



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

Honorable Vincent P. Meconi, Secretary  
Delaware Department of Health and Social Services  
1901 N Dupont Highway  
Main Building  
New Castle, DE 19720

DEC 15 2003

Dear Secretary Meconi:

The purpose of this letter is to inform you of the results of the Office of Special Education Programs' (OSEP's) recent verification visit to Delaware. As indicated in my letter to you of June 18, 2003, OSEP is conducting verification visits to a number of States as part of our Continuous Improvement and Focused Monitoring System (CIFMS) for ensuring compliance with, and improving performance under, Parts B and C of the Individuals with Disabilities Education Act (IDEA). We conducted our visit to Delaware during the week of September 22, 2003.

The purpose of our verification reviews of States is to determine how they use their general supervision, State-reported data collection, and State-wide assessment systems to assess and improve State performance, and to protect child and family rights. The purposes of the verification visits are to: (1) understand how the systems work at the State level; (2) determine how the State collects and uses data to make monitoring decisions; and (3) determine the extent to which the State's systems are designed to identify and correct noncompliance.

As part of the verification visit to the Delaware Department of Health and Social Services (DHSS), the State's Part C Lead Agency, OSEP staff met with Rosanne Griff-Cabelli (Part C Coordinator) and numerous staff members of DHSS who are responsible for the State's general supervision activities (including monitoring, mediation, complaint resolution, and impartial due process hearings), and the collection and analysis of State-reported data. Delaware's early intervention services are coordinated through the Child Development Watch (CDW) program in the DHSS Division of Public Health. Prior to the visit, OSEP staff reviewed a number of documents, including the State's Part C Application, Self-Assessment, Improvement Plan, Annual Performance Reports, Quality Management Chart Audit Tools and definitions, State Monitoring Team Reports from 2000-2003, updates to the Improvement Plan, the Interagency Resource Management Committee 2003 Annual Report, the Integrated Service Information System (ISIS) Manual, a draft Child Development Watch Policy Manual, guidance documents to local programs related to data entry and submissions of data under Section 618 of the IDEA, as well as other information and documents posted on the Birth to 3

Early Intervention website.<sup>1</sup> During the visit, DHSS staff provided copies of the Transdisciplinary Pilot Project of Early Intervention Services in the CDW Program – Evaluation Report; Investing in Better Outcomes: The Delaware Early Childhood Longitudinal Study; and a report from the Family Focus Group Interviews 2001. OSEP also conducted a conference call on August 5, 2003, with members of the Interagency Coordinating Council (ICC)/Part C Steering Committee, to hear their perspectives on the strengths and weaknesses of the State's systems for general supervision and data collection and reporting. Ms. Griff-Cabelli assisted us by inviting the participants and distributing information for the steering committee call.

The information that Ms Griff-Cabelli and her staff provided during the OSEP visit, together with all of the information that OSEP staff reviewed in preparation for the visit, greatly enhanced our understanding of the DHSS systems for general supervision, and data collection and reporting, for the Delaware CDW. The evidence of partnerships with Institutions of Higher Education to address outcome information for program components builds the body of knowledge about the implementation of the early intervention program in Delaware.

### *General Supervision*

In looking at the State's general supervision system, OSEP collected information regarding a number of elements, including whether the State: (1) has identified any barriers (e.g., limitations on authority, insufficient staff or other resources, etc.) that impede the State's ability to identify and correct noncompliance; (2) has systemic, data-based, and reasonable approaches to identifying and correcting noncompliance; (3) utilizes guidance, technical assistance, follow-up, and—if necessary—sanctions, to ensure timely correction of noncompliance; (4) has dispute resolution systems that ensure the timely resolution of complaints and due process hearings; and (5) has mechanisms in place to compile and integrate data across systems (e.g., 618 State-reported data, due process hearings, complaints, mediation, large-scale assessments, previous monitoring results, etc.) to identify systemic issues and problems.

