completed within 45 days	55
12	Resolution sessions that result in agreement	59
13	Mediations that result in agreement	61
14	618 data on time and accurate	63

Nebraska's State Performance Plan (SPP) and Annual Performance Reports (APR)
are posted for public viewing at
<http://www.nde.state.ne.us/edn/FedRep.html>

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

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 (DHHS). 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 (DHHS), 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 DHHS 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/ESU (Educational Service Unit) steering committee (an SEA/IEA collaboration) 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.

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/ESU Collaborative meeting in Lincoln.

Broad Stakeholder Input & Continuing Development: August – November 2005

On August 25 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, 2005. On September 1, another major presentation and discussion of Nebraska's SPP was conducted with the NDE/ESU Collaborative group. This key stakeholder group is 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 IEA representatives. 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 1st 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.

On September 15 and 16, 2005, similar presentations were facilitated and packets of SPP materials provided to two additional stakeholder groups: the Nebraska Association of Special Education Supervisors (NASES) and the Nebraska Special Education Advisory Council (SEAC). The NASES membership represents all special education directors and coordinators in school districts and ESUs. SEAC is 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, a series of four regional special education workshops were hosted at locations across Nebraska by the NDE Special Education Office. 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.

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

In the February 1, 2007 SPP submission to OSEP, states are 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 resource as appropriate for each of the three New Indicators (3, 4 and 12).

The NDE/HHS 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. The Early Childhood Interagency Coordinating Council was engaged in discussion and provided input related to the infant and toddler outcomes and family survey throughout 2006.

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

The NDE/ESU collaborative, a stakeholder group made up of ESU and school district representatives, has 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 requirement of SPP Indicators.

Dissemination of the February 1, 2007 SPP to the public will follow standard NDE policies and practices. Please see the **Public Dissemination** section below for specific information about this process.

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. Each of the issues is addressed with reference to the SPP in the 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.

Public Dissemination

In keeping with the policies and practices of the Nebraska Department of Education, the final SPP is being made available to the public in a variety of ways. It is posted on the NDE Special Education website, 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. The page numbers are hot-linked in the table of contents so that the viewer can link directly to that indicator.

In addition, an electronic and/or paper notice is being sent to all school districts, ESUs, IHEs, Planning Region Teams, advocacy groups, Protection and Advocacy agencies, Parent Training and Information Center, 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, will be accomplished using technology. NDE will prepare a summary of Indicators for each school district (local education agency) that will be published each year in December. This process will coincide with the release of the Nebraska State of the Schools Report. This report will be posted on the NDE website as well as being made available for posting on school district websites. Copies of the summary will be available through NDE. A report will be made annually to the ECICC, SEAC and other stakeholders as appropriate and upon request.

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

NDE Data Collection and Reporting Systems

The Special Populations Office and the Data Center in the Nebraska Department of Education (NDE) have developed an electronic, web-based data collection system, called the “Special Education Student Information System” (SEIS), which allows school districts to enter child data on-line at any time. This online process also is referred to as a “continuous data submission” process.

NDE also has a data upload process for school districts with more advanced data collection systems. The upload application allows a school district to transfer a data file of all infants and toddlers with disabilities from the school district’s data record system directly to NDE’s data record system. The data file must include the file specifications set forth in NDE’s import record layout in order to transfer the data. There are nine school districts in Nebraska that upload data at this time: Millard, Omaha, Lincoln, Bellevue, Gretna, Papillion-LaVista, Alliance, Seward and South Sioux City.

Two school districts, Seward and South Sioux City, utilize the “Student Record System” (SRS) for the upload process. The SRS is an electronic data collection system for special education forms in Nebraska, including the individualized education plans (IEP) and individualized family service plans (IFSP). SRS is maintained by the school districts in collaboration with personnel in Educational Service Unit (ESU) #1, NDE and the University of Nebraska at Lincoln (UNL maintains the server). Approximately 87% of school districts participate in the SRS.

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

(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:

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

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

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-ly2006)	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.

FFY	Measurable and Rigorous Target
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.

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)
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
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	Discontinued	Discontinued	Discontinued	Discontinued
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 reasons for delay in delivery of timely services.	X	X	Discontinued	Discontinued	Discontinued	Discontinued
4.	Continue billing checks for services coordination through the CONNECT system.	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

Resources:

Early Development Network Co-Lead staff
Department of Health and Human Services (DHHS) staff
LEA Special Education staff
NDE data manager
DHHS 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 2005-2010

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:

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:

SEIS 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.

