



Part C State Performance Plan 2005-2012

Illinois Department of Human Services
Division of Community Health & Prevention
Bureau of Early Intervention

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Fourth Revision on 02/01/10

Fifth Revision on 02/01/11

(Updated sections are highlighted)



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

Overview of the State Performance Plan Development:

The Illinois State Performance Plan (SPP) is the culmination of an ongoing process of performance measurement and strategic planning for the Illinois Early Intervention (EI) Program. Throughout this document, you will read how the program has made good use of data for analysis, problem solving, policy development, and planning. For several years, Illinois has been reporting performance data to key stakeholders including the Illinois Interagency Council on Early Intervention (IICEI), the Child and Family Connections (CFC) offices, an EI Advisory Committee of the Illinois General Assembly, and the general public through various reporting mechanisms. The following are some ongoing and new steps the Illinois EI Program has taken to share information and gather input to its planning process.

- At Illinois Interagency Council on Early Intervention (IICEI) quarterly meetings, a defined set of data is reported and discussed. Routinely reported data include measures relative to Indicator 5 (infants and toddlers birth to 1 with IFSPs) and Indicator 8 (transition). Performance measures regarding early intervention services in home or community settings (Indicator 2) has been presented and discussed at a number of IICEI meetings. Reporting on service delays (Indicator 1) was added for FFY 07/SFY 08. In its advisory role to the program, the IICEI has utilized these data in making its recommendations. They form workgroups to address specific issues.
- The EI Program, in conjunction with the IICEI and staff from OSEP and the National Early Childhood Technical Assistance Center (NECTAC) held a training session on Illinois Evidence-based Practices in Natural Learning Environments at two locations in Illinois in March 2005. Following the training session, the IICEI conducted a strategic planning session to determine long-term strategies on the provision of services in natural environments to ensure Illinois' compliance with federal requirements.
- At both the September 8, 2005 IICEI meeting and the September 29, 2005 CFC managers' meeting, a presentation on Illinois data for the SPP monitoring priorities and indicators was given and the content of the SPP was discussed. Both groups provided input to the plan during these meetings and were invited to send additional comments upon further review of the information presented.
- A week prior to the November 3 IICEI meeting, members received a final draft of the Illinois SPP for their review. The focus of the November 3 meeting was a discussion of this document. The final Illinois SPP reflects this input.
- By December 1, 2005, the Illinois SPP will be posted on several EI web sites for a 60-day public comment period. The public may submit written comments to the SPP. These comments and the Department's response to them will be sent to OSEP by March 1, 2006. The following chart lists the web sites on which the document will be made available. Families access information predominately from the DHS/EI and the Early Childhood Clearinghouse (parent newsletter and materials on child development and disabilities) web sites. In addition to these two web sites, EI providers often visit the Provider Connections (credentialing/enrollment) and the EI Training Program web sites. The chart includes the number of visitors to these web sites during a recent three-month period.

SPP Template – Part C

Illinois

State

Web site	Web Address	# of visits in recent 3-month period
DHS/EI	http://www.dhs.state.il.us/ei	Unknown
Provider Connections- (Credentialing/Enrollment)	http://www.wiu.edu/ProviderConnections	105,703
EI Training Program	http://www.illinoiseittraining.org	299,378
Early Intervention Clearinghouse	http://www.eiclearinghouse.org	4,337

- The EI Program will make the Illinois SPP available on its web site and through links from the other EI web sites and will post annual performance reports and any changes to the SPP, as these documents are submitted to OSEP.
- The plan will also be available at each of the 25 Child and Family Connections offices. A press release will be provided to the media with a link to the plan on the DHS website.

The following is added in conjunction with the submission of the 2005 Annual Performance Report:

During FFY 05/SFY 06, the program used the same system for reporting service delay it has for many years. This is a paper system submitted by CFC offices to the program once a month. These data were entered into a database that maintains the history of delays for the full year. Monthly totals were accumulated and compared to the number of IFSPs for the same periods. The Bureau's EI Specialists reviewed the monthly data and followed-up with individual CFCs, as needed, to determine if there were system problems or local problems related to provider shortages. The EI Specialists worked with CFCs to identify and resolve problems.

Statewide summary data were shared with CFC offices and others. Detailed discussions were held with CFC offices on the meaning of the data and its accuracy. These discussions led to the decision to upgrade the delay reporting system. Although that new system is only now being implemented (January 2007), it is believed that these discussions led to more accurate and uniform reporting. The new reporting system also will improve the program's ability to identify and respond to service delays.

The following is added in conjunction with the submission of the 2006 Annual Performance Report:

The service delay reporting system now in use includes the collection of all possible kinds of service delays, even those not technically considered delays under federal definitions. This includes delays for family reasons, instances where services are started but fewer hours are available than recommended, and instances where service is being delivered in other than the recommended natural setting due to a lack of providers willing to deliver services in the home and community. The report allows for analysis down to the zip code level and includes the number of hours involved for each situation. This allows the program to compile total shortfalls and translate them into FTEs. These reports can be used at both the local and statewide levels to aid recruitment.

An overview of the APR development process can be found under Indicator 1 in the FFY09/SFY10 APR. This process included the establishment of annual targets and improvement activities for the years FFY2011 and FFY2012 that have been included in the February 1, 2011 revision of the SPP. A work group of the IICEI reviewed the APR and met to discuss the indicators, with an emphasis on proposed target values and improvement activities. The APR was presented to the IICEI for review and comment prior to its submission. CFC managers were given the opportunity to review the draft document and provide input. In addition, an Outcomes Work Group provided input to proposed target values and improvement activities for Indicators 3 and 4.

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

Overview of the State Performance Plan Development:

(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 problem of timely service delivery has remained almost constant for the last three fiscal years at about 0.6% of children with IFSPs at any point in time. (Delay is defined as the inability to identify services that can be initiated for a child for more than 30 days, either initially or during an IFSP.) It is somewhat surprising that the delivery of timely services has not been a large and growing problem in this period. Since a short six-month period of caseload decline in the first half of SFY 02, the Illinois EI program experienced dramatic growth in the number of children receiving services through IFSPs. In the 42 months between December 2001 and June 2005, the caseload grew from 9,910 to 16,647. This represents growth of 68% for the period, including 13.2% in SFY 03 and 22.9% in SFY 04. This rapid increase in the number of eligible children means the number of providers needed to cover all authorized services also increased by approximately 68% as well.

Finding enough providers to assure that an appropriate service provider is available for every child for every needed service is challenging in the face of such growth. It is further complicated by other factors, including but not limited to:

- Rapid growth in the Hispanic caseload, which has increased from approximately 16% to approximately 23% in this period, necessitating the need for more bilingual providers and translators.
• No provider rate increases in this period, which has made it harder to recruit and retain therapists.
• Slow but steady progress towards the delivery of services in natural settings, even in the face of resistance in some parts of the state.

The state's relative success in fulfilling such a large increase in the need for services is probably best explained by its use of a market-based service system. Any willing and qualified provider is eligible to provide services, either individually or as part of a group. As a result, while there has been much discussion and concern in Illinois about the decline of traditional center-based providers, organizations and individuals who have been willing to provide services in home and community settings have not only filled the void but also the growing demand. The EI program also has reached out to provider

groups and to specific agencies serving growing populations, such as Hispanics, to help generate more providers. Individual Child and Family Connections (CFC) offices have undertaken various activities in their own areas to encourage providers to come into the system.

Service coordination agencies are required to submit the names of every child with any delay in identifying an appropriate service provider each month, including the nature of the delay. The program maintains records any time a provider could not be identified, even for just a day. The baseline data below tracks performance history based on delays that exceed 30 days as a reasonable time period to start services.

Baseline Data for FFY 2004 (2004-2005):

Illinois Early Intervention Program History of Service Delays – Count of Child Months Unable to Identify Provider >30 days						
CFC	FFY 02 SFY 03	FFY 03 SFY 04	FFY 04 SFY 05	FFY 02 SFY 03	FFY 03 SFY 04	FFY 04 SFY 05
1	9.6%	9.0%	6.5%	521	598	468
2	0.3%	0.2%	0.4%	25	17	41
3	0.8%	0.2%	0.4%	26	9	15
4	0.3%	0.1%	0.1%	19	9	8
5	0.1%	0.1%	0.5%	10	7	65
6	0.5%	0.4%	0.5%	41	46	70
7	0.1%	0.0%	0.0%	5	-	-
8	0.0%	0.6%	2.2%	3	47	192
9	0.2%	0.0%	0.1%	12	-	15
10	0.1%	0.0%	0.1%	6	1	7
11	0.0%	0.0%	0.0%	1	-	-
12	0.3%	0.1%	0.6%	26	9	74
13	0.6%	0.1%	0.6%	18	2	20
14	0.3%	0.0%	0.0%	12	1	-
15	0.2%	0.1%	0.0%	20	6	1
16	0.9%	0.8%	2.0%	46	45	122
17	0.1%	0.1%	0.0%	3	1	-
18	0.1%	0.1%	0.3%	3	5	13
19	0.0%	0.0%	0.1%	-	-	2
20	0.0%	1.2%	1.6%	-	46	72
21	0.1%	0.0%	0.0%	4	1	1
22	0.2%	0.1%	0.0%	8	2	-
23	0.1%	0.0%	0.0%	2	-	-
24	0.1%	0.0%	0.3%	2	-	4
25	0.9%	0.4%	0.4%	28	20	19
Total	0.6%	0.5%	0.6%	841	872	1,209

NOTES:

- CFCs 8-11- Chicago (CFC 8 – Southwest Chicago)
- CFCs 6, 7 & 12 – Suburban Cook County
- CFCs 2, 4, 5, 25 & 15 – Collar Counties
- All others downstate, including:
- CFC 1 – Rockford in Far North Central Illinois
- CFC 20 – Effingham in South Central Illinois
- CFC 16 – Bloomington, Champaign & Danville in Central Illinois

Discussion of Baseline Data:

The baseline data displays the number of delays and the percent of total caseload delayed by region (Child and Family Connections Agency) and statewide by state fiscal year (ending June 30). This allows us to look at three full years of performance. However, the magnitude of the problem statewide has remained relatively steady over time at 0.5-0.6%, although the problem has risen and fallen in different areas. In most areas of the state it has been sporadic, small, and resolved within a few months. Ten CFCs have completed at least one of the last three years without a delay in finding an appropriate service provider for more than 30 days after initial IFSP. However, none went from SFY 2003-2005/FFY 2002-2004 without any delays.

For the baseline year, three regions of the state had the greatest difficulty. During SFY 05/FFY 04 CFCs 1(Rockford), 8 (Southwest Chicago) and 16 (Bloomington) accounted for 64.7% of the occurrences of service delays. However, as of the end of SFY 05/FFY 04 caseload at these three CFCs accounted for just 11.2% of IFSPs statewide.

The only area of the state where service delays have been substantial **and** chronic is Rockford. In fact, until SFY 05/FFY 04, CFC 1 accounted for over 60% of all delays statewide. The problem can further be isolated to a deficit in the availability of speech therapists. This is true statewide but is particularly acute in Rockford. Rockford is also the second lowest area in the state in terms of the delivery of services in natural environments. Provider resistance to the idea of natural settings and their hesitancy to move to deliver services in the home and community instead of clinics and centers has further complicated efforts to recruit enough providers for the area as both the state and local agencies have attempted to increase the delivery of services in natural environments, in accordance with law and policy.

Special efforts to reach out in the Rockford area, particularly to the speech therapy community, have been having positive affects. In SFY 04, delays were encountered for an average of 9.0% of children with IFSPs and they accounted for 68.6% of all delays. However, delays in Rockford fell noticeably in SFY 05. While the area still represents the largest problem in the deliver of services in a timely manner in SFY 05, the average level of delays fell to 6.5% and they constituted 38.7% of all delays. They also have been increasing the proportion of services delivered in natural settings. Unfortunately, the proportion of children experiencing delays in the Rockford area spiked again in recent months, so the improvement may prove to have been temporary. Additional targeted efforts in Rockford will be required.

The Bloomington/Champaign/Danville region (CFC 16) also has experienced long-term problems with service delays. This is partially due to the fact this is the only largely urban region of the state where the CFC does not serve an area with a single clear population or economic center. This means they must maintain relationships with a number of different communities where other CFCs can generally build from a single, interrelated network. It took most of SFY 05 for the new agency that had been selected to serve this area to overcome problems and improve performance. In recent months they have had among the lowest levels of delays seen in their area in a number of years.

The only CFC to experience a level of delay in excess of 1.0% for a year between SFY 03/FFY 02 and SFY 05/FFY 04 in the Greater Chicago area is CFC 8, which serves the southwest area of Chicago. This area is economically disadvantaged. Only 26.1% of families have health insurance, compared to 44.0% statewide. However, both CFC 9, to their north, and CFC 10, to their east, have caseloads with even lower levels of access to insurance and higher levels of Medicaid eligibility. There is no obvious reason for CFC 8 to be having greater problems than their Chicago neighbors. However, neighboring south suburban CFC 12 has also experienced a noticeable increase in delays, just not to the extent of

CFC 8. It may be that the system is having a difficult time filling the need in south Cook County. Both areas have experienced particularly rapid caseload growth. If that is the case, availability should be able to grow to meet the demand as caseload growth is now slowing.

The only other area of the state that has experienced delays for a year in excess of 1% of service is CFC 20, which is housed in Effingham in south central Illinois. They serve a particularly large area geographically that is completely rural. Its 11 counties stretch from the Indiana border to the outer eastern suburbs of St. Louis. Within that area they have only two communities with populations over 10,000 and none reaches 13,000. The larger medical facilities for the area are outside of their service area in such cities as St. Louis and Springfield. Some area residents even travel to Indiana. Maintaining capacity to provide all the services children need in all of their rural and relatively isolated counties presents a challenge. We do not know what child will appear at any point in time, with what needs or where they will be located. The rural areas of Illinois overall have not had greater problems with providing timely services. However, when there are problems, they present greater challenges than in urban areas because the options available are more limited. A special set of approaches will be required to address delays experienced in rural areas.

In addition to problems that can be measured on a regional level, there is a clear seasonality in when the system experiences delays. They begin to grow in April at the same time the program experiences most of its caseload growth. They begin to diminish soon after the end of the school year as caseload growth slows. Strategies for recruiting new therapists should take into account the anticipated need for more services in the spring.

The following discussion was added as part of the submission of the 2005 Annual Performance Report:

During initial development of the State Performance Plan, a dialog started regarding the recording of service delays. Reporting showed low rates of service delay and there were no solid evidence of underreporting, although discussions with CFCs uncovered misunderstandings and uneven practices. The program explained that it was important to report all kinds of delays. These discussions probably have more to do with the increased reporting of service delays than changes in the field. Overall, the reported volume of delays represents slippage but it is just as likely that this represents improved reporting as a decline in system performance.

While engaging in the discussion with CFCs on the importance of openly and fully reporting service delays in a uniform manner, the program also decided its service delay reporting system did not provide everything needed to full measure service delay and needed to be upgraded. A new reporting system will replace the old one by the end of February 2007. It is currently being pilot tested. The new system will allow new functionality not previously available:

- The old system was on paper and only included child names. The new system will include county and zip code and other case identifiers to assist in researching the nature of the problem. Since it will be an electronic system the program will be able to sort delays in various ways to help pinpoint problems and aid in recruitment.
- The new system will ask service coordinators to estimate the monthly shortfall of service in hours. The only old system only indicated a problem. It indicated nothing about the actual amount of the shortage. One hour and 12 hours were treated the same.