Delaware submitted a Statewide Self Assessment to OSEP in December 2000. Areas of strength and improvement were identified for each cluster area and the ICC used the Self Assessment to develop a State-wide Improvement Plan. In March, 2002, DHSS submitted the Improvement Plan to OSEP. In a response letter dated October 10, 2002, OSEP noted that Delaware did not identify non-compliance, but did identify priorities across all five cluster areas.

OSEP asked DHSS to provide a progress report on its areas of improvement by July 1, 2003, with a summary of data collected and reports issued under the transition and general supervision priority areas. The progress report was submitted to OSEP in the Annual Performance Report (APR). OSEP will provide its response to DHSS' APR in a separate letter. During the verification visit, DHSS staff provided supplemental information to

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<sup>1</sup> Documents reviewed as part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP's understanding of your State's systems.

demonstrate its implementation of improvement strategies and the impact of the strategies on the CDW program. According to DHSS staff, DHSS continues to implement its Improvement Plan that OSEP approved in October, 2002.

OSEP believes that DHSS's systems for general supervision constitute a reasonable approach to identify and correct non-compliance. According to DHSS staff and State documents, components of the general supervision system include: State-wide interagency agreements; chart audits; annual on-site program monitoring; focus groups, surveys, and interviews with families and professionals; a State-wide, web-based data collection and reporting system; a reporting capacity (queries) that can be individualized, based on State-identified general supervision needs; State Monitoring Reports that are written by State staff and issued annually; available enforcement options; presentation of monitoring data during ICC meetings; performance appraisals for employees that are linked to implementation of Part C requirements; and local improvement plans that are monitored by State staff to ensure correction of identified areas of improvement/noncompliance. DHSS staff members stated that the geographical size of the State creates a culture of collegiality with professionals across all programs that work with young children, which has a positive impact on the ability of the CDW office to achieve its general supervision responsibilities.

In OSEP's review of State documents and discussions with DHSS staff, DHSS demonstrated its ability to identify non-compliance. The content of Monitoring Reports includes: methods for file selection; a description of the monitoring tools used; aggregated results from analysis of chart audits; a summary of service coordinator surveys; and conclusions about strengths and areas of concern. Other areas of program implementation (eg. information from family surveys), are documented in written reports, presented to the State ICC, and shared with staff members through written and oral communication. Examples of other components of the State general supervision system are: (1) quarterly meetings documenting implementation of interagency agreements, and (2) reviewing monthly ISIS reports about program performance that are generated for the State staff and distributed to Regional staff. The Lead Agency staff told OSEP it has a feedback loop created by sharing all general supervision information with the ICC. ICC Committees develop priority areas and activities, and then report the impact of improvement strategies to the State office and the full ICC.

OSEP's review of the State documents identified the following areas where DHSS staff ensured the correction of non-compliance: all necessary consent forms are signed and in files; goals written in IFSPs are functional and address natural environments; and all services identified on the IFSP are implemented and that the start date is timely. For instance, DHSS staff members monitored programs to ensure child goals written in IFSPs were functional and addressed natural environments. DHSS staff identified that service coordinators did not consistently write functional goals or document natural environment discussions in child files. Delaware addressed the issues across multiple levels: monitoring efforts were expanded to track services provided in natural environments, data were analyzed by looking at the performance of each service provider and coordinator to separate isolated personnel problems from program trends, family surveys and focus group questions were revised, service providers and service coordinators received training on requirements regarding natural

environments, and DHSS revised the Natural Environment Guidelines. In subsequent monitoring, the State ensured correction by reviewing files one year after intervention efforts began and tracking changes in practice. Occasional problems are still identified and corrected on an individual basis, but the overall systemic problem, as reported in the monitoring reports, was corrected within one year of the State's identification.

During the verification visit, DHSS staff said the philosophy in the State is to place a priority on program changes that positively impact early intervention services provided to the children and families served by DHSS. In preparing for the verification visit, DHSS staff submitted several reports documenting Delaware's efforts to evaluate program impact, child outcomes, and effective models of service. DHSS staff members reported an awareness of the reports, their conclusions, and how the information in the reports is being used to inform decisions at the State level. In the Annual Performance Report submitted to OSEP in 2003, DHSS included information from the outcome reports. For example, in the general supervision cluster, outcome studies sponsored by DHSS indicate that children receiving DHSS services demonstrate accelerated rates of development in cognitive, motor, and play skills. In addition, data in the APR from the 2002 Family Survey indicate that families receiving services through CDW report more confidence in their abilities to care for children since being enrolled in CDW and that staff gave families information that is helpful to use with their children on a daily basis.