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)
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
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	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)
3.	Discontinued 2-1-09: see revised Activity 1. Continue session at Summer Institute on documenting appropriately when services are not provided in natural environments.	X	X	Discontinued	Discontinued	Discontinued	Discontinued
4.	Discontinued 2-1-09: see revised Activity 1. Provide session at Summer Institute on documenting appropriately when services are not provided in natural environments.	X	X	Discontinued	Discontinued	Discontinued	Discontinued
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
6.	<i>Added 2-1-07:</i> Evaluate trend data for this indicator and reset targets if warranted.			Postponed to 2008	X		

Resources:

Early Development Network Co-Leads staff
 Department of Health and Human Services (DHHS) staff
 LEA Special Education staff
 NDE data manager
 DHHS 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 2005-2010**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 3:

Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs
(20 USC 1416(a)(3)(A) and 1442)

Measurement: *Revised 2-1-07:*

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

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

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

Note: The information below follows the format required by OSEP for Indicator C-3 in the FFY2006 submission of the APR. The Nebraska State Performance Plan (SPP)-revised February 1, 2009, has been updated according to the format required by OSEP for reporting on Indicator C-3 for FFY2007-2008.

Overview of Issue/Description of System or Process:

Nebraska is implementing a state early childhood outcomes measurement, data collection and reporting system to obtain required child and family outcomes data, with ongoing direction and support from the Early Childhood Outcomes (ECO) Center and the federal Office of Special Education Programs (OSEP).

This web-based system, called Results Matter in Nebraska, is designed to improve programs and supports for all young children birth to age five served by school districts, the Early Development Network (Part C) and their partners. Results Matter also integrates the state requirements of Nebraska Department of Education (NDE) Rule 11, Regulations for Early Childhood Programs, with respect to reporting child outcomes, including child performance and progress. The outcomes apply to all school-based early childhood programs, including all state grant-funded early childhood programs.

As part of the Results Matter initiative, school districts are to report child outcomes data online, selecting one or more of three observational child assessment tools recommended by Nebraska's state-level Results Matter Child Measurement Task Force in November, 2005. The three state-selected and approved assessments for infants and toddlers are: Assessment, Evaluation and Programming System for Infants and Children (AEPS), 2nd Edition (Brookes Publishing Company, 2003); Creative Curriculum Developmental Continuum Assessment Toolkit for Ages B-3 (Teaching

Strategies, Inc. 2006); and High/Scope Child Observation Record (COR) for Infants and Toddlers (High/Scope Press, 2002).

These research-based, authentic assessment tools were selected due to their reported high reliability and validity, and their link to curriculum and program planning. Scientifically-based cutoff scores defining comparability to same-aged peers has been determined by each of these 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's licensed manager for the online subscription agreements with each of these vendors.

For FFY2007 (2007-08), 179 of Nebraska's 252 school districts were using AEPSi.com; 107 districts were using Highscope.net, and 80 districts were using Creativecurriculum.net (total is more than 252 districts because districts may elect to use more than one of the assessment tools)

Since January, 2007, all school districts in Nebraska have been required to utilize the Results Matter online data collection and reporting for all newly-verified children. As of June 30, 2008, a total of 919 infants and toddlers with IFSPs had entry data online in the Results Matter system. Of these, 207 had entry/exit data to be included in the FFY2007 OSEP Report.

Baseline Data for FFY 2007 (2007-2008):

Baseline data is not applicable for FFY2007. According to OSEP reporting time lines, progress data (entry and exit data) for children who were part of Results Matter for 2007--08 must be provided in the FFY2007 SPP/APR due February 1, 2009, as well as in the SPP/APR due February 1, 2010.

Progress data reported in 2010 will be considered baseline data. The 2007-2008 progress data for infants/toddlers is presented in the Progress Data tables below.

The 2005-06 SPP/APR contained a description of how data are to be collected so that Nebraska will be able to report baseline data, targets, and improvement activities per OSEP Instructions. No changes have been made to that process. Please see Nebraska's FFY2005 SPP/APR for a description of the process at www.nde.state.ne.us/SPED/sppindex.html.