- The new system will include situations where some service is available but not as much as desired. This is not a violation of the federal requirements but it does represent a problem in completely meeting the needs of children. The program wants to include these situations to get the full measure of the problem.
- The new system will include reporting where service is being provided in a non-natural setting only because no provider is available to deliver service in the home or community. Again, since service is being provided it does not technically represent a service delay but it does indicate the system is not able fully meet the needs of each child in accordance with state and federal rules. This will be added to the total shortfall for each area.
- Although the current system includes the service that is delayed, it did not accommodate sorting. The new system will allow us to identify the full amount (children and hours of service) the program is short of statewide and on other geographic levels.
- The new system will make it easier for the program to sort delay reasons, particularly family delays.

In summary, the program has decided it will defined service delay much more widely than required by federal rules, although it will still be able to report based on federal requirements. In addition to the new reporting, the program has reinforced the importance of reporting various kinds of service delay by pledging that it will not be used as an element that carries incentive funding in the performance contracting system. This also is the only 100% compliance measure we are not including in our calculation of program determinations. Our research has shown that service delay is more subject to interpretation than one might expect. It is important that the program not take action that might discourage service delay reporting.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2006 (2006-2007)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2008 (2008-2009)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2009 (2009-2010)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2010 (2010-2011)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2011 (2011-2012)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.
2012 (2012-2013)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 30 days.

Improvement Activities/Timelines/Resources:

- Effective FFY06/SFY07 CFCs will be required to submit a corrective action plan whenever service delays exceed 2.0% of children with IFSPs during April of the previous fiscal year. [This step reflects a modification more in line with the determination process. It has been implemented.]
- With FFY 06/SFY 07, CFCs with more than 5% of open cases in April experiencing service delays will be found in non-compliance. Agencies with more than 5% delays excluding family delays will be found in federal non-compliance. Agencies with more than 5% will be deemed in state non-compliance. [This is to be inline with the determination letter process and has been implemented.]
- The corrective action plans of agencies found in either federal or state non-compliance will be forwarded to the Bureau of Early Intervention for incorporation into the state corrective action plan.
- An Illinois Interagency Council on Early Intervention (IICEI) workgroup will be formed to address the following problems: 1) the systemic problem in Rockford, 2) how to respond to demand in rural areas, 3) the expectations on both CFCs and the EI Bureau for addressing service delays, and 4) the potential use of incentives and penalties to improve compliance (example: 1% incentive payment for each quarter a CFC goes without needing more than 30 days to find a service authorized within an IFSP). An initial report will be issued by April 30, 2008 with action steps to be implemented during SFY 07/FFY 06. [This reflects minor adjustments in line with the determination letter process.]
- Through regular meetings provider groups will be asked to assist in closing existing gaps in availability and in helping to quickly address new problems when they arise. These meetings will include the sharing of data on areas where the program is having difficulty meeting the demand and trends in the caseload and use of services. Meetings will start by July 2007.
- The IICEI workgroup will recommend additional steps to eliminate service delays not covered previously, as deemed necessary after the April 30, 2008 report noted previously.
- Starting no later than July 2007, a new item will be added to the programs monthly statistical reporting to highlight service delays by CFC.
- Starting no later than January 31, 2008, delays will be added to the statistics provided to the IICEI as part of each of their meetings.
- Starting no later than July 2007, delays by CFC will be added as part of the statistical report posted quarterly to the DHS website. The monthly CFC reports on delays will be adjusted to better reflect the requirements of the State Performance Plan. This will include more emphasis on service delays, compared to other kinds of delays that can be tracked in other ways. Reporting also will follow delays for up to 12-months as necessary, compared to the current six-months. (This would be in accordance with OSEP expectations, although few delays ever go beyond six-months.)
- The traditional service delay reporting system will be replaced with one that will provide much more actionable details for both CFCs and the EI Bureau, effective January 2007.

- Before the end of FFY 07/SFY 08 the program will implement an option for providers to have insurance billing done by the program as a means of lessening the burden on small providers and encouraging more providers to work within the program.
- The program hopes that the steps outlined will result in the elimination of service delays. However, we will continue to utilize our monthly reporting system, monitoring, and meetings with provider groups to find additional ways to assure service availability through the period of the plan.
- Effective with the notification of findings letters issued to CFC offices during FFY07/SFY08 from the central data system, any finding of non-compliance will require a corrective action plan.
- The Northwest Illinois Service Delay subgroup will recommend a package of steps to address service delay issues by March 31, 2009.
- The IICEI Service Delay Workgroup will work with the Bureau of Early Intervention and the EI Training Program to develop a plan to train on selected strategies be piloted in Northwest Illinois statewide no later than July 1, 2009.
- The program will expand responsibilities of the EI Monitoring Program to include a System Ombudsman function and focus activities of Pediatric Consultative Service contracts to utilize statistical reports to assess conformity with program standards and principles and minimize inefficient use of scarce resources that lead to service delays no later than March 1, 2009.
- The program hopes that the steps outlined will result in the elimination of service delays. However, we will continue to utilize our monthly reporting system, monitoring, and meetings with provider groups to find additional ways to assure service availability through the period of the plan.
- In FFY09/SFY10, expand Program Integrity Pilot to include additional targeted CFC areas.
- In FFY09/SFY10, add a system ombudsman position to the Early Intervention Training Program and define and implement the use of this position to support the Program Integrity Project.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
Illinois will use a full 12 months of data for the identification of findings for Indicator 1.	This will be implemented in FFY10/SFY11 as part of the finding notification process and will continue as an ongoing strategy. Resources include the Bureaus of Early Intervention and Performance Support Services.
The EI Monitoring Program will increase the number of service coordinators it interviews as part of the on-site monitoring process for CFC offices and will enhance interview questions to capture additional information about the IFSP decision –making process.	These changes will be developed and implemented as part of the FFY10/SFY11 CFC monitoring process. Resources include the EI Monitoring Program and the Bureau of Early Intervention.

<p>The Bureau and its contractors that provide training, credentialing, monitoring, resource materials and billing/claims services will coordinate their efforts to work with professional associations and others that support the EI Program.</p>	<p>This will be an ongoing effort through FFY12/SFY13. In FFY10/SFY11, initial work will focus on coordinating provider recruitment and on education and information sharing regarding appropriate practices for services to infants and toddlers in the EI Program. Web sites that support the EI system will work together to provide discipline-specific, nationally recognized best practice documents, recruitment materials, and information about the EI services system directed to both potential and current EI providers.</p> <p>Resources include the Bureau of Early Intervention and its contractors.</p>
<p>Expand Program Integrity Pilot to include additional targeted CFC areas.</p>	<p>This will be an ongoing effort through FFY12/SFY13, with 2 to 4 additional CFC areas targeted each year.</p> <p>Resources include the Bureau of Early Intervention, the EI Training Program, EI System Ombudsman, and the EI Monitoring Program.</p>
<p>Additional data will be provided to CFC offices so they can monitor service delays and address child-specific and system issues in a timely way.</p>	<p>Beginning in July 2011 and on an ongoing basis, “mini APR tables” will be provided to CFC offices on a quarterly basis, so that they can monitor performance on Indicators 1, 7, and 8C.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

(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 community-based settings.

Measurement:

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

Overview of Issue/Description of System or Process:

In 1998, Illinois' Part C program was moved from the State Board of Education to the new Department of Human Services. At that time, the program moved from a system that provided grants to 101 local agencies, which then paid for all client services, and replaced it with a fee-for-service system that allows all willing and qualified providers to deliver services. The grant-funded providers were all operators of developmental centers. They had a natural preference towards the delivery of services in those facilities. Large numbers of the new providers delivered services in the home or community. In a related step, a new service coordination system was put in place that utilized a central entity to serve defined geographies. Finally, with the move to DHS, the tracking of client data was centralized in a single system (Cornerstone) for the first time. Cornerstone affords the program the ability to measure the delivery of services by settings on a regular basis.

Starting in SFY 04/FFY 03, the program began to report how much service was paid for in natural settings by region (CFC) and made it an item that carried incentive funding for CFCs who delivered the highest levels of services in natural settings. Unfortunately, paid service analysis included evaluation and assessment as well as IFSP development. At that time the program could not regularly measure the proportions of services authorized on IFSPs to be delivered in natural settings.

The program increased the emphasis on the natural settings issue, noting the law and the fact Illinois lagged behind the rest of the country in the delivery of services in natural settings. However, little, if any progress was made in SFY 04/FFY 03. So, for SFY 05/FFY 04, the program added a penalty clause to its CFC performance contracts to promote greater compliance with the rules. Then, early in SFY 05/FFY 04, the program found that changes implemented to make the billing systems HIPAA compliant also allowed monthly measurement of services authorized in natural settings. This matched OSEP guidance of how this should be measured. These changes allowed the program to exclude evaluation, assessment and IFSP development, also in conformance with guidance from OSEP. Effective with the September 2004 monthly reports, all reporting and the assessment of incentives and penalties converted to this system. As a follow-up to training on the issue guidance letters on the issue were sent by

the EI Bureau to both CFCs and providers on July 1, 2005. These steps appear to have had more impact than the previous systems and guidance.

It is important to understand the history of the program when considering the delivery of services in natural settings. When the EI program was based on grants, all funds were funneled through developmental centers. When the system moved to one based on any willing and qualified providers, there was a rapid movement towards the delivery of service in homes and community settings. This was initially due to an increased emphasis on family choice and the fact they had more home and community options to choose from. Families chose to have services delivered in natural settings, primarily the home. Initially, the program did not put a heavy emphasis on rules regarding natural settings.

By the end of SFY 2003/FFY 02, it became clear that progress on meeting natural settings requirements had slowed. In addition, important segments of the Illinois EI community still had not embraced the concept that services must be delivered in natural settings unless there is a justification that explains why a child's outcomes cannot be achieved in a natural setting. Starting in SFY 04/FFY 03, the program has increasingly emphasized the law and the value of services being delivered in natural settings. This has been done through the use of data, training and, more recently, through monitoring. The issue is discussed at almost every IICEI meeting and CFC and statewide-level performance data is posted quarterly on the EI program internet site.

In SFY 04/FFY 03, the program added a measure of services delivered in natural settings to the list of data items that carried incentive funding for top performers. This did not change behavior in some parts of the State as much as desired. Objective analysis of the differences between regions and comparisons of Illinois' performance to other states made it clear that the law regarding the delivery of services in natural environments was not being consistently and uniformly followed. Therefore, for SFY 05 penalty floors were introduced that set minimum standards for the proportion of IFSPs with services authorized predominately in natural settings. That floor has been rising each quarter to allow areas to improve compliance and find adequate resources to meet demand. By the end of December 2005 the floor will reach 85% of open IFSPs.

Objective comparisons and analysis indicate that even a standard of 85% of children in any given area being served predominately in natural settings does not indicate full compliance with the law in any area. Some states have effectively set much higher standards. Illinois' floor is intended to set a minimum level to assure equity in program administration. If the laws are followed appropriately, there should be no impact on any individual IFSP decision. More complete analysis of conformity with the law related to the delivery of services in natural environments depends on the monitoring of case records. That process started with the establishment of the EI Monitoring Program as the chief monitoring agent for SFY 05.

SPP Template – Part C

Illinois

State

Baseline Data for FFY 2004 (2004-2005):

Predominate Settings History	Dec. 1 1999	Dec. 1 2000	Dec. 1 2001	Dec. 1 2002	Dec. 1 2003	Nov. 30 2004	Jun. 30 2005
Developmental Centers	32.6%	18.6%	13.8%	11.7%	6.9%	3.9%	3.5%
Typically Developing & Other	8.8%	4.6%	3.1%	3.4%	3.8%	4.4%	4.0%
Home	45.6%	64.8%	75.0%	76.5%	78.3%	77.9%	80.8%
Provider Location	13.0%	11.9%	8.2%	8.4%	11.0%	13.8%	11.6%
% Natural Settings	54.4%	69.5%	78.0%	79.9%	82.1%	82.3%	84.8%
Client Count	7,756	10,930	10,021	10,906	13,140	15,486	16,647
Centers & Provider Locations	3,537	3,338	2,200	2,192	2,352	2,717	2,525

Cases Predominately in Natural Settings By CFC & Geographic Regions

CFC & Number	Sep-04	Dec-04	Mar-05	Jun-05
#1 - LOVES PARK	61.7%	60.8%	61.1%	64.7%
#2 - Lake County	90.8%	91.4%	93.3%	93.2%
#3 - FREEPORT	85.1%	77.6%	76.5%	73.8%
#4 - Kane & Kendall Counties	69.7%	73.4%	73.7%	77.2%
#5 - Du Page County	83.7%	86.6%	87.3%	87.6%
#6 - N. Suburbs	74.3%	76.7%	75.6%	83.3%
#7 - W. Suburbs	77.8%	81.3%	81.6%	85.8%
#8 - SW Chicago	91.9%	91.1%	92.9%	91.2%
#9 - Central Chicago	83.0%	83.2%	84.5%	85.9%
#10 - SE Chicago	89.1%	89.5%	87.5%	88.8%
#11 - N. Chicago	83.1%	84.4%	83.6%	84.5%
#12 - S. Suburbs	79.6%	82.3%	86.0%	87.8%
#13 - MONMOUTH	95.8%	94.8%	92.5%	94.0%
#14 - PEORIA	19.2%	23.5%	25.6%	27.2%
#15 - Joliet	82.4%	84.2%	85.0%	84.3%
#16 - DANVILLE	72.5%	72.1%	74.3%	73.6%
#17 - QUINCY	95.3%	97.2%	98.2%	98.2%
#18 - SPRINGFIELD	91.9%	93.0%	93.2%	93.3%
#19 - DECATUR	92.3%	94.0%	92.5%	93.7%
#20 - EFFINGHAM	97.2%	97.3%	98.3%	98.6%
#21 - BELLEVILLE	93.7%	92.5%	92.8%	94.0%
#22 - CENTRALIA	98.4%	97.5%	97.4%	97.8%
#23 - NORRIS CITY	99.5%	99.5%	100.0%	99.6%
#24 - CARBONDALE	100.0%	100.0%	100.0%	100.0%
#25 - McHenry County	81.8%	81.1%	81.5%	80.0%
Total	81.9%	83.1%	83.6%	84.8%
Cook County	82.1%	83.6%	84.0%	86.3%
Collar Counties	82.0%	83.9%	84.9%	85.3%
Downstate	81.5%	81.6%	81.8%	82.4%

Discussion of Baseline Data:

When Early Intervention services moved from block grants to center-based providers to a fee-for-service basis open to all willing and qualified providers, the bulk of services were provided in developmental centers and provider offices. This changed rapidly through 2001, as families quickly took advantage of the chance to have services delivered at home. However, by the end of 2002 progress had stalled. Analysis and monitoring cast doubts about compliance with rules regarding preference for services delivered in natural settings. However, at that point the programs monitoring capacity was limited.

Sharp regional differences lend credence to this assessment. Regions (CFCs) that on the surface look similar diverge sharply in the percentage of children whose services are being delivered predominately in natural settings. The most notable of these is Peoria. On the surface, it seems they would be similar to Springfield, Bloomington/Champaign or Rockford. However, while significant progress has been made in Peoria, they continue to be the only area of the state with less than 60% of services being provided predominately in a natural setting and they are at less than half that rate. The provider community continues to resist the concept that natural settings are to be favored as better for children and families than centers and clinics. With such a preponderance of services still being delivered in non-natural settings, the Peoria area also faces an uphill battle in terms of building capacity to deliver needed services in the home and community.

The only other area of the state with an obvious capacity issue is Rockford. As was noted under the section on service delays (Indicator 1), Rockford is the only part of the state where there is a significant, chronic problem in identifying providers in a timely manner, particularly speech therapists. The two issues are related. It is difficult to identify enough providers in the area and many of those who are providing services will only do so in clinic settings.