DHSS staff reported that the ISIS system is a vital component of the general supervision system. When the DHSS State office staff review regional data reports, staff members said they can identify anomalies and request a report that pinpoints what is causing the anomaly. For example, if it appears one program has problems with timely IFSPs, it can run a query to determine if the problem is systemic or related to one individual. State office staff members communicate the results with Regional Program Managers and work together to develop plans to address any problems. Staff members in the State office also receive copies of minutes from Regional staff meetings to review local needs or concerns and track how problems are solved. DHSS staff report that the size of the State and the limited number of individuals working in the field are beneficial in creating a positive environment for communication. In addition, the communication network allows minor problems to be addressed quickly and efficiently, before they become systemic issues. Regional Program Managers report State staff members are accessible and willing to address problems as they arise.

Through its documents review and discussions with DHSS staff, OSEP determined that the State uses the information generated from its general supervision components to make program decisions. A sample of the actions the DHSS office have implemented to improve overall program implementation identified in the document review include: (1) the development of a State-wide IFSP form (to be more family friendly and incorporate current technology); (2) modification to the Chart Audit tool and procedures (added outcome information and increased the number of records reviewed to ensure representative sample; specific look at early childhood transition); (3) developing reporting standards to document time between IFSP development and services starting; and (4) continuous efforts to strengthen

the ISIS data system and reporting capacity to meet State identified data needs and to provide a comprehensive and accurate report to OSEP in the Annual Performance Report/Improvement Plan Update.

OSEP also reviewed DHSS' systems for the resolution of State complaints, due process hearings and mediation. DHSS adopted the Part B system for due process and shared mediation. No complaints or due process hearings were recorded in the Annual Performance Report for FY 2002. One request for mediation was filed. DHSS staff members report they believe families are aware of their rights. DHSS reported that the results of its family surveys strongly concur with the State's belief that families are aware of their rights. Staff members stated formal complaints are rare because: mediation is encouraged and viewed favorably; informal complaints are effectively resolved in local regions; service coordinators effectively implement service coordination responsibilities; family needs are matched with service coordinator specialty; service coordinators are State supervised; and families have numerous advocacy options as they learn about the early intervention processes. DHSS staff members told OSEP that services are provided through contracts between service providers and the State. The State has the option to enforce the implementation of early intervention services by monitoring the execution of the contracts for Part C requirements.

It was evident from interviews with the DHSS staff who implement the monitoring process that they are well-trained, understand Part C requirements, and work together to ensure reliable implementation of the general supervision system. During the verification visit, all interview participants demonstrated an understanding of the general supervision components and provided a great deal of information and documentation to OSEP to strengthen our understanding of the early intervention system in Delaware.

OSEP learned through interviews with DHSS staff and review of the local monitoring files, that DHSS has designed and implemented a systematic, data-based process to build a body of information regarding program results to inform DHSS decisions. DHSS has the capacity to use its monitoring system to collect data from multiple sources and to use these data to focus its monitoring of each program through general supervision processes. DHSS staff report a commitment to strengthening data systems and reporting procedures and are using the data to guide ongoing technical assistance to assist the Regions in implementing the early intervention program.

#### ***Collection of data under section 618 of the IDEA.***

In looking at the State's system for data collection and reporting, OSEP collected data regarding a number of elements, including whether the State: (1) provides clear guidance and ongoing training to local programs/public agencies regarding requirements and procedures for reporting data under section 618 of the IDEA; (2) implements procedures to determine whether the individuals who enter and report data at the local and/or regional level do so accurately and in a manner that is consistent with the State's procedures, OSEP guidance, and section 618; (3) implements procedures for identifying anomalies in data that are reported, and correcting any inaccuracies; and (4) has identified any barriers, (e.g., limitations on

authority, sufficient staff or other resources, etc.) that impede the State's ability to accurately, reliably and validly collect and report data under Section 618.