Discussion of Progress Data for FFY 2007 – Description, Results and Analysis 2007-2008:

Description

Beginning in January, 2007, all school districts in Nebraska were required to begin online data collection and reporting for all newly-verified children. As a result of the 2007 statewide start date, Part C numbers reported for 2007-08 are lower than they will be in future years, as there are infants and toddlers who entered the system prior to Nebraska's initiation of the data collection process. In addition, High Scope, one of the three assessment tools used in Nebraska, changed online system companies in 2008. Pearson (the previous online company) had not made the necessary modifications to the online system to successfully run the OSEP reports. As a result, limited data from this assessment system could be successfully retrieved for analysis this year. NDE is working closely with the High Scope Foundation and Red-e-Set-Grow, who have established the new online system (OnlineCOR). Processes are now in place for analyzing the data for the OSEP reports for 2008-2009.

Results

OSEP Child Outcomes Report-FFY2007 Progress Data for Nebraska – Measurement A

A. Positive social-emotional skills (including social relationships):	Number of Infants/Toddlers	% of Infants/Toddler
a. Percent of infants and toddlers who did not improve functioning.	4	1.9% (4 out of 207)

A. Positive social-emotional skills (including social relationships):	Number of Infants/Toddlers	% of Infants/Toddlers
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	47	22.7% (47 out of 207)
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	8	3.9% (8 out of 207)
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	13	6.3% (13 out of 207)
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	135	65.2% (135 out of 207)
Total	N =207	100%

OSEP Child Outcomes Report-FFY2007 Progress Data for Nebraska – Measurement B

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of Infants/Toddlers	% of Infants/Toddlers
a. Percent of infants and toddlers who did not improve functioning.	4	1.9% (4 out of 207)
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	22.7% (47 out of 207)
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	7	3.4% (7 out of 207)
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	19	9.2% (19 out of 207)
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	130	62.8% (130 out of 207)
Total	N = 207	100%

OSEP Child Outcomes Report-FFY2007 Progress Data for Nebraska – Measurement C

C. Use of appropriate behaviors to meet their needs:	Number of Infants/Toddlers	% of Infants/Toddlers
a. Percent of infants and toddlers who did not improve functioning.	8	3.9% (8 out of 207)
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	41	19.8% (41 out of 207)

C. Use of appropriate behaviors to meet their needs:	Number of Infants/Toddlers	% of Infants/Toddlers
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	23	11.1% (23 out of 207)
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	34	16.4% (34 out of 207)
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	101	48.8% (101 out of 207)
Total	N = 207	100%

Analysis of Progress Data

In April, 2008, the Results Matter Management Team met with the three publishers, along with representatives from the ECO Center, Colorado Department of Education (CDE), and NECTAC to discuss the trend of low percentage of infants and toddlers demonstrating delays that has been apparent in the analysis of OSEP data. It was recommended that a qualitative study be completed. Infants and toddlers were selected in situations where the children were assessed as “comparable to same aged peers” and the providers disagreed with the findings. The evaluation consultant for Results Matters interviewed these providers and rated the children using the COSF scale. This data was reviewed with the staff from ECO Center, NECTAC, NDE, CDE and the publishers in August 2008. It was decided at that time that adjustments needed to be made to the online analysis. Specific recommendations for modifications will be determined in fall, 2008. In addition, review will continue regarding the implementation of Results Matter Initiatives in both states (Colorado and Nebraska) in order to improve assessment and instructional practices, implement fidelity processes, and improve the quality of the outcome data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA – New Indicator. Entry data required.
2006 (2006-2007)	NA – Progress (entry and exit) data required for children who have been in the program for at least six months.
2007 (2007-2008)	NA – Progress data required
2008 (2008-2009)	NA – Progress data required
2009 (2009-2010)	NA – Progress data required
2010 (2010-2011)	Baseline and targets required in the FFY2010 SPP/APR due February 1, 2010.

Improvement Activities/Timelines/Resources:

Nebraska completed activities for 2007 as outlined below and proposes to continue these activities through 2010.