Three other areas were below 80% of children being served predominately in natural settings at the end of SFY 05/FFY 04: Freeport, Batavia, and Bloomington. The Freeport CFC (Northwest Illinois) serves a completely rural area. Until recently they served children in natural settings at rates above the state average. They believe their slide through SFY 05/FFY 04 was due to the loss of individual providers who were providing home and community based services and their difficulty in replacing those providers, at least in the short-term.

The Batavia CFC (Kane and Kendall counties west of Chicago), along with the DuPage County CFC and CFC 6 (North suburban Cook County), all faced provider communities resistant to delivering services in natural settings. However, each has worked very hard to educate their communities on the issue and to build capacity. While the Batavia CFC still has problems, it improved more than any other CFC in the state during SFY 05.

The Bloomington/Champaign/Danville CFC borders the Peoria area. They share some of the providers and some of the institutional resistance to the delivery of services in natural settings. The agency that serves this region took over from another agency for SFY 05/FFY 04. They had to overcome a very difficult transition period, including almost complete staff turnover. Early in the year, this hurt their performance in many areas but they improved sharply on most measures in the second half of SFY 05/FFY 04. They recently were able to turn their attention to the issue of natural settings. They are now working closely with their providers to educate them about the issue and the program requirements.

Until SFY 05/FFY 04, the program was generally able to assess that compliance with the rules regarding the authorization of services in natural settings was weak but it lacked the capacity to systematically demonstrate this. However, for SFY 05/FFY 04, the EI Monitoring Program was established as the program’s main monitoring agent. This allows the program to monitor program compliance on such issues as natural settings much more closely.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	At least 86% of all children with IFSPs active on June 30, 2006 will have their services provided predominately in the home or in community settings.
2006 (2006-2007)	At least 87% of all children with IFSPs active on June 30, 2007 will have their services provided predominately in the home or in community settings.
2007 (2007-2008)	At least 88% of all children with IFSPs active on June 30, 2008 will have their services provided predominately in the home or in community settings.
2008 (2008-2009)	At least 89% of all children with IFSPs active on June 30, 2009 will have their services provided predominately in the home or in community settings.
2009 (2009-2010)	At least 89.5% of all children with IFSPs active on June 30, 2010 will have their services provided predominately in the home or in community settings.
2010 (2010-2011)	At least 90% of all children with IFSPs active on June 30, 2011 will have their services provided predominately in the home or in community settings.
2011 (2011-2012)	At least 90% of all children with IFSPs active on June 30, 2012 will have their services provided predominately in the home or in community settings.
2012 (2012-2013)	At least 90% of all children with IFSPs active on June 30, 2013 will have their services provided predominately in the home or in community settings.

Proposed target values for FFY2011 and FFY2012 reflect a maintenance level when compared to the FFY2010 target value of 90%. Based upon recent years’ data, it appears that the program may have reached a plateau in the proportion of children served predominately in natural settings. In addition, the proportion children served predominately in natural settings may be negatively impacted by circumstances that impact service delays. (See Indicator 1.)

Improvement Activities/Timelines/Resources:

- The program will continue to report the proportion of children being served predominately in natural settings by program/region (CFC) on its monthly statistical reports.
- The program will continue to grant quarterly incentive funding to CFCs quarterly through its performance contracting system for the programs providing the highest levels of services in natural settings.
- The program shall continue to impose penalties quarterly on any CFC failing to provide a minimum percentage of services predominately in natural settings. The minimum shall be 80% for the end of September 2005 and 85% at the end of December 2005 and it shall be maintained at 85% for the remainder of the plan period. The intent of this floor is to assure a minimum level of program equity and compliance with law and rule.

- The program shall provide targeted technical assistance to all CFCs failing to provide services predominately in natural settings to at least 85% of children with IFSPs through June 2006 and as needed after that date.
- A guidance letter on the natural setting requirements was issued to providers (**see Attachment 2**) on July 1, 2005.
- A guidance letter on the natural settings requirements was issued to CFCs (**see Attachment 3**) on July 1, 2005.
- Special efforts will be made to recruit providers willing to deliver services in natural settings in the Rockford, Peoria, Freeport, and Bloomington/Champaign/Danville areas during SFY 06/FFY 05 and SFY 07/FFY 06. Other areas will be added as deemed necessary and as requested by local communities.
- Annual monitoring of CFCs will include a review of cases where services were authorized in other than natural settings to determine if proper documentation of why such services were in the best interest of the child is present.
- The program feels that diligent implementation of existing rules and procedures, monitoring efforts, performance contracting incentives and penalties and the other steps outlined previously will result in compliance with rules related to the deliver of services in natural environments. However, we will continuously monitor performance throughout the term of this plan and make additional adjustments as needed and appropriate.
- Effective with January 2007, the new service delay reporting system will include all instances where a CFC is looking for services to comply with the provisions of an IFSP, including instances where services are being delivered in a setting other than the one authorized in the IFSP because a provider is not available to deliver services in a natural setting. The new reporting system allows services delivered in incorrect settings to be added to other kinds of service delays to provide a fuller picture of service delays. This can be used both locally and by the EI Bureau to aid in provider recruitment.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
<p>As part of the CFC 14 pilot project, develop and implement a training plan targeting strategies to increase the proportion of children served predominately in natural settings. Other strategies for FFY10/SFY11 include the following: hold a provider recruitment fair, distribute recruitment letters to area licensed professionals; and continue discussions with CFC office staff, EI providers and parents. Strategies will be shared with other CFC offices</p>	<p>The pilot project training and technical assistance plan and other listed strategies will be completed by June 30, 2011. Through June 30, 2013, ongoing strategies will be shared with CFC offices through updates at monthly managers' meeting and through additional pilot projects, when applicable.</p> <p>Resources include the Bureau of Early Intervention, the EI Training Program, EI System Ombudsman, and the EI Monitoring Program.</p>

SPP Template – Part C

Illinois
State

<p>Continue to track CFC office performance on services provided predominately in the home or in community settings, but discontinue the practice of issuing findings based strictly upon data.</p>	<p>Effective with the issue of findings in the first quarter of FFY11/SFY12.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>
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Part C State Performance Plan (SPP) for 2005-2012
Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

On April 1, 2006, the Illinois Early Intervention program began utilizing the Early Childhood Outcomes (ECO) Center child outcomes summary form (COSF) statewide for all initial and renewal IFSPs as well as for exit conferences, to be held within 90 days of a child turning three. A few entries were made prior to that time in a pilot phase and are included in this analysis. The Illinois Child Outcomes Rating Scale and Summary form is attached. This form includes instructions for its use. Illinois also follows the ECO Center guidance that scores of six or seven on its seven-point scale be considered demonstrating development equivalent to same age peers.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

Measurement:

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statement for Each of the Three Child Outcomes (used for 2008-2009 reporting):

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

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

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

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

Overview of Issue/Description of System or Progress:

An infant or toddler's developmental status upon entry to the Part C Early Intervention Services System is determined via a comprehensive assessment using multiple sources of information, including one or more approved assessment instruments, a review of pertinent records, clinical observation, and parent interview. The assessment process for eligible children yields valuable information that is used in the development of child outcomes. Progress toward the outcomes identified on the Individualized Family Service Plan (IFSP) is measured annually or more frequently if necessary, by the IFSP team through the use of approved assessment instruments, clinical observation and/or parent interview. Strategies, services and supports are created and/or modified as necessary to best meet the child and family's changing needs.

Measurement of progress toward the three child outcomes identified by OSEP has been incorporated into Illinois' system of progress measurement. IFSP teams continue to have a variety of formal assessment instruments available to them, including both curriculum based and norm-referenced instruments. In order to summarize the outcome data in a format consistent with OSEP's measurement criteria, IFSP teams complete a Child Outcomes Summary Form (COSF) as outlined by the ECO Center. The COSF has been integrated into Illinois' current IFSP document, which is – for the most part - an electronic document and has been completed online.

In order to integrate the Outcome Summary Form into the IFSP document, modifications to the Cornerstone data management system were completed. A workgroup made up of stakeholders representing service providers, service coordinators and families assisted in identifying needed system changes as well as policy and procedure changes related to assessment and IFSP development. The Illinois Interagency Council on Early Intervention (IICEI) discussed the process at several of its meetings and reviewed and approved final procedures prior to implementation. All data system changes were complete by March 2006. Testing was completed during March and statewide implementation went into effect on April 1, 2006. All measures are entered into the Cornerstone data system so that it can be queried and analyzed. The Early Intervention Training Program developed and implemented a training module that adequately addressed the new reporting requirements, new policies and procedures, methods for translating assessment information into progress measurement, achieving consensus and completing the new Outcome Summary Form. The training module was reviewed by the IICEI

in January 2006 and was disseminated statewide in February 2006. Early Intervention Bureau staff provides technical assistance as needed. Monitoring of appropriate assessment procedures and accurate data input will be conducted by the EI Monitoring Program.

Progress/Baseline Data for FFY09/SFY10:

FFY	Measurable and Rigorous Target
FFY09/SFY10	Positive Relationships Summary Statement 1: 64.5%
	Positive Relationships Summary Statement 2: 64.5%
	Acquire Knowledge & Skills Summary Statement 1: 78.5%
	Acquire Knowledge & Skills Summary Statement 2: 52.5%
	Able to Meet Needs Summary Statement 1: 75.5%
	Able to Meet Needs Summary Statement 2: 57.0%

Summary Statements	Baseline 2008	Targets FFY 2009	Actual FFY 2009
Outcome A: Positive social-emotional skills (including social relationships)			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program $[(c+d)/(a+b+c+d)] \times 100 = (2,952/4,503) \times 100 = 65.6\%$	64.1%	64.5%	65.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program $[(d+e)/(a+b+c+d+e)] \times 100 = (4,593/7,254) \times 100 = 63.3\%$	64.2%	64.5%	63.3%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program $[(c+d)/(a+b+c+d)] \times 100 = (5,089/6,613) \times 100 = 77.0\%$	78.0%	78.5%	77.0%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program $[(d+e)/(a+b+c+d+e)] \times 100 = (3,599/7,251) \times 100 = 49.6\%$	52.4%	52.5%	49.6%
Outcome C: Use of appropriate behaviors to meet their needs			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program $[(c+d)/(a+b+c+d)] \times 100 = (4,616/6,117) \times 100 = 75.5\%$	75.3%	75.5%	75.5%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program $[(d+e)/(a+b+c+d+e)] \times 100 = (4,059/7,248) \times 100 = 56.0\%$	56.8%	57.0%	56.0%

SUMMARY STATEMENT SCORED BY CFC							
CFC	City	Outcome 1		Outcome 2		Outcome 3	
		Summary Statement 1	Summary Statement 2	Summary Statement 1	Summary Statement 2	Summary Statement 1	Summary Statement 2
1	Loves Park	68.2%	67.9%	81.0%	48.7%	80.5%	65.1%
2	Waukegan	62.6%	67.1%	76.9%	54.5%	78.6%	59%
3	Freeport	58.5%	66.7%	72.1%	59.0%	70.2%	63%
4	Geneva	52.1%	71.7%	71.4%	54.6%	67.7%	63%
5	Lisle	57.6%	72.9%	79.9%	52.5%	73.3%	64%
6	Arlington Heights	67.8%	72.7%	83.9%	48.1%	80.5%	56%
7	Hillside	68.2%	59.7%	86.4%	47.2%	81.8%	53%
8	Chicago - Hoyne	63.3%	56.3%	75.8%	46.3%	74.8%	48%
9	Chicago - Harrison	67.0%	57.3%	76.4%	41.6%	77.0%	52%
10	Chicago - East 61st St	62.0%	40.0%	68.5%	28.1%	68.3%	27%
11	Chicago - George St	74.3%	63.4%	79.1%	53.2%	76.4%	57%
12	Tinley Park	67.5%	72.5%	75.8%	57.3%	72.9%	60%
13	Monmouth	52.6%	67.7%	66.7%	54.8%	64.3%	63%
14	Peoria	53.4%	73.2%	67.9%	61.0%	62.0%	71%
15	Joliet	54.3%	63.7%	71.6%	52.2%	72.5%	63%
16	Danville	66.9%	60.2%	78.3%	49.9%	78.6%	53%
17	Quincy	69.7%	45.3%	77.4%	23.3%	79.1%	27%
18	Springfield	55.9%	49.4%	58.7%	19.5%	63.5%	34%
19	Decatur	83.5%	45.2%	80.5%	42.3%	81.3%	41%
20	Effingham	52.3%	56.6%	68.3%	47.3%	70.5%	51%
21	Belleville	67.1%	52.7%	82.2%	46.0%	84.1%	44%
22	Centralia	77.5%	47.8%	85.5%	43.3%	82.3%	47%
23	Norris City	69.5%	44.0%	83.2%	41.0%	73.3%	49%
24	Carbondale	63.6%	46.4%	82.4%	36.2%	77.0%	42%
25	Crystal Lake	47.6%	76.0%	67.1%	58.9%	68.3%	69%
STATE SUMMARY		65.6%	63.3%	77.0%	49.6%	75.5%	56%
<p>Summary Statement 1 = Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.</p> <p>Summary Statement 2 = Percent of children who were functioning within age expectations in [outcome], by the time they exited.</p>							
		Collar Counties					
		City of Chicago					
		Suburban Cook County					
		Balance of the State					

Progress Data for Part C Children FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	81	1.12%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,470	20.26%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	1,110	15.30%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1,842	25.39%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	2,751	37.92%
Total	N = 7,254	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	59	.81%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,465	21.20%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	2,128	29.35%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	2,961	40.84%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	638	8.80%
Total	N = 7,251	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	58	.80%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,443	19.91%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	1,688	23.29%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	2,928	40.40%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1,131	15.60%
Total	N = 7,248	100%

SPP Template – Part C

Illinois

State

Year	Outcome Area	Total	A	B	C	D	E
	Positive Relationships						
FFY08/SFY09		4,910	7	1,052	698	1,192	1,961
			0.14%	21.43%	14.22%	24.28%	39.94%
FFY09/SFY10		7,254	81	1,470	1,110	1,842	2,751
			1.12%	20.26%	15.30%	25.39%	37.92%
	Acquire Knowledge & Skills						
FFY08/SFY09		4,909	33	947	1,383	2,096	450
			0.67%	19.29%	28.17%	42.70%	9.17%
FFY09/SFY10		7,251	59	1,465	2,128	2,961	638
			0.81%	21.20%	29.35%	40.84%	8.80%
	Meet Needs						
FFY08/SFY09		4,901	34	982	1,100	1,990	795
			0.69%	20.04%	22.44%	40.60%	16.22%
FFY09/SFY10		7,248	58	1,443	1,688	2,928	1,131
			0.80%	19.91%	23.29%	40.40%	15.60%

The following two tables represent the distribution of Child Outcomes matched entry-exit pairs compared by fiscal year. This data illustrates the improvement in compliance with program rules by fiscal year.

FFY09/SFY10	Eligible	State %	Matched Pairs	State %	Compliance
State Total	13,959	100.00%	8,358	100.00%	59.88%
Collar	3,575	25.61%	2,367	28.32%	66.21%
Cook	2,694	19.30%	1,310	15.67%	58.25%
Chicago	3,614	25.89%	1,924	23.02%	35.83%
Downstate	4,076	29.20%	2,757	32.99%	67.64%

FFY08/SFY09	Eligible	State %	Matched Pairs	State %	Compliance
State Total	14,116	100.00%	5,924	100.00%	42.00%
Collar	3,616	25.62%	1,954	32.98%	54.00%
Cook	2,872	20.03%	1,114	18.80%	39.40%
Chicago	2,759	19.55%	584	9.86%	21.20%
Downstate	4,914	34.81%	2,272	38.35%	46.20%

Discussion of Progress/Baseline Data

In the FFY09/SFY10 APR, Illinois proposed to replace its FFY08/SFY09 baseline data with the FFY09/SFY10 data as it is more fully reflective of Illinois' EI population for the following reasons:

- There was a 41 percent increase from FFY08/SFY09 to FFY09/SFY10 in the number of matched pairs data available for analysis.
- Increased use of the decision tree and participation in training sessions have increased the understanding of the child outcome measurement process, resulting in data that more accurately reflects child performance.
- With an additional year of data collection, a full cadre of EI participants is reflected in the data, including children with more significant developmental concerns.