OSEP believes that DHSS' system for collecting and reporting data is a reasonable approach to ensuring the accuracy of the data that DHSS reports to OSEP under section 618.

ISIS is the primary source for 618 data in Delaware. DHSS staff gave a presentation of the ISIS system during the verification visit to demonstrate how: child and family data are entered; privacy is ensured; data are backed up every day; and reports are requested, generated, and verified. DHSS staff identified numerous strengths to the system: personnel are on staff to maintain and modify the system; it stores State-wide information that is used for general supervision; reports/queries can be run for any data entered in the system; a scheduler on ISIS allows service coordinators to schedule families for evaluations for eligibility; a transition report can be prepared for the number of children transitioning to Part B; and reports can be generated for individuals, regions, and/or the entire State. The DHSS staff told OSEP that an ongoing maintenance list is in place to continually improve the ISIS system. One planned improvement is to insert the identification number generated by Part B into the ISIS record so longitudinal outcomes could be tracked in the future.

The system application is on a CITRIX platform and is accessible to all service coordinators via the internet. The ISIS system collects significantly more information than is required for 618 data submissions. DHSS staff stated that reports related to 618 submissions are reviewed at the State, Regional, and individual service coordinator levels. ISIS technical staff work with the early intervention staff to ensure the detailed information is available for State purposes and also ensure that 618 data are entered and reported accurately. All participants that OSEP interviewed in the verification visit appeared familiar with the requirements and definitions for the Federal submission of data. Due to the various levels of verification the State does (ex. on-site chart reviews compared to ISIS input; Regional Managers reviewing reports; State office staff who can identify anomalies), staff members report confidence that data submitted are accurate. During the verification visit, OSEP asked DHSS to consider including data notes in its data submissions to describe any unique data features in the State to help readers understand the Delaware data. For example, it would be useful on the personnel table to note that nurses providing services are developmental nurses (rather than individuals providing medical services); or when entering the number of children served, it would be helpful to report the number receiving only service coordination and developmental assessments (due to neonatal eligibility criteria).

DHSS staff said the two Regions in the State experimented with different strategies to ensure data accuracy and determined that having dedicated individuals who are responsible for data entry is the best option for Delaware. Training for ISIS comes through maintenance meetings and email. The ISIS manual submitted by Delaware documents that 618 definitions are consistent with Federal requirements. Regional managers are responsible for ensuring staff members are trained. During the verification visit, Regional Managers reported that most individuals who enter data have been with the system since its inception and all are

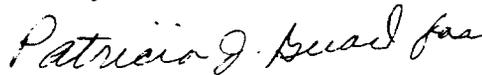
knowledgeable about Part C and its requirements. Staff members said the ISIS system is designed to be flexible in meeting the record keeping needs for each individual and program.

DHSS staff report that personnel tables for 618 submission are generated through a separate survey. Surveys are completed by service providers and submitted to the State office. State office staff said the personnel survey data are reviewed at the State office and can be verified through billing records.

It appears Delaware uses its data to make informed program decisions that impact services for eligible infants, toddlers, and their families. The State uses research to emphasize outcomes and performance of the early intervention program to address the unique needs of infants, toddlers, and families in the early intervention system. It appears the early intervention office has a positive working relationship with the Institutions of Higher Education in the State and the research information being generated is useful for building the body of knowledge around the efficacy of early intervention services. We appreciate the efforts DHSS staff members make to share their expertise, experience, and resources developed in the State to strengthen other State systems. DHSS staff members willingly share, in writing and in conference presentations, documents developed with Delaware State partners (contracts and agreements), research results from studies, and feedback from working with Federal Technical Assistance partners.

We appreciate the cooperation and assistance provided by your staff during our visit and in ongoing communication with the OSEP. We look forward to collaborating with Delaware as you continue to work to improve results for children with disabilities and their families.

Sincerely,



Stephanie Smith Lee

Director

Office of Special Education Programs

cc: Rosanne Griff-Cabelli