Improvement Activities / FFY		2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)
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
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

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

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

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> <ul style="list-style-type: none"> A. Know their rights: Revised Baseline–74% B. Effectively communicate their children’s needs: Revised Baseline–71% C. Help their children develop and learn: Revised Baseline–84%
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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 <small>(2007-2008)</small>	2008 <small>(2008-2009)</small>	2009 <small>(2009-2010)</small>	2010 <small>(2010-2011)</small>
1.	Conduct NCSEAM Part C Family Survey, compile and analyze results, and disseminate data.	X	X	X	X
2.	Report NCSEAM Part C Family Survey results in the Part C-APR.	X	X	X	X

Resources:

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

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

- A. Other States with similar eligibility definitions; and
- B. National data.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- | |
|--|
| <ul style="list-style-type: none"> A. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions. B. 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 29 Planning Region Teams (PRTs) in Nebraska, which were established as local interagency coordinating councils.

Systems Support Change Grants are provided to the 29 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 29 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 SESIS (Special Education Student Information System). 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 SESIS 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 29 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

A. Percent of infants and toddlers birth to 1 with IFSPs compared to Other States with similar eligibility definitions:

Comparison of number/percentage served in 2004 of infants and toddlers, birth to age 1 with IFSPs (excluding children at risk), in states with narrow eligibility criteria

State	Number served of infants and toddlers, birth to age 1	Percentage of Population
North Dakota	129	1.72
Idaho	349	1.66
Montana	170	1.58
Oklahoma	617	1.22
Connecticut	441	1.03
<i>National Baseline (U.S. and Outlying Areas)*</i>	<i>38,192</i>	<i>0.92</i>
Utah	365	0.76
Nebraska	192	0.74
Maine	98	0.71
Tennessee	528	0.67
South Carolina	374	0.66
Arizona	561	0.61
Nevada	193	0.58

State	Number served of infants and toddlers, birth to age 1	Percentage of Population
District of Columbia	43	0.57
Georgia	754	0.55
Oregon	229	0.51
Guam**	X	X

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

* National Baseline is representative of all children birth to age 1 served in the nation as a whole.

** X=Suppressed Data.

B. 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.

Compared to other states with narrow eligibility criteria, Nebraska ranks lower than 6 states and higher than 8 states. Nebraska serves 0.18% less than the national baseline in the percentage of infants with an IFSP (0.74% and 0.92% respectively).

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.

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)
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
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	Discontinued	Discontinued	Discontinued
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

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)
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	Discontinued	Discontinued	Discontinued
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
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

* 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.
- 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 29 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*)

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

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:

- A. Other States with similar eligibility definitions; and
- B. National data.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. 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

A. Percent of infants and toddlers birth to 3 with IFSPs compared to Other States with similar eligibility definitions:

Comparison of number/percentage served in 2004 of infants and toddlers, birth to age 3 with IFSPs (excluding children at risk), in states with narrow eligibility criteria

State	Number served of infants and toddlers, birth to age 3	Percentage of Population
Connecticut	3,948	3.10
Maine	1,169	2.87
North Dakota	611	2.80
Idaho	1,706	2.73
<i>National Baseline (U.S. and Outlying Areas)*</i>	<i>275,484</i>	<i>2.24</i>
Montana	677	2.13

State	Number served of infants and toddlers, birth to age 3	Percentage of Population
Oklahoma	3,013	2.04
Utah	2,515	1.77
Nebraska	1,302 **	1.73 **
Tennessee	3,973	1.71
Oregon	2,081	1.55
Arizona	4,196	1.54
South Carolina	2,289	1.36
Georgia	5,450	1.33
District of Columbia	288	1.30
Nevada	1,308	1.30
Guam ***	X	X

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

* National Baseline is representative of all birth to age 3 served in the nation as a whole.

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

*** X=Suppressed data.

B. 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 1	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.

Compared to other states with narrow eligibility, Nebraska ranks lower than 7 states, and higher than 7 states. Nebraska is below the national percentage of infants and toddlers with an Individualized Family Services Plan (IFSP). Nebraska serves 0.51% less than the national percentage of infants and toddlers with an IFSP (1.73% in Nebraska compared to and 2.24% nationally).

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.

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)
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
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	Discontinued	Discontinued	Discontinued
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
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	Discontinued	Discontinued	Discontinued

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)
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
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

* 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.
- 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 29 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*)

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Part C State Performance Plan (SPP) for 2005-2010**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 and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

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 times 100.

Account for untimely evaluations.

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.