In terms of progress or slippage, there are two areas of focus: (1) quality of data, and (2) quality of services. Illinois' data quality has improved over the last fiscal year as demonstrated by the significant increase in the number of matched entry-exit pairs. This is also evident to the EI Program based on feedback from CFC offices and providers regarding increased use of the decision tree and increased overall understanding of the Child Outcome measurement process, including use of the Child Outcome Summary Form (COS Form).

Illinois continues to work to understand the relationship between the Child Outcomes ratings and the quality of EI services and supports being provided. FFY09/SFY10 Progress Data for Part C Children reveals an almost across the board decrease in the percent of children either reaching a level of development comparable to same-aged peers or maintaining functioning at a level comparable to same-aged peers (progress categories D and E). Summary Statement data, which focuses on children who have made significant progress and/or have exited the program functioning at a level comparable to same-aged peers experienced a similar lag in progress or slippage – failing to meet a majority of the rigorous targets set for FFY09. The EI program, in collaboration with the IICEI, the Outcomes Work Group and other key stakeholders has considered this lag in progress or slippage and an explanation follows:

- *Current data is more fully reflective of our EI population.* With this being the first year in which the state is reporting a full cadre of EI participants, the data pool is reflective of children who entered the program at or near birth and participated in the program until age 3. Children who meet these criteria are typically children with medical diagnoses which make them eligible for services early in life or are children with such significant developmental concerns that those concerns are identified very early in the child's life. By comparison, due to reporting requirements, earlier reported data would have only captured children who entered the program later in life (i.e. 18 – 24 months) and exited at or near age 3 or children who entered and exited the program early in life. Given that the earlier reported data did not include children who entered the program at or near birth and participated in the program until age 3, it is reasonable to assume that progress would decline from the earlier reporting period to this reporting period as children with more significant developmental concerns are added to the data pool.
- *Accuracy and compliance have improved.* While the natural response to improved accuracy and compliance may be an expectation to see higher numbers, in this case, the opposite may very well be true. Nationally, state Part C programs using the ECO Child Outcome Summary Form have reported concerns with early intervention service coordinators and/or

providers rating children higher than they should be. This was a concern in Illinois as well. However, as training has become more prolific and focused and with more widespread use of the decision tree, early intervention service coordinators and providers in Illinois report a better understanding of the rating process and a feeling that ratings are more accurate now than they may have been early in the COS Form implementation process. This means that while early intervention service coordinators and providers may have rated children slightly higher than they should have at entry, exit scores are less likely to have received that artificial bump and therefore progress does not appear to be as great as it may otherwise have been. However, over time, entry scores will reflect the same level of accuracy as current exit scores and the playing field will level.

FFY	Measurable and Rigorous Target
<p>2009 (2009-2010)</p>	<p>Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> A. 64.5% for positive social-emotional skills (including social relationships); B. 78.5% for acquisition and use of knowledge and skills (including early language/communication); and C. 75.5% for use of appropriate behaviors to meet their needs. <p>Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> A. 64.5% for positive social-emotional skills (including social relationships); B. 52.5% for acquisition and use of knowledge and skills (including early language/communication); and C. 57.0% for use of appropriate behaviors to meet their needs

FFY	Measurable and Rigorous Target
<p>2010 (2010 – 2011)</p>	<p>Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> A. 65.6% for positive social-emotional skills (including social relationships); B. 77.0% for acquisition and use of knowledge and skills (including early language/communication); and

	<p>C. 74.5% for use of appropriate behaviors to meet their needs.</p> <p>Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <p>A. 63.3% for positive social-emotional skills (including social relationships);</p> <p>B. 48.0% for acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. 55.0% for use of appropriate behaviors to meet their needs.</p>
<p>2011 (2011 – 2012)</p>	<p>Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <p>A. 66.0% for positive social-emotional skills (including social relationships);</p> <p>B. 77.5% for acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. 75.0% for use of appropriate behaviors to meet their needs.</p> <p>Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <p>A. 63.3% for positive social-emotional skills (including social relationships);</p> <p>B. 49.0% for acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. 55.5% for use of appropriate behaviors to meet their needs.</p>
<p>2012 (2012 – 2013)</p>	<p>Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turn 3 years of age or exited the program.</p> <p>Outcomes:</p> <p>A. 66.5% for positive social-emotional skills (including social relationships);</p> <p>B. 78.0% for acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. 75.5% for use of appropriate behaviors to meet their needs.</p> <p>Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turn</p>

	<p>3 years of age or exited the program.</p> <p>Outcomes:</p> <p>A. 63.3% for positive social-emotional skills (including social relationships);</p> <p>B. 49.6% for acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. 56.0% for use of appropriate behaviors to meet their needs</p>
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With input from the Outcomes Work Group, the proposed performance targets for FFY10, FFY11 and FFY12 have been set using the new baseline data. The targets indicate an increase in two summary statements, while the remaining targets decrease and then improve to target value levels. Based on the information shared under the *Progress or Slippage for Indicator 3* discussed earlier, the EI Program is not confident that improvement in terms of increases in stated percentages should be expected.

Improvement Activities/Timelines/Resources:

This is the initial reporting of paired entry and exit data. So, no progress or slippage can be reported. No targets will be established until 2/1/2010.

- Continued training on the importance of completing the Child Outcomes Summary Form as a normal part of the IFSP and exit process.
- Reassessment by the EI Bureau and the EI Monitoring agency of the uniformity of the administration of the summary form by the end of FFY 08/SFY 09.
- Semi-annual evaluation to assure there are no patterns in the instances where assessments are not being completed at entry and at exit as required.
- During FFY 07/SFY 08 the EI program increased training that emphasized the importance of completing child outcomes assessments at every IFSP meeting and the particular importance at the initial IFSP and at exit.
- To improve uniformity of administration, having one of the two lowest percentage of compliant child outcomes entry-exit pairs was made a negative factor in the CFC determination scorecard, if the percentage is below 50% of the state average effective with CY 2007 and each year thereafter.
- During FFY 07/SFY 08 the EI program emphasized the importance of correctly filling in the child outcome ratings at each IFSP, with particular emphasis on indicating progress was made.
- During FFY 07/SFY 08 and FFY 08/SFY 09 the EI program reviewed the rates of compliance with rules regarding child outcomes measurement with CFCs, the IICEI and other interested parties and develop strategies to assure uniformity of administration.

- During FFY 07/SFY 08 and FFY 08/SFY 09 the EI program reviewed the aggregate results from child outcome measurement and discuss what the results say about the program and make initial plans for activities to improve results.
- During FFY 08/SFY 09 and FFY 09/SFY 10 the EI program worked with stakeholders, including the ICEI and CFCs to develop goals to improve child outcomes.
- During FFY 08/SFY 09 and FFY 09/SFY 10 the EI program worked with contractors and stakeholders to educate the public on the early results on child outcome measurement and why it is important, with the help of the Outcomes Workgroup which will meet at least quarterly starting in December 2009.
- By the end of FFY 10/SFY 11 the EI program will implement specific goals to improve child outcomes.
- The System Ombudsman position will begin work with the field in February 2010 on improving compliance with program rules and principles. Better compliance with principles will result in better outcomes for children.
- By June 30, 2010, the ICEI will create a workgroup to study issues that prevent good outcomes for Hispanic children and families. This group will issue an initial report no later than December 31, 2010.
- Special training will be undertaken with CFC's and providers in Chicago to improve the amount of useable data, to be completed no later than June 30, 2010.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activities	Timelines & Resources
<p>The EI program will add two Child Outcomes measurement modules to the Systems Overview training which is currently required of all new service providers. This improvement activity will target both the quality of Illinois' Child Outcomes data as well as the quality of services designed to improve children's outcomes.</p>	<p>This activity will be completed no later than February 1, 2011.</p> <p>Resources include, but are not limited to the Early Intervention Training Program.</p>

<p>Utilizing a multifaceted approach to training and support related to the Child Outcomes measurement process, the EI program will develop an online training module in order to improve access to information about the Child Outcomes measurement process. Additionally, the EI program will offer post-training team discussions, mentoring and support to better ensure generalization of skills and consistency of practice. This improvement activity will target both the quality of Illinois' Child Outcomes data as well as the quality of services designed to improve children's outcomes.</p>	<p>This activity will be completed no later than February 1, 2011.</p> <p>Resources include, but are not limited to the Early Intervention Training Program.</p>
<p>The EI program will offer post-training team discussions, mentoring and support to better ensure generalization of skills and consistency of practice. This improvement activity will target both the quality of Illinois' Child Outcomes data as well as the quality of services designed to improve children's outcomes.</p>	<p>This activity will begin no later than February 1, 2011 and will continue through June 30, 2013.</p> <p>Resources include, but are not limited to the Early Intervention Training Program.</p>
<p>The EI program will begin analyzing Child Outcome data by race/ethnicity and comparing this data to Family Outcome data. This improvement activity will primarily target the quality of services designed to improve children's outcomes.</p>	<p>This activity will be completed no later than June 30, 2011.</p> <p>Resources include, but are not limited to the workgroup convened to address issues related to the Hispanic and African American communities in Illinois and the EI Data Manager.</p>
<p>The IICEI will create a workgroup to investigate the correlation, if any, between poor family outcomes reported in a prior year by Spanish-speaking families and the child outcome ratings for children in Spanish-speaking households. The focus of the work group will be expanded to include African American families.</p>	<p>This work group will be created by December, 31, 2011 and will issue a report no later than June 30, 2012.</p> <p>Resources include the IICEI, the EI Training Program, and the Bureau of Early Intervention.</p>

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process. The EI Program will make the Illinois APR and SPP available on its web site and through links from the other EI web sites (the Illinois Early Intervention Training Program; Provider Connections, the Early Intervention credentialing office; and the Early Childhood Intervention Clearinghouse). The APR and SPP documents will also be available to the public at each of the 25 CFC offices.

The Illinois and Texas Early Intervention Programs received funding through an IDEA General Supervision Enhancement Grant for a joint project to develop and pilot a family outcomes survey and to complete analysis of the results. The EI Bureau has provided updates on the project to the Illinois Interagency Council on Early Intervention (IICEI) and other interested bodies since before the grant was received. Illinois and Texas were coordinating their efforts on a family outcomes survey even before requesting grant funding.

Each state has formed an advisory council to provide input to the project. The Illinois advisory council includes representation from parents, service providers, and CFC offices, along with a researcher and a developmental pediatrician. The first meeting of Illinois' advisory council to the project was held in August 2005, followed by a joint meeting with the Texas advisory council. With the release of the instructions for the SPP, responsibilities and membership of the Illinois advisory council for the family outcomes project have been expanded to include the discussion of a process for measuring child outcomes. An expanded group meeting was held prior to the November 3, 2005 IICEI meeting. Subsequent meetings have been held since that time at important points in the project. The group will continue to meet and provide input and will assist in developing implementation strategies for measurement of both family and child outcomes.

In addition to the formal advisory group process, Illinois and Texas carried out focus groups to review the tool, which has been developed with the help of the Early Childhood Outcomes (ECO) Center. They have provided feedback on the tool itself and aspects of survey administration. ECO has also incorporated input from stakeholders nationally. The tool is now the ECO tool and is used by a number of other states in addition to Illinois and Texas.

(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:

Most of Illinois' Child and Family Connections (CFC) offices have surveyed parents on the program for a number of years. However, those surveys tended to focus on satisfaction with the program rather than outcomes achieved for the family. Also, those surveys are not uniform and they were not developed in anticipation of needing to answer the specific questions required by the Office of Special Education Programs (OSEP).

In SFY 03/FFY 02, the EI program completed a uniform statewide survey of parents. This allowed a view of all programs statewide on the same platform. However, that was a one-time study and the data would be too old to provide a baseline. That tool also focused mainly on program satisfaction. It has not been duplicated and was not developed with the specific OSEP questions in mind. However, Illinois recognized the need to measure program outcomes. We felt there was a greater opportunity to get meaningful feedback more quickly by focusing on family outcomes first. Given the critical importance of families in the development of children and their life-long learning opportunities, we felt assessing family outcomes was just as important for the Part C program as assessing child outcomes.

The program also felt that the National Early Intervention Longitudinal Study (NEILS) offered a good platform from which we could build a statewide outcomes survey to measure family outcomes. We found that the Texas EI program had a similar idea and it was agreed that we would work jointly to develop a single tool, as a means of sharing costs and limited staff resources. When the General Supervision Enhancement Grants (GSEG) became available to help states build outcome measurement systems, Illinois applied for funding to complete the joint project. Illinois was awarded funding and the joint project is the only one working exclusively on family outcomes. Since that time, Texas applied for and received a grant to continue the joint project.

Since ours was the only GSEG project focused on family outcomes, the Early Childhood Outcomes (ECO) Center provided us with extensive assistance, mainly through Dr. Don Bailey. The survey tool that was developed measures the five ECO outcomes as well as the three OSEP family outcomes questions. The Illinois-Texas Tool is more widely known as the ECO tool, as they took the lead in its final development and in promoting it nationally. The Illinois-Texas version of the tool also addresses family feelings about their future. Illinois and Texas feel this is an important consideration, based on reviews of the research on family outcomes.

The survey is essentially an extension of ECOs work on family outcomes with additional questions added for areas Illinois and Texas want to test. The tool has not only been reviewed

and commented on by Texas and Illinois program staff, family focus groups, and advisory groups but also by ECO staff and ECO advisory groups. Based on additional feedback and other considerations after the completion of the pilot study, the survey tool in use for FFY 06/SFY 07 has been modified slightly. Although, the basic structure and root questions remain the same.

Illinois/Texas and ECO made a presentation on the tool and related issues to all states on September 29, 2005 in a national conference call sponsored by the National Early Childhood Technical Assistance Center (NECTAC). The current tool is attached and is also available on the following websites, (**NOTE:** Only the Early Intervention Statewide Outcomes Survey website includes the Illinois/Texas only questions.)

- NECTAC website: <http://www.nectac.org/>
- ECO website: <http://www.fpg.unc.edu/~eco/index.cfm>
- Early Intervention Statewide Outcomes Survey website: <http://www.illinoiseitraining.org/uploads/EISOS.htm>

Surveys are handed to families by Service Coordinators at six-month reviews and IFSP renewal meetings. Focus groups indicate direct hand-off will increase returns but allowing Service Coordinators to directly assist families would compromise anonymity and skew results. It is important that families feel comfortable providing negative responses. Each survey has a code distinct to the child, so that responses can be analyzed on demographic and service factors. However, each survey is in a sealed envelope so that nobody at the CFC knows what the numbers are. English and Spanish language surveys are put in different colored envelopes to further ensure proper distribution. For the pilot, Coordinators were specifically directed that they should not assist the family with completion of the survey. Families complete the surveys and mail them back to the project office. The project office notes how many have been returned from each CFC and forwards completed surveys to the University of Illinois, which completes initial statistical analysis of responses received. CFCs also inform the project office of surveys that were not delivered for various reasons.

The survey being used in FFY 06/SFY 07 differs slightly from the one used in the FFY 05/SFY 06 pilot based on additional feedback. The new version does not change the basic structure of the survey or the intent of any of the questions.

In addition, the program was disappointed in the return rates in the Chicago area, particular in Chicago, during the pilot study. It was decided that one reason for this was that Service Coordinators were directed to be too “hands-off”, to avoid skewing responses. In the future Coordinators will be encouraged to be more helpful and encourage families to respond, as long as they do not assist families in completing the survey. We also are exploring ways to increase return rates of minorities, those with fewer resources, and low literacy clients.

The original plan was to include survey responses in an insulated section of the Cornerstone database but data is actually kept completely outside of Cornerstone. This means it is available to an even smaller number of individuals and further improves confidentiality. This process still allows the assessment of results on a wide range of factors without wasting the time of families providing demographic detail the system already has. The program will share general survey statistics with CFCs and others, as long as the number of surveys being analyzed does not compromise client confidentiality. As required, summary results will be published regularly at both statewide and CFC levels. The tool also provides families with a place to write additional

comments and those comments will also be reviewed and analyzed. The GSEG project is testing both English and Spanish language versions of the survey tool. Versions in other languages may be added as well. During FFY 06/SFY 07, a total of 6,000 surveys will be distributed in two waves. The first will last about six weeks starting in February. The second wave will take place in May and June. Decisions on when to distribute surveys and how many to distribute in coming years will depend on discussions with Illinois and Texas stake holders and the continued needs of the GSEG project and ECO.

As suggested by the ECO Center, a score of five or above on the seven-point scale is considered positive.

In FFY09/SFY10, Illinois utilized the revised version of the Family Outcomes Survey (FOS-R) for the first time to collect the data for this indicator. The FOS-R uses a 5-point rating scale, versus a 7-point scale used in previous versions, to assess the helpfulness of early intervention.

The scale includes the following responses: 1 = Not at all helpful, 2 = A little helpful, 3 = Somewhat helpful, 4 = Very helpful, and 5 = Extremely helpful. Also new with the FOS-R are 17 new helpfulness indicators, including five for “know their rights,” six for “effectively communicate their children’s needs,” and six for “help their children develop and learn.” These additional indicators have been added with the belief that the data collected would be more informative and valid than data collected from the previous version of the FOS. For the second consecutive year Illinois used an all mail survey, with the result of a more representative sample overall. Families were selected in the same way as they have been in the past, based upon a representative sample of children having a six-month review or annual IFSP coming due during a given span of time.

Beginning in FFY10/SFY11, Illinois will discontinue the use of mailing surveys to a sampling of families participating in the program. All families enrolled in the program during a designated month will be sent a Family Outcomes Survey.

Baseline Data for FFY 2005 (2004-2005)/SFY 06:

To what extent has early intervention helped your family know and understand your Rights?

Region	Responses 5 or Higher	Total Number of Responses	% Responses > or = 5	Mean Score	Standard Deviation	Return Rates
Chicago	50	72	69.4%	5.11	1.675	11.8%
Suburban Cook	46	72	63.9%	4.68	1.546	22.6%
Collar Counties	60	73	82.2%	5.40	1.320	18.4%
Downstate	161	184	87.5%	5.92	1.265	30.3%
Total	317	401	79.1%	5.46	1.483	20.8%

To what extent has early intervention helped your family effectively communicate your child's needs?

Region	Responses 5 or Higher	Total Number of Responses	% Responses > or = 5	Mean Score	Standard Deviation	Return Rates
Chicago	58	71	81.7%	5.56	1.442	11.7%
Suburban Cook	55	72	76.4%	5.15	1.401	22.6%
Collar Counties	68	73	93.2%	5.86	1.097	18.4%
Downstate	170	184	92.4%	6.09	1.158	30.3%
Total	351	400	87.8%	5.79	1.293	20.7%

To what extent has early intervention helped your family be able to help your child develop and learn?

Region	Responses 5 or Higher	Total Number of Responses	% Responses > or = 5	Mean Score	Standard Deviation	Return Rates
Chicago	62	71	87.3%	5.90	1.255	11.7%
Suburban Cook	59	70	84.3%	5.57	1.460	21.9%
Collar Counties	69	73	94.5%	6.05	1.026	18.4%
Downstate	172	184	93.5%	6.24	1.095	30.3%
Total	362	398	91.0%	6.03	1.205	20.6%

Discussion of Baseline Data:

The percentages of responders who answered positively with a score of five or better on the seven-point scale to the three specific OSEP questions was high:

- Know and understand your rights – 79.1%
- Effectively communicate your child’s needs – 87.8%
- Able to help your child develop and learn – 91.0%

However, both response rates and ratings differed in a number of ways. For instance, an identical number of surveys (608) were prepared, although not necessarily distributed, in Chicago and downstate but 184 were returned from downstate but just 71 from Chicago. The respective return rates were 30.3% downstate and 11.8% for Chicago. In addition, there were return rate differences based on economic and social factors. The return rate for whites was 25.8%, compared to 12.3% for blacks and 12.1% for Hispanics. The Spanish speaking return rate was 11.5%. Families required to cost share through family fees, indicating income in excess of 185% of poverty had a 26.4% return rate. Families who are not assessed fees constitute more than two-thirds of the caseload but had a return rate of just 18.4%. Families that had never been Medicaid eligible had a 25.0% return rate, compared to 18.6% for those who were on Medicaid or who had been in the past.

If we weight returns by region to account for return rates we find that each of the positive response rates are lower, particularly the question regarding knowing and understanding rights. The following are the weighted response rates:

- Know and understand your rights – 76.8%

- Effectively communicate your child’s needs – 86.5%
- Able to help your child develop and learn – 90.2%

The program is only now receiving initial data on survey responses. It will take most of the rest of the year to analyze the data, discuss possible responses, and initiate improvement plans. Therefore, during FFY 06/SFY 07 we do not anticipate being able to affect any positive change. However, we are implementing a series of changes in how the survey is administered geared towards improving return rates, particularly in CFCs that had low return rates during the pilot. We also will make extra efforts to improve response rates among minorities, the economically disadvantaged and low literacy families. Assuming those efforts are successful, we anticipate positive response rates will be closer the weighted rates for FFY 06/SFY 07. It is possible that positive responses will be even lower because we will be reaching families who are less engaged in the process. Therefore, although we will begin implementing improvement activities in FFY 07/SFY 08, we do not anticipate being able to see meaningful progress until FFY 08/SFY 09.

The overall responses on all three questions showed that the client population was very satisfied with the services provided by the state. Approximately 90% of the respondents rated the programs 5 or above (on a scale from 1 to 7) in helping them to effectively communicate their children's needs (Question 17) and in helping their children to learn (Question 18). In terms of helping their families to understand their rights (Question 16), approximately 80% rated the programs 5 or over; while this is still an extremely good score, it indicates that the state needs to put more effort in this area.

The response patterns for all three questions were similar. For each question, the ratings in the Collar Counties and Downstate were very similar and were the consistently the highest scores reported. On the other hand, the ratings in suburban cook county were consistently the lowest, and were approximate 5% below the ratings reported for Cook County, the second lowest reported.

For social science survey a response rate of around 30% is typical; this rate was obtained in the Downstate portion of the state. Both suburban Cook County and the Collar Counties showed a response rate of around 20%, an interesting finding considering that the actual reported responses were much more favorable in the Collar Counties that in suburban Cook County. The response rate in the City of Chicago was only around 12%, and obviously much work needs to be done in future surveys to improve this.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Development of survey tool in conjunction with the Texas EI program and the Early Childhood Outcomes Center by the end of November 2005 Testing of finalized survey tool to be completed by the end of January 2006 Development of preliminary results of testing by March 2006

<p>2006 (2006-2007)</p>	<p>Surveying will take place between February and June 200</p> <p>76% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>86% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>90% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>
<p>2007 (2007-2008)</p>	<p>76% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>86% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>90% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>
<p>2008 (2008-2009)</p>	<p>74% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>86% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>89% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>
<p>2009 (2009-2010)</p>	<p>73.5% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>85% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>89% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>
<p>2010 (2011-2012)</p>	<p>78% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>85.8% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>85.0% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>

<p>2011 (2011-2012)</p>	<p>78.5% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>86.2% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>87.0% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>
<p>2012 (2012-2013)</p>	<p>79% of respondent families participating in Part C will report that early intervention services have helped the family know their rights</p> <p>86.5% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs</p> <p>90.2% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn</p>

The proposed target values maintain the baseline target for two indicators (effectively communicate your child's needs and able to help your child develop and learn) in FFY2012/SFY2013, as the baseline values are well over current performance. Interim years demonstrate a gradual increase to baseline values. Improvement over baseline for the third indicator (know and understand your rights) has been demonstrated and should continue as improvement activities are implemented. Survey data are still stabilizing as strategies to increase both the number of surveys distributed and return rates will have an impact on the ability of the data to be representative across CFC office areas and populations served.

Improvement Activities/Timelines/Resources:

- Development of survey tool in conjunction with the Texas EI program and the Early Childhood Outcomes Center by the end of November 2005
- Testing of finalized survey tool to be completed by February 2006
- Development of preliminary results of testing by March 2006
- Additional improvement activities, timelines and resources will depend on the development and analysis of baseline data
- Complete development of revised survey tool revision by December 2006
- Share results of pilot survey with advisory groups and the public by May 2007
- Complete a initial improvement plan based on survey results by July 2007
- Complete FFY 06/SFY 07 survey between February and June 2007
- Complete analysis of FFY 06/SFY 07 responses by October 2007

- Complete discussions of FFY 06/SFY 07 survey responses with stakeholders and approve formal, long-term improvement plan by December 2008
- The program will work with the Illinois Interagency Council on Early Intervention, the Minority Outreach Strategies group and CFCs to identify and implement ways to be more responsive to the needs of both Spanish and English Speaking Hispanic families.
- The program is creating a new Program Integrity Project to supplements its existing records review based monitoring system. The project supports conformity with the spirit of Early Intervention rules, laws and philosophy. The Program Integrity Project will include monitoring and recommendations, when needed, on local practice as it relates to the three family outcomes.
- The System Ombudsman will work to enhance high-level conformity with the spirit of Early Intervention rules, laws and philosophy. The System Ombudsman also will observe and make recommendations on local practice as it relates to the three family outcomes.
- The IICEI will create a workgroup to study issues related to Hispanics. This workgroup will recommend program changes that will have a positive impact on the way Hispanics experience the program and thus their outcomes.
- The program will do whatever it can to limit provider payment delays. Effective January 1, 2010 the state has included EI payments under its state Prompt Payment Act, which says the state must make an additional payment if bills are not paid within 60 days.
- The ECO/Illinois/Texas survey tool is being revised to make it appear shorter and less intimidating to families. It is anticipated this will improve the response rate.
- The IICEI, through its Outcomes Workgroup, will recommend steps to be taken that will help increase survey return rates and help make returns more representative of the caseload.
- The ECO/Illinois/Texas survey tool is being revised to make it appear shorter and less intimidating to families. It is anticipated this will improve the response rate.
- The IICEI, through its Outcomes Workgroup, will recommend steps to be taken that will help increase survey return rates and help make returns more representative of the caseload.

Revisions to proposed targets and improvement activities were discussed with the Outcomes Work Group. The work group includes parent representatives from the IICEI, CFC office managers, Early Intervention providers, and research and training staff. The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
<p>The Outcomes Work Group will develop a guidance document to help CFCs report the local results of the FOS to the community. Based on what is learned from the survey data statewide and locally, providers and programs will have an opportunity to reflect on the data and may choose to make changes or</p>	<p>This will be completed in FFY10/SFY11.</p> <p>Resources include the Outcomes Work Group, the EI Training Program and the Bureau of Early Intervention.</p>

<p>adjustments in their practice with families to see an improvement in family outcomes and/or individual indicators.</p>	
<p>The Illinois EI Training Program will imbed training on the FOS indicators in both their online training modules and as a part of face-to face training opportunities for providers. The intent of this training will be to highlight the importance of what is asked of families as a part of the FOS, and to highlight how data from the FOS can help states see how their families are doing, identify any areas in need of improvement, and then, after program adjustments, assess the impact of those changes—with the goal of moving to ever higher percentages of families reporting outcomes attained.</p>	<p>This will be completed in FFY10/SFY11 and will continue as an ongoing activity.</p> <p>Resources include EI Training Program and the Bureau of Early Intervention.</p>
<p>The IICEI will create a work group to study issues related to Hispanics. This work group will recommend program changes that will have a positive impact on the way Hispanics experience the program and thus their outcomes. The focus of this group will be expanded to include African American families.</p>	<p>This work group will be created by December, 31, 2011 and will issue a report no later than June 30, 2012.</p> <p>Resources include the IICEI, the EI Training Program, and the Bureau of Early Intervention.</p>
<p>Illinois will discontinue the use of mailing to a sampling of families participating in the program. All families enrolled in the program during a designated month will be sent a Family Outcomes Survey.</p>	<p>This will be initiated in FFY10/SFY11 and will continue as an ongoing activity.</p> <p>Resources include the EI Training Program and the Bureau of Early Intervention.</p>

SPP Template – Part C

Illinois

State

<p>An online survey will be developed as an option for families to complete the Family Outcomes Survey. The online option will be available in both English and Spanish. The online option will not replace the paper version of the FOS. It is the hope that by offering an online option for FOS completion Illinois will see an increase in the overall return rate.</p>	<p>This will be completed in FFY10/SFY11 and will remain as an ongoing activity.</p> <p>Resources include the EI Training Program and the Bureau of Early Intervention.</p>
<p>To increase the return rate for African American and Hispanic families surveyed statewide and for all families surveyed living in the City of Chicago, targeted phone calls will be made to families who have not returned a completed survey two weeks following the distribution of the surveys. Phone calls will be made by the EI Training Program staff and will be done for both English and Spanish speaking families. Families will be given the option to complete the survey over the phone at the time of the phone call.</p>	<p>This will be completed in FFY10/SFY11 and will remain as an ongoing activity.</p> <p>Resources include the EI Training Program.</p>
<p>The Illinois EI Training Program will develop a specific online training module for providers focused on cultural competency with the goal of increasing the percentage of African American and Hispanic Families reporting outcomes attained.</p>	<p>This will be completed in FFY11/SFY12.</p> <p>Resources include the EI Training Program and the Bureau of Early Intervention.</p>
<p>The EI Clearinghouse will develop materials for distribution to families and update information on its website to help ensure that families are well informed of their rights.</p>	<p>This work will begin in FFY10/SFY11 and will continue as an ongoing activity.</p> <p>Resources include the EI Clearinghouse, the EI Training Program, CFC offices and the Bureau of Early Intervention.</p>
<p>Graduate student research on issues that may impact family outcomes will be approved and the resulting information considered for future improvement activities.</p>	<p>This work will begin in FFY10/SFY11 and will continue as an ongoing activity.</p> <p>Resources include the Bureau of Early Intervention and Illinois graduate programs who contact the program for support and approval of research topics.</p>

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

See Indicator 1 for a description of this process.

The effort to reach children under one has been an important initiative for several years. It was prompted by OSEPs introduction of focused monitoring triggers and the program's realization that Illinois served less than the federal benchmark of 1.0% of children under one and that we also ranked very poorly in comparison to other states in how early children started service. The IICEI has received reports on the under one participation rate for several years and they have taken an active part in the process of improving performance in this area. The program also has incorporated several measures related to the age at which children start service into its performance contracting system. As a result of all this early work, it was not necessary to do much new work to develop this aspect of the State Performance Plan.

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

Illinois has long struggled in its efforts to reach children at younger ages. Late in 2002, a work group of the IICEI looked at data associated with participation and referral of children under the age of 1. Although the group recognized difficulties with using the EI data, because only about half of active cases report a medical diagnosis, several areas of low participation were identified, including premature infants with a birth weight of less than 1,000 grams. The work group recognized the following:

- The proportion children under the age of 1 is quite low compared to other states of similar-sized programs and eligibility.
- The number of children with prematurity as a diagnosis is lower than expected.
- There is a problem with linking to children in the newborn intensive care follow-up system who are receiving therapies or being monitored.