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)
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
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
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	Discontinued	Discontinued	Discontinued	Discontinued
6.	Distribution of 45-day projection calendars to services coordinators and school districts. This calendar allows agencies to have a reference to the 45-days from the referral date.	X	X	X	X	X	X
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	Discontinued	Discontinued	Discontinued	Discontinued
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	Discontinued	Discontinued	Discontinued	Discontinued
9.	Continue collaboration with Answers4Families in order to	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)
	update IFSP web site as needed.						
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>	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued
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>	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued
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

Resources:

Early Development Network Co-Lead staff
 ECICC, Early Childhood Interagency Coordinating Council
 NDE data manager
 DHHS 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 2005-2010

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.

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 <i>Revised 2-1-07:</i>
2005 (2005-2006)	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.
2006 (2006-2007)	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.
2007 (2007-2008)	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.
2008 (2008-2009)	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.
2009 (2009-2010)	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.
2010 (2010-2011)	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.

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)
1. Follow-up on-site monitoring visits to review files for timely transition planning to preschool program or community services as needed. <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.	X	X	X	X	X	X
2. <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	X	X	Discontinued	Discontinued	Discontinued	Discontinued

Improvement Activities / FFY		2005 (2005-2006)	2006 (2006-2007)	2007 (2007-2008)	2008 (2008-2009)	2009 (2009-2010)	2010 (2010-2011)
	occurring to meet the needs of infants and toddlers with disabilities and their families.						
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
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	Discontinued	Discontinued	Discontinued	Discontinued
5.	<p><i>Added 2-1-07:</i> <i>Discontinued 2007-2008-encompassed in revised Activity 3.</i> Meetings with service coordination supervisors will address record keeping issues regarding documentation of dates for transition steps completed.</p>		X	Discontinued	Discontinued	Discontinued	Discontinued

Resources:

Early Development Network Co-Lead staff
 Department of Health and Human Services (DHHS) staff
 LEA Special Education staff
 Educational Service Unit ILCD facilitator
 NECTAC
 MPRRC

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

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
 - # of findings of noncompliance made.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

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. Assistance is provided by The Educational Service Unit (ESU) ILCD facilitator provides assistance to school districts in the Individual Family Service Plan (IFSP) review process. 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%

Monitoring for Early Intervention Services (EIS) is on a three-year cycle. The state’s 29 planning region teams have been divided into three geographical areas, which allow for one geographical area a year to be monitored by the Co-Leads.

When compliance issues are detected through the ILCD process, the EIS agency is required to correct an identified deficiency within one year of the date of the determination of noncompliance.

If an EIS agency demonstrates less than then 80% compliance with any ILCD indicator, the agency is determined to be in systemic noncompliance. EIS agencies in systemic noncompliance must develop corrective action plan to correct the deficiency within one year of the date of determination of noncompliance. The Co-Lead agencies provide technical assistance and training to assist the EIS agency with the development and implementation of the corrective action plan.

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 DHHS. 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 are 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.

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)
1.	Provide technical assistance and oversee implementation of corrective action plans for agencies having areas of noncompliance.	X	X	X	X	X	X
2.	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	X
3.	Review files in next third of the state (per three-year monitoring cycle) and identify findings of noncompliance.	X	X	X	X	X	X
4.	Provide technical assistance and training to EIS agencies to support corrective action plans on noncompliance standards.	X	X	X	X	X	X
5.	Begin new three-year cycle of monitoring activities			X			X

Resources:

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

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

Improvement Activities/Timelines/Resources:

Improvement Activities / FFY		2005 <small>(2005-2006)</small>	2006 <small>(2006-2007)</small>	2007 <small>(2007-2008)</small>	2008 <small>(2008-2009)</small>	2009 <small>(2009-2010)</small>	2010 <small>(2010-2011)</small>
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
2.	Work with PTI-Nebraska to develop collaborative training on parent's rights.	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

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 2005-2010**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).

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)
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

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)

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

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)	

Improvement Activities/Timelines:

Improvement Activities / FFY		2005 <small>(2005-2006)</small>	2006 <small>(2006-2007)</small>	2007 <small>(2007-2008)</small>	2008 <small>(2008-2009)</small>	2009 <small>(2009-2010)</small>	2010 <small>(2010-2011)</small>
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
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
6.	Provide training and information to school districts regarding resolution sessions and dispute resolution procedures.	X	X	X	X	X	X

Resources:

- NDE and DHHS 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 2005-2010

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:

Contacting 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)	

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)
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 DHHS 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 2005-2010**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:

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

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 (DHHS) 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.

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)
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
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	
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
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

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 (MPRRRC) materials