The need to better structure a way to connect to the newborn intensive care follow-up system with the EI system was identified with the following strategies. These strategies were shared with CFC and have been effectively used.

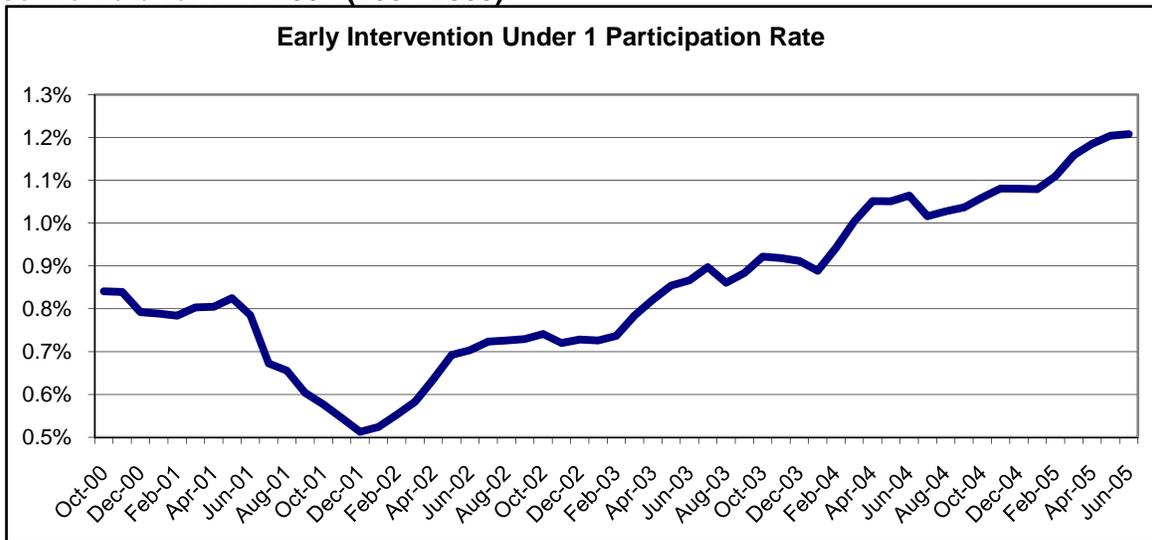
- Co-locate to make opportunities available for EI to be part of developmental follow-up meetings or clinics to talk to parents about EI and provide information and counseling.

- Look at strategies specific to the developmental follow-up system to simplify intake into EI and streamline the IFSP process.
- Do a better job of advertising the EI Program as they are discharged from intensive care. Look at providing information in a format specific for these children to be used at discharge and follow-up meetings.
- Provide specialized training to CFCs that are not as comfortable working with these fragile infants.
- Gather information about the newborn intensive care follow-up clinics to facilitate coordination with CFCs.
- Better link EI to the medical community including genetic clinics, cerebral palsy clinics and others.

For a number of years, the program has had a goal of having at least 30% of its initial IFSPs starting before age one. Starting in January 2002, Illinois has used its monthly reporting system to measure and promote its efforts to reach children earlier. Each month it reports the following statewide and CFC level measures: 1) percent of initial IFSPs started before age one, 2) average age at initial IFSP, and 3) average age of all children with IFSPs. When focused monitoring emphasized under one participation rate Illinois added it to its monthly reporting. The under one caseload is measured both as participation rate and as the percent of the total caseload. This helps emphasize that a high overall participation rate does not necessarily mean children are being reached early. In fact, as will be reviewed in some detail later, Illinois reaches a large number of children but not while they are infants.

The initial performance-contracting framework for SFY 03 awarded quarterly incentive funding to the CFCs with the highest percentage of initial IFSPs started before age one. Since SFY 04, two items related to reaching children earlier have carried incentive funding: 1) under one participation rate, which is a direct match to the focused monitoring measure, and 2) average age at initial IFSP. That same idea is now strengthened by State Performance Plan and Annual Performance Report requirements. Although we continue to measure the percentage of initial IFSPs started before age one, it was felt that it is more important to emphasize the need to get services for children started as quickly as possible, even if they have passed their first birthday. Both the under one participation rate and the average age at initial IFSP are published on the internet to the CFC level each quarter.

Baseline Data for FFY 2004 (2004-2005):

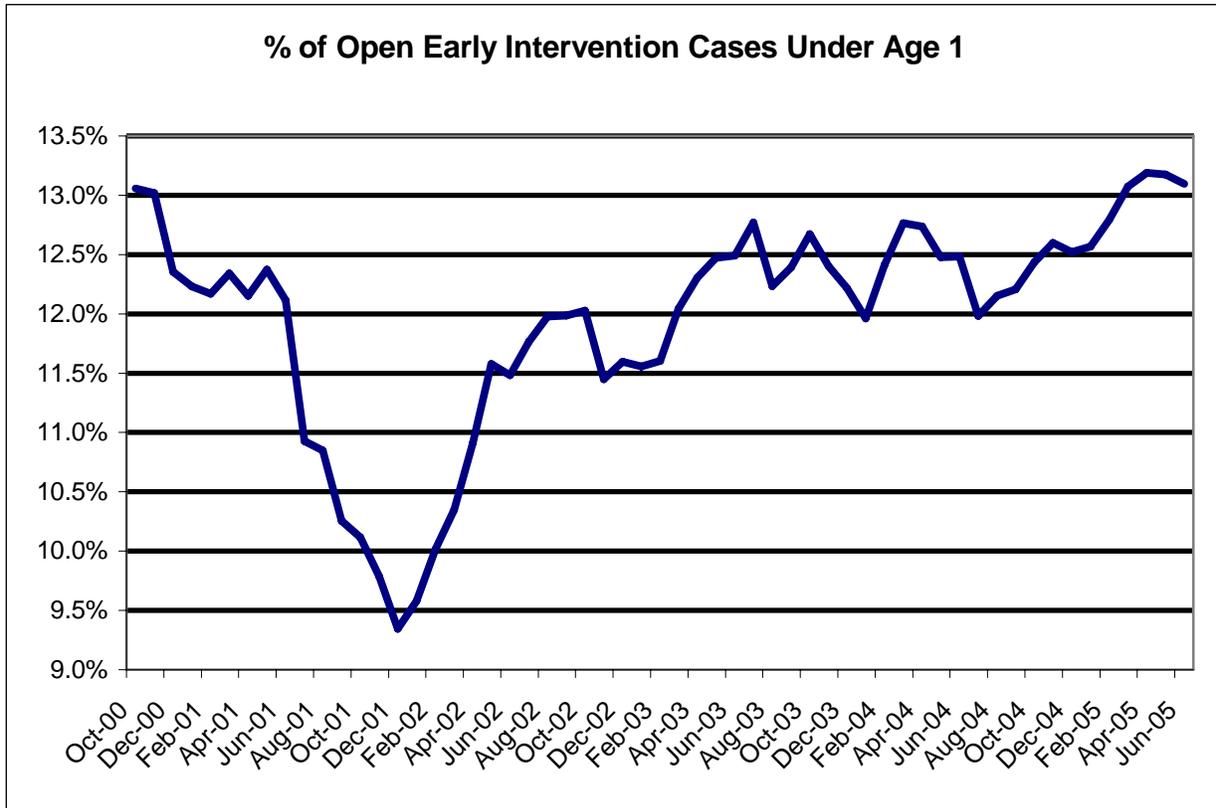


2002, 2003 & 2004 Under 1 Participation Rates
National & Similar State Eligibility

	December 1, 2002		December 1, 2003		December 1, 2004		2-Year Change
	% <1 in Program	Rank	% <1 in Program	Rank	% <1 in Program	Rank	
RHODE ISLAND	1.78	5	1.85	5	1.75	4	-2.0%
IDAHO	1.03	18	1.35	10	1.66	8	60.6%
NEW YORK	1.10	16	1.06	17	1.10	21	-0.5%
ILLINOIS	0.70	34	0.93	25	1.09	22	56.3%
CONNECTICUT	1.10	17	1.01	22	1.03	24	-6.8%
CALIFORNIA	0.97	21	0.99	23	0.97	25	-0.1%
TEXAS	0.82	24	0.71	33	0.81	31	-2.2%
UTAH	0.79	29	0.73	31	0.76	34	-4.3%
NEBRASKA	0.75	32	0.71	35	0.74	35	-0.9%
TENNESSEE	1.03	19	0.71	34	0.67	39	-34.6%
SOUTH CAROLINA	0.34	49	0.51	45	0.66	41	96.0%
NEW JERSEY	0.55	39	0.60	41	0.53	48	-3.2%
OREGON	0.52	42	0.42	51	0.51	49	-2.1%
KENTUCKY	0.79	30	0.58	43	0.46	53	-41.4%
PUERTO RICO	0.40	NA	0.32	54	0.37	55	-7.8%
Subtotal	0.86		0.84		0.88		2.3%
Nationwide	0.95		0.91		0.92		-3.2%

Under 1 Participation Rate History
By CFC & Region

CFC & Number	End of SFY 02	End of SFY 03	End of SFY 04	End of SFY 05	SFY 02-05 Change
#1 - LOVES PARK	0.70%	1.23%	1.44%	1.15%	63.41%
#2 - Lake County	0.51%	0.66%	0.86%	1.00%	96.23%
#3 - FREEPORT	1.01%	1.07%	1.25%	1.59%	57.58%
#4 - Kane & Kendall Counties	0.75%	0.82%	0.76%	1.19%	58.57%
#5 - Du Page County	0.50%	0.66%	0.94%	0.97%	93.75%
#6 - N. Suburbs	0.47%	0.67%	0.93%	1.10%	136.51%
#7 - W. Suburbs	0.71%	0.75%	0.88%	0.93%	30.65%
#8 - SW Chicago	1.07%	1.08%	1.33%	1.60%	49.43%
#9 - Central Chicago	0.85%	1.27%	1.28%	1.20%	40.70%
#10 - SE Chicago	0.71%	0.93%	1.54%	1.68%	134.38%
#11 - N. Chicago	0.57%	0.72%	0.95%	1.00%	76.86%
#12 - S. Suburbs	0.81%	0.98%	1.37%	1.60%	97.70%
#13 - MONMOUTH	0.33%	0.83%	0.63%	1.38%	323.08%
#14 - PEORIA	0.50%	0.65%	0.63%	0.74%	50.00%
#15 - Joliet	0.81%	0.78%	1.15%	1.26%	56.00%
#16 - DANVILLE	0.47%	0.72%	0.69%	0.83%	76.67%
#17 - QUINCY	0.85%	0.76%	0.85%	1.28%	50.00%
#18 - SPRINGFIELD	0.61%	1.09%	1.45%	1.22%	100.00%
#19 - DECATUR	1.11%	0.78%	0.94%	1.41%	27.50%
#20 - EFFINGHAM	0.91%	1.76%	1.29%	2.13%	133.33%
#21 - BELLEVILLE	0.53%	0.79%	0.86%	1.03%	95.12%
#22 - CENTRALIA	1.24%	1.72%	1.53%	1.61%	29.41%
#23 - NORRIS CITY	3.07%	2.51%	2.88%	3.35%	9.09%
#24 - CARBONDALE	0.97%	0.57%	0.63%	1.14%	17.65%
#25 - McHenry County	0.98%	0.69%	1.36%	1.02%	4.88%
Total	0.70%	0.87%	1.06%	1.21%	71.65%
Super-Regions					
Cook - 6, 7, 8, 9, 10, 11 & 12	0.70%	0.88%	1.14%	1.25%	78.42%
Collar - 2, 25, 4, 5, 15	0.66%	0.74%	0.96%	1.12%	69.46%
Balance of the State	0.74%	0.95%	1.04%	1.22%	63.68%



**% of Cases <1 - 2001-2004 December 1 Counts
National & Similar State Comparisons**

	2001	2002	2003	2004
IDAHO	17.2%	15.6%	18.3%	20.5%
CALIFORNIA	20.3%	20.7%	20.2%	19.6%
SOUTH CAROLINA	13.8%	11.4%	16.3%	16.3%
RHODE ISLAND	16.6%	17.4%	17.7%	16.3%
TEXAS	15.2%	14.1%	13.1%	14.8%
NEBRASKA	14.6%	15.8%	14.0%	14.7%
UTAH	17.3%	14.7%	14.3%	14.5%
GEORGIA	14.3%	14.5%	14.3%	13.8%
TENNESSEE	17.4%	14.9%	13.1%	13.3%
ILLINOIS	10.0%	11.8%	12.7%	12.8%
CONNECTICUT	11.4%	11.8%	10.6%	11.2%
OREGON	11.5%	12.2%	10.0%	11.0%
NEW YORK	7.6%	7.9%	8.0%	8.7%
NEW JERSEY	10.4%	8.7%	8.4%	8.1%
KENTUCKY	12.2%	10.3%	8.3%	6.8%
PUERTO RICO	7.4%	8.3%	7.5%	6.8%
Sub-total	13.2%	12.9%	12.7%	13.1%
National	14.8%	14.8%	13.8%	13.9%

**Under 1 Proportion of All IFSPs
By CFC & Region**

CFC & Number	End of SFY 02	End of SFY 03	End of SFY 04	End of SFY 05	SFY 02-05 Change
#1 - LOVES PARK	9.30%	14.43%	14.24%	11.20%	20.51%
#2 - Lake County	8.82%	10.61%	10.80%	11.94%	35.40%
#3 - FREEPORT	12.18%	12.46%	12.46%	14.05%	15.41%
#4 - Kane & Kendall Counties	14.55%	13.23%	9.45%	13.41%	-7.88%
#5 - Du Page County	9.13%	10.85%	11.08%	10.68%	16.98%
#6 - N. Suburbs	9.62%	11.28%	11.56%	12.39%	28.77%
#7 - W. Suburbs	10.76%	10.66%	10.10%	9.87%	-8.34%
#8 - SW Chicago	16.63%	14.99%	15.32%	16.54%	-0.57%
#9 - Central Chicago	14.10%	17.89%	15.17%	14.02%	-0.55%
#10 - SE Chicago	11.29%	12.46%	17.53%	17.52%	55.25%
#11 - N. Chicago	12.94%	13.13%	13.62%	13.13%	1.45%
#12 - S. Suburbs	12.55%	12.77%	13.80%	15.48%	23.32%
#13 - MONMOUTH	5.70%	11.74%	8.83%	16.72%	193.20%
#14 - PEORIA	8.07%	10.15%	8.68%	8.92%	10.53%
#15 - Joliet	12.48%	11.07%	12.83%	12.77%	2.26%
#16 - DANVILLE	8.57%	10.53%	9.34%	9.72%	13.46%
#17 - QUINCY	10.91%	8.99%	10.40%	15.43%	41.43%
#18 - SPRINGFIELD	7.45%	11.26%	14.42%	11.41%	53.15%
#19 - DECATUR	14.44%	10.18%	10.18%	15.09%	4.49%
#20 - EFFINGHAM	8.46%	16.56%	10.41%	15.95%	88.44%
#21 - BELLEVILLE	9.79%	14.09%	12.71%	13.84%	41.45%
#22 - CENTRALIA	10.24%	13.99%	12.92%	12.12%	18.36%
#23 - NORRIS CITY	22.60%	13.71%	15.12%	14.46%	-36.04%
#24 - CARBONDALE	12.59%	10.53%	9.17%	12.66%	0.52%
#25 - McHenry County	15.89%	9.42%	12.56%	10.07%	-36.63%
Total	11.48%	12.49%	12.48%	13.10%	14.05%
Super-Regions					
Cook - 6, 7, 8, 9, 10, 11 & 12	12.50%	13.28%	13.75%	13.99%	11.89%
Collar - 2, 25, 4, 5, 15	11.13%	11.36%	11.45%	12.12%	8.91%
Balance of the State	10.51%	12.27%	11.52%	12.63%	20.14%

Discussion of Baseline Data:

Illinois undertook a number of special steps to reach the federal benchmark of 1.00% of children under the age of one being served by the program. At the end of SFY 02/FFY 01, only 0.70% of children under one in the state had IFSPs. Only five of the state's 25 CFCs had under one participation rates of 1.00% or greater. Only one of those was in the Chicago area and all of those over 1.00% had relatively small caseloads. However, with rapid caseload growth the program reached the 1.00% benchmark in March 2004 and the under one participation rate was 1.06% at the end of SFY 04/FFY 03. With continued growth, that increased to 1.21% at the end of SFY 05, which makes that the SPP baseline. At that point just four CFCs have under one participation rates less than 1.00%: Peoria (CFC 14) and Bloomington/Champaign (CFC 16) in central Illinois and DuPage County (CFC 5) and the western suburbs of Chicago (CFC 7).

In this period, the number of children under one increased by 71.65%. All 25 CFCs saw an increase in the number of infants served. All but six CFCs at least doubled the number of children in their caseload under age one. The greatest improvement took place in Cook County, where 78.42% more infants were served at the end of SFY 05/FFY 04 than were just three years earlier. The smallest change took place downstate, with a 63.68% increase, compared to 69.46% for the collar counties. Cook County now has the highest under one participation rate at 1.25%, which is slightly above the 1.22% downstate. The collar counties still lag behind at 1.12%.

On the surface, it appears that the extensive efforts of the IICEI and the EI community in general have been extremely successful. However, a deeper look explains why the Illinois EI community is not yet satisfied with the results.

The state's underlying goal was not just to reach more infants but to reach children earlier. To achieve this goal Illinois needed to significantly increase the proportion of children with IFSPs under age 1. When we originally looked at that measure we found that Illinois had one of the lowest percentages of open IFSPs under one. Even as the caseload has mushroomed, the percent of the caseload under one was not changed much. Therefore, while we were rapidly moving up the participation rate rankings, we were not making as much progress as we wanted on our main goal. Between December 1, 2002 and December 1, 2004, Illinois moved from 12th to 4th in its under one participation rate among states with similar eligibility standards and from 34th to 22nd overall. However, in that same period, Illinois only improved from 11th to 10th in terms of the proportion of all cases under age one and it remains below the national average with just 12.8% of cases being under one, compared to 13.9% nationally.

At the end of SFY 02/FFY 01, just 12.5% of all open IFSPs were under one. There was an initial improvement in SFY 03, when the under one participation rate improved to 13.28%. However, that was probably more due to the rapid decrease in the average time it took to determine eligibility after referral than to an improvement in the kinds of referrals received. If you cut the average time it takes to determine eligibility from 80 days to 30 days, as Illinois has done, you naturally are serving more children under age one at any point in time. This continued to be a factor in the improvement in SFY 04/FFY 03 as well. The improvement in the average time it took to determine if a child was eligible only improved marginally in SFY 05/FFY 04, but the improvement in the proportion of cases under age one also only improved marginally.

Between the end of SFY 02/FFY 01 and the end of SFY 05/FFY 04, the proportion of cases under age one increased by 14.05%. However, as noted above, a large proportion of that increase can be attributed to reduced time in intake. Over that period, six CFCs actually saw a decline in the proportion of their caseloads that were under one and four more saw increases of less than 10%, in spite of the fact they were processing cases much more quickly. Based on these results, the program will continue to make reaching eligible children at younger ages a top priority. In fact, this will be the primary emphasis of renewed child find efforts.

In terms of regional differences, Cook County serves the highest proportion of children under one, 13.99%. However, the greatest improvement over the SFY 02-05/FFY 01-04 period was downstate. Their ratio of children under one improved by 20.14%, compared to the statewide average of 14.05%. The collar counties experienced the smallest increase, just 8.91%.

In spite of many extra efforts to reach children soon, the program had only limited success in increasing the proportion of the caseload comprised on children under 1 in FFY 05 and FFY 06.

As a result, future targets have been reduced for FFY 07 and beyond to be more in line with the progress that has been achieved.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	The percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.27% on June 30, 2006, approximately 2,293 children.
2006 (2006-2007)	The percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.33% on June 30, 2007, approximately 2,406 children.
2007 (2007-2008)	The percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.36% on June 30, 2008, approximately 2,410 children.
2008 (2008-2009)	The percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.32% on June 30, 2009, approximately 2,421 children.
2009 (2009-2010)	The percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.33% on June 30, 2010, approximately 2,420 children.
2010 (2010-2011)	On October 31, 2010, the percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.08%.
2011 (2011-2012)	On October 31, 2011, the percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.08%.
2012 (2012-2013)	On October 31, 2012, the percentage of all children in Illinois under age 1 served through an IFSP will be at least 1.08%.

The proposed performance targets for FFY10, FFY11 and FFY12 have been at the FFY09/SFY10 performance due to the factors facing the EI Program, as discussed below. With several of these factors out of the control of the program, Illinois is not confident that improvement in terms of increases in stated percentages should be expected.

- Of the 10 CFC offices with the greatest drop in under 1 participation rates, all but one office borders on another state. For these CFC offices, the change in the use of census estimates for the population of infants and toddlers birth to 1, rather than birth data, may have contributed to these decreases.
- System stresses aggravated by the State’s fiscal situation and the resulting delays in payments to providers may have diverted CFC office from efforts to target the under 1 population.
- Economic stressors on families may result in fewer families accessing program services.
- During FFY08/SFY09, the Early Intervention program initiated the Program Integrity Project to accomplish statewide program equality; fidelity to program principles and state and federal laws; and long-term program stability. As a result of the Program Integrity Project, the program anticipated a reduced growth rate or a decline in overall enrollment in the program in FFY09/SFY10. Initial efforts focused on eligibility determination to make sure that process was being conducted according to policy and procedure, so that appropriate determinations will be made.

Improvement Activities/Timelines/Resources:

- The program will continue to include the items in its monthly report related to reaching children at younger ages: 1) % of initial IFSPs started under age 1, 2) average age at initial IFSP, 3) % of open IFSPs under age one, and 4) under one participation rate.
- The program will continue to grant quarterly incentive funding to CFCs with the highest under one participation rates.
- The program will continue to grant quarterly incentive funding to CFCs with the lowest average age of children at initial IFSP. The program will evaluate referrals sources, relative to what we would anticipate, and report its findings to the IICEI for recommendations and assistance in reaching children earlier, no latter than May 1, 2006.
- In FFY08/SFY09, the Early Intervention Program is coordinating efforts with the Illinois Department of Public Health to ensure that all infants who are registered in the Illinois Adverse Pregnancy Outcomes Reporting System (APORS), a registry of Illinois infants born with adverse pregnancy outcomes including birth defects, have been referred to Early Intervention. Referral information is being sent to the Bureau of Early Intervention and is then forwarded to the appropriate CFC office. The CFC office will contact the family if the infant is not already enrolled in the program.
- The program will implement steps recommended by the IICEI to reach children at younger ages, as appropriate, by no later than July 1, 2007. The program hopes that these steps will continue to result in increased numbers and proportions of infants entering the program. However, regular monthly reports and other monitoring will be used to continuously assess performance. Additional steps to help bring younger children into the program earlier will be developed and implemented as appropriate.
- Participate in advisory groups and pilot activities to promote the referral of infants to the Early Intervention Program, such as the Assuring Better Child Health and Development (ABCD) III project, the EI/Medical Home project, and the development of an early childhood community referral pilot system in select communities.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
<p>The Adverse Pregnancy Outcome Reporting System (APORS) referral process will be reviewed to ensure that it has been successfully implemented.</p>	<p>By December 2010, the CFC offices will be surveyed to determine if the process is being implemented appropriately and is responsive to the needs of CFC offices and families identified through the APORS. Information from the survey will be discussed with CFC offices.</p> <p>Resources include APORS, the Bureau of Early Intervention, and the CFC offices.</p>

<p>Continue participation in Assuring Better Child Health & Development (ABCD) III, IHB2 project, including CFC office participation in pilot project activities and data sharing between the HFS and the IL Department of Humans Services/EI.</p>	<p>Selection of pilot sites will be completed by January 2011. Pilot activities and the development and implementation of data sharing activities will be an ongoing activity.</p> <p>Resources include HFS and its IHB2 Project Management Committee and subcommittees, Bureau of Early Intervention, and CFC offices.</p>
<p>Continued participation in Children’s Health Insurance Program Reauthorization Act (CHIPRA) Child Health Quality Demonstration Grant.</p>	<p>Bureau staff will continue participation in work groups and assist in the development and implementation of strategies throughout the grant period (i.e., 2015).</p> <p>Resources include HFS and its CHIPRA Child Health Quality Demonstration Grant work groups, Bureau of Early Intervention, and CFC offices.</p>
<p>Continue participation in Enhancing Developmentally Oriented Primary Care (EDOPC).</p>	<p>Bureau and EI Training Program staff will continue participation in the EDOPC advisory group and CFC offices will participate in pilot project activities.</p> <p>Resources include the Advocate Health Care Steps Program, Illinois Chapter, American Academy of Pediatrics, Bureau of Early Intervention, EI Training Program, and CFC offices.</p>
<p>Utilize Program Integrity pilot project efforts to identify barriers to participation of infants in the program and develop strategies that can be shared with other CFC offices.</p>	<p>A CFC office with low under 1 participation rate will be chosen as a pilot project in FFY10/SFY11. Identification of barriers, implementation of strategies, and sharing strategies with other CFC offices will be an ongoing effort.</p> <p>Resources include the Bureau of Early Intervention, the EI Training Program, EI System Ombudsman, and the EI Monitoring Program.</p>

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

See Indicator 1 for a description of this process.

In recent years, Illinois has been very successful in efforts to increase its participation rate through improved screening and child-find activities plus a performance contracting system that rewards finding children, determining eligibility quickly and maintaining involvement until they are no longer eligible or until they reach age three. All of these activities have been discussed extensively and publicly through the IICEI and with Child and Family Connections agencies. The program also has reported to the Illinois General Assembly on these steps and the progress that has been made through quarterly reports that have been posted on the DHS internet site.

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

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:

Local Interagency Councils (LICs) are components of the statewide infrastructure of the Early Intervention Services System and emphasize planning at the local level to identify and coordinate all resources and services available within each CFC local service area. Members of each LIC include parents; representatives from coordination and advocacy service providers; local education agencies; other local public and private service providers; and representatives from State agencies at the local level. The LIC coordinates, designs, and implements Child Find and public awareness activities for its geographic region. The CFC is responsible for staffing the local council.

The CFC and LIC assure that Child Find and public awareness activities are coordinated with comprehensive local and statewide efforts and provide information to the Department to monitor the effectiveness of the efforts and determine possible gaps in public awareness and Child Find. If gaps are determined, the CFC and the LIC increase efforts as required. The number of children screened during SFY 05/FFY 04 was 221,858.

The Illinois Part B and Part C programs work cooperatively to conduct public awareness and Child Find efforts. Child Find and public awareness efforts are supported through a partnership with CFCs, Local Interagency Councils, and the Illinois State Board of Education. The **Look What I Can Do** campaign is a statewide effort to identify children who may be eligible for either Part B or Part C of the Individuals with Disabilities Education Act (IDEA), through distribution of public awareness materials. In SFY 05/FFY 04, the Regional Office of Education #20 distributed 1,690,352 pieces of public awareness materials for the campaign.

The Early Intervention program in conjunction with the Illinois State Board of Education advertised the statewide Look What I Can Do/Child Find Public Awareness campaign. This advertisement takes place twice each year. The advertisements were in 19 newspapers, ran on six television stations and in Kid's Owners Manual magazine. Kid's Owners Manual is currently distributed to all new mothers at the four hospitals in Peoria and Tazewell counties. Copies of the magazine were also distributed to Pediatricians' offices and OB/GYN offices statewide.

Public awareness efforts direct families to call the **Futures For Kids/Help Me Grow Helpline**. Using a toll-free phone number (800/323-GROW), the caller has access to a database of local service directories for referral information by caller location. For EI services, callers are directed to the appropriate CFC. During SFY 05/FFY 04, the helpline received 3,306 calls for EI information and referral.

In Illinois, primary resources for referral include hospitals, physicians, parents, childcare programs, local education agencies, other social service agencies, and other health care providers. These referral sources are required to make referrals to the Early Intervention system no more than two working days after a potential eligible child is identified. Referrals are accepted by phone, by written correspondence, or in person. The referral initiates the 45-calendar-day time line for the development of an IFSP that meets the child's individual needs and addresses the concerns and priorities of the family.

Ongoing efforts to promote referrals from primary referral source are implemented at the local-level. Each CFC office receives funds for pediatric consultative services. These services include working with local physicians, clinics, and hospitals to promote referrals for early intervention services. Specific efforts have targeted referral of infants from neonatal intensive care units. The following are two examples of these efforts that are designed to meet the local medical community needs.

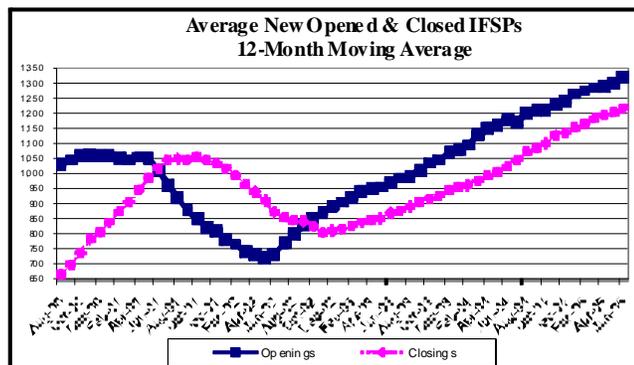
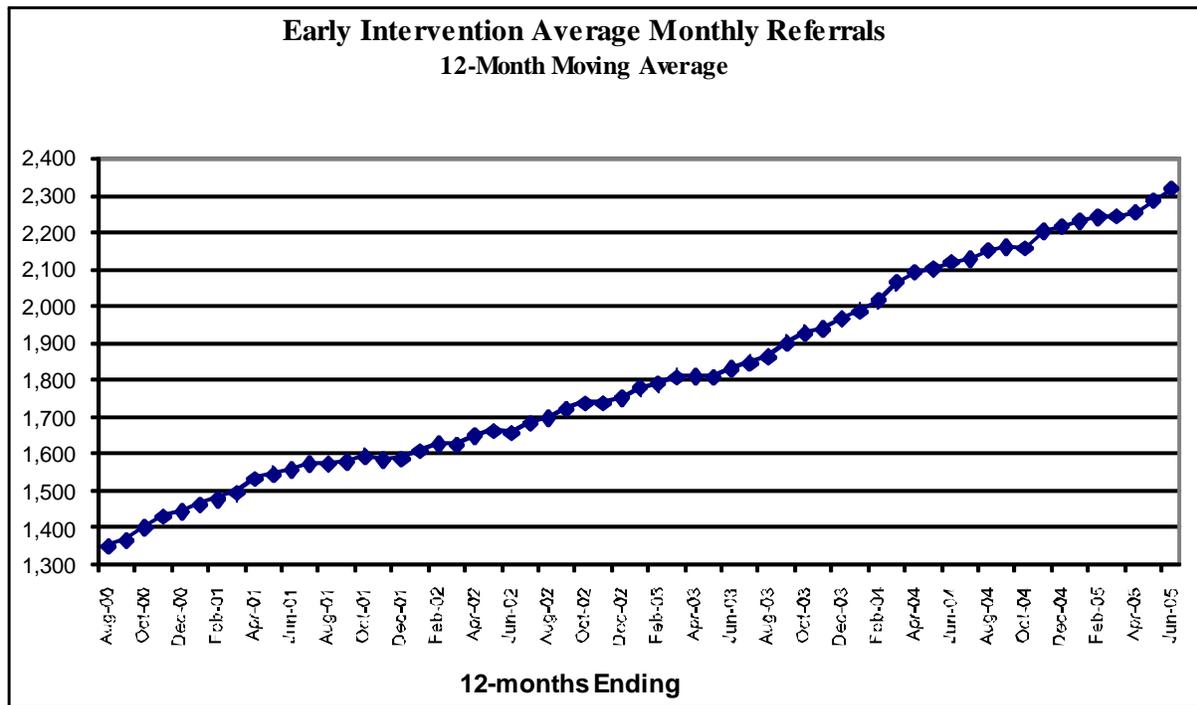
- Large primary care practices, in areas of low referrals, were offered an education opportunity focusing on screening and referral.
- A quarterly physician newsletter was developed in collaboration with CFC and LIC staff and distributed to pediatricians and family practitioners.

Illinois' child find process is supported by a performance contracting system for service coordination agencies that foster growth in several ways. First, the previous system was based on estimated caseloads that included cases open in intake. This created little incentive to conduct child find except near the period when the next year's grants were to be calculated and it created no incentive to move cases through the process quickly. In fact, it created an incentive to keep cases open in intake for extended periods of time. The new system provides quarterly payments to CFCs based on a six-month average number of children served with IFSPs. This creates an incentive to find children and to complete the intake process quickly. It also creates the incentive to keep families engaged. The proportion of cases that closed from intake, as well as from IFSP, for family reasons fell sharply. The process rewards agencies for doing good work and for providing good customer service.

Second, performance contracting includes incentive funding each quarter for those agencies that show the best performance in various areas. One incentive rewards those who complete the highest percentage of IFSPs within the mandated 45 days. This reduced the time it takes to determine eligibility from an average of about 80 days to under 30 days, where it is today. In

SFY 05/FFY 04 the program initiated approximately 43 new IFSPs per day. At that rate the reduction in the time cases spend in intake amounts to 2,100 more children receiving services. The reduction in the numbers of families the program loses contact with or who leave on their own also accounts for several hundred cases more than would be getting services had performance remained unchanged. Performance contracting also includes incentive funding to the top agencies in terms of overall participation rate. That makes it an exact match to this indicator. In summary, the performance contracting system creates an environment that constantly promotes and rewards effective child find and good customer service. The system creates motivation for CFCs and their local EI communities to pay attention to all of the normal aspects of the child find process and to fine-tune them in ways that foster improvement.

Baseline Data for FFY 2004 (2004-2005):



**2002, 2003 & 2004 Participation Rate Comparisons
National & Similar Eligibility States**

STATE	December 1, 2002		December 1, 2003		December 1, 2004		2-Year % Change
	% of Population	Rank	% of Population	Rank	% of Population	Rank	
States with Moderately Restrictive Eligibility Criteria							
NEW YORK	4.79	3	4.42	3	4.26	3	-11.0%
RHODE ISLAND	3.50	5	3.48	5	3.56	6	1.8%
CONNECTICUT	3.06	9	2.96	9	3.10	11	1.1%
ILLINOIS	2.00	27	2.42	20	2.86	16	42.9%
IDAHO	2.22	23	2.44	19	2.73	21	22.9%
KENTUCKY	2.67	13	2.37	22	2.29	25	-14.1%
NEW JERSEY	2.12	24	2.36	23	2.21	26	4.3%
TEXAS	1.93	28	1.81	33	1.84	33	-4.6%
PUERTO RICO *	1.59	NR	1.42	45	1.80	36	12.9%
UTAH	1.86	31	1.69	39	1.77	38	-4.7%
NEBRASKA	1.62	36	1.70	38	1.74	39	7.3%
TENNESSEE	2.32	21	1.81	34	1.71	41	-26.2%
CALIFORNIA	1.72	34	1.63	40	1.67	35	-3.3%
OREGON	1.42	41	1.38	48	1.55	45	8.5%
SOUTH CAROLINA	1.03	49	1.04	53	1.36	50	33.0%
GEORGIA	1.00	50	1.19	50	1.33	51	32.1%
Subtotal	2.21		2.14		2.20		-0.5%
Nationwide	2.18		2.18		2.24		2.4%

OSEP tables did not rank outlying areas such as Puerto Rico for 2002.

SPP Template – Part C

Illinois

State

Participation Rate History By CFC & Region *

CFC & Number	End of SFY 02	End of SFY 03	End of SFY 04	End of SFY 05	Change
#1 - LOVES PARK	2.53%	2.86%	3.38%	3.43%	35.60%
#2 - Lake County	1.90%	2.03%	2.61%	2.75%	44.93%
#3 - FREEPORT	2.76%	2.86%	3.34%	3.76%	36.53%
#4 - Kane & Kendall Counties	1.78%	2.15%	2.77%	3.06%	72.14%
#5 - Du Page County	1.76%	1.95%	2.73%	2.92%	65.62%
#6 - N. Suburbs	1.58%	1.92%	2.60%	2.90%	83.66%
#7 - W. Suburbs	2.17%	2.30%	2.87%	3.09%	42.53%
#8 - SW Chicago	2.12%	2.38%	2.86%	3.19%	50.29%
#9 - Central Chicago	1.93%	2.28%	2.71%	2.73%	41.48%
#10 - SE Chicago	1.98%	2.32%	2.75%	2.99%	50.97%
#11 - N. Chicago	1.43%	1.79%	2.28%	2.49%	74.33%
#12 - S. Suburbs	2.10%	2.50%	3.23%	3.37%	60.32%
#13 - MONMOUTH	1.88%	2.32%	2.33%	2.71%	44.30%
#14 - PEORIA	2.03%	2.11%	2.40%	2.76%	35.71%
#15 - Joliet	2.21%	2.41%	3.07%	3.37%	52.56%
#16 - DANVILLE	1.79%	2.24%	2.41%	2.79%	55.71%
#17 - QUINCY	2.51%	2.71%	2.63%	2.66%	6.06%
#18 - SPRINGFIELD	2.65%	3.14%	3.24%	3.46%	30.59%
#19 - DECATUR	2.51%	2.49%	3.02%	3.06%	22.02%
#20 - EFFINGHAM	3.52%	3.46%	4.02%	4.35%	23.82%
#21 - BELLEVILLE	1.80%	1.86%	2.26%	2.48%	37.95%
#22 - CENTRALIA	3.99%	4.03%	3.90%	4.36%	9.34%
#23 - NORRIS CITY	4.58%	6.19%	6.44%	7.82%	70.55%
#24 - CARBONDALE	2.59%	1.82%	2.30%	3.03%	17.04%
#25 - McHenry County	2.08%	2.49%	3.67%	3.45%	65.50%
Total *	2.04%	2.30%	2.84%	3.07%	50.50%
Super-Regions					
Cook - 6, 7, 8, 9, 10, 11 & 12	1.81%	2.14%	2.68%	2.89%	59.46%
Collar - 2, 25, 4, 5, 15	1.93%	2.16%	2.87%	3.06%	58.66%
Balance of the State	2.54%	2.75%	3.06%	3.38%	33.01%

* Rates include cases remaining open until up to 30 days to facilitate final transition, equal about 1% of total open IFSPs. Only Service Coordination provided in this period. Such cases are excluded from all other federal reporting.

Discussion of Baseline Data:

Illinois' Early Intervention program has experienced dramatic period of growth extending back to January 2002. This followed a sharp decline stemming from a budget crisis and mandated program changes, including the introduction of insurance and fee requirements. The reversal coincided with the introduction of an aggressive effort to use data to drive program improvement. This included monthly reports to the regional (CFC) level and the introduction of

performance contracting. Performance contracting formally started with SFY 03/FFY 02 but its outlines were known months before that and performance during SFY 02 drove initial SFY 03 grants and thus it guided CFC efforts at program improvement during the second half of SFY 02/FFY 01.

As was noted previously, much of the growth in the number of IFSPs can be attributed to the way performance contracting enhanced and supported the existing child find structure. If the program were still averaging 80 days to process initial IFSPs instead of its current less than 30 days it would be serving about 2,100 fewer children with ongoing services. Several hundred more cases can be attributed to a reduction in the number of families who are lost or who chose to leave on their own. That is more difficult to assess. Any calculation would include duplication with the estimate of cases added by quicker eligibility determination. In fact, it is logical to assume the two are linked. Families are less likely to get frustrated and leave on their own if they are getting answers quickly. CFCs have an additional motivation to keep families happy and involved and to keep track of them, even if they move.

Improvements in the process help explain much, but not all, of the growth in the caseload in SFY 03/FFY 02 and SFY 04/FFY 03. However, by SFY 05/FFY 04 the improvements in performance relate to the time it takes to move cases to IFSP and the proportion of cases closed for family reasons had leveled off. Things have generally continued to get better but at a much slower rate. The continued growth experienced in SFY 05/FFY 04 is best explained by the steady increase in referrals that can be traced back at least to 1999. (See the first chart on the 12-Month moving average number of referrals.)

When no case can stay in care for more than three years, rapid turnover is inescapable. If referrals were flat and customer service measures were not improving the caseload would soon become flat due to rapid turnover. Reaching children at younger ages could produce caseload growth as well. As will be discussed elsewhere, Illinois has tried to reach children at younger ages but so far with limited success. Although, we do plan to take additional steps to reach younger children and this will help foster future growth.

The chart displaying the average number of case openings and closings shows the wide gap between the two during the period of rapid growth in SFY 03/FFY 02 and SFY 04/FFY 03. It also shows that the gap has been steadily narrowing. It was 154 at the end of SFY 04/FFY 03 but just 100 at the end of SFY 05/FFY 04. We anticipate this will continue to slow during the plan period. Already we see significant seasonality setting in. There is caseload decline in the first quarter of the fiscal year, slow net growth in the second quarter, tied to reopening schools, and then growth in the last two quarters, driven mainly by special child find efforts by school districts.

NATIONAL COMPARISONS

As has been noted, Illinois participation rate has increased rapidly. In the December 1, 2002 federal reports the program was serving 2.00% of children under 3, compared to 2.18% nationwide and ranked Illinois 27th among all states. Among states with moderately restrictive eligibility criteria, Illinois ranked 8th out of 16 states and territories. In the December 1, 2003 federal report Illinois' caseload had grown by 20.9% and that pushed its participation rate to 2.42%, while the national rate remained at 2.18%. Illinois' rank improved to 20th among all states and territories and to fifth among the 16 with moderately restrictive eligibility criteria.

Caseload growth has continued to increase the Illinois' participation rate. For the December 1, 2004 report Illinois' participation rate had increased by an additional 16.6% to 2.86% of children

under 3, compared to 2.24% nationally. This improved the state's rank to 16th overall and 4th among the 16 states having moderately restrictive eligibility standards.

At the June 30, 2005 baseline, the participation rate stood at 3.07%. While other state caseloads are also increasing, this will probably move Illinois to about tenth or eleventh overall.

REGIONAL COMPARISONS

NOTE: CFC level comparisons detail is inflated by 1-2% overall because it includes cases CFCs may keep open for up to 30 days after a child's third birthday for service coordination only to assure finalization of the transition process.

When Illinois introduced its regular monthly reporting and performance contracting it emphasized OSEP focused monitoring triggers, including exceeding the 2.00% benchmark for participation rate. At the end of SFY 02/FFY 01, the state was right at the benchmark, once the cases over 3 are factored out. At that time, ten CFCs were under the mark, as were Cook County and the collar county region overall. Downstate was the only area exceeding the benchmark. Several CFCs were so far below 2.00% the program doubted all could reach it in the foreseeable future. However, by the end of SFY 04/FFY 03, just two years later, all 25 CFCs exceeded 2.00%. By the end of SFY 05/FFY 04, the participation rate had increased by 50.5% from three years earlier. The caseload grew in all 25 regions over that period. At the benchmark period (End of SFY 05/FFY 04) it is likely that all 25 CFCs have participation rates higher than the December 1, 2004 national average.

Downstate has experienced the slowest caseload growth but continues to have an overall participation rate that is significantly higher than Cook County or the collar counties. Overall, growth has been almost identical in Cook County and the collar counties, although they face very different challenges. The Cook caseload is generally poor and mobile. CFCs must keep families engaged in the eligibility determination process and during the term of the IFSP. Collar county families are generally much better off financially and not very mobile. They tend to be easier to engage once they have entered the system. However, many have the means to deal with their children's disabilities and delays without state subsidies and that results in fewer referrals per capita. Also, some resist entering the program if insurance will pay most service costs and they will be required to pay fees.

The table below gives a perspective on the differences between the three large regions of the state. The collar counties differ dramatically from the rest of the state on all factors. They are more likely to have health insurance, less likely to be Medicaid eligible and more likely to have income over 185% of poverty, which is the bar that determines if a family will be assessed a fee. In terms of Medicaid and fees, Cook County and downstate look very similar. However, downstate families are more likely to have access to health insurance than those in Cook County.

Caseload Economic Factors – End of SFY 05 By Geographic Super-Region			
	Medicaid	Family Fees	Health Insurance
Cook County	65.1%	23.6%	33.9%
Collar Counties	36.3%	45.6%	57.0%
Downstate	69.7%	29.1%	46.3%
Statewide	58.6%	31.2%	43.8%

FFY	Measurable and Rigorous Target
2005 (2005-2006)	The percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.14% on June 30, 2006, approximately 17,025 children.
2006 (2006-2007)	The percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.24% on June 30, 2007, approximately 17,593 children.
2007 (2007-2008)	The percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.32% on June 30, 2008, approximately 18,020 children.
2008 (2008-2009)	The percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.38% on June 30, 2009, approximately 18,339 children.
2009 (2009-2010)	The percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.37% on June 30, 2010, approximately 18,020 children.
2010 (2010-2011)	On October 31, 2010, the percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.37%.
2011 (2011-2012)	On October 31, 2011, the percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.37%.
2012 (2012-2013)	On October 31, 2012, the percentage of all children in Illinois under age 3 served through an IFSP will be at least 3.37%.

The proposed performance targets for FFY10, FFY11 and FFY12 maintain the FFY2009 target value of 3.37%, due to the factors facing the EI Program, including the following. With several of these factors out of the control of the program, Illinois is not confident that improvement in terms of increases in stated percentages should be expected.

- System stresses aggravated by the State's fiscal situation and the resulting delays in payments to providers may have diverted CFC office from efforts to increase participation rates.
- Economic stressors on families may result in fewer families accessing program services.
- During FFY08/SFY09, the Early Intervention program initiated the Program Integrity Project to accomplish statewide program equality; fidelity to program principles and state and federal laws; and long-term program stability. As a result of the Program Integrity Project, the program anticipated a reduced growth rate or a decline in overall enrollment in the program in FFY09/SFY10. Initial efforts focused on eligibility determination to make

sure that process was being conducted according to policy and procedure, so that appropriate determinations will be made.

Improvement Activities/Timelines/Resources:

- The existing child find framework as outlined previously has proven very successful. As long as referrals continue to grow it will be maintained with minimal changes.
- Since Illinois is still concerned about its relative inability to reach children at younger ages, particularly infants, refinements in recruitment efforts will focus on increased efforts to reach infants. This will include implementing steps based on an assessment of referral patterns as outlined under indicator 5.
- The program will continue to utilize a modified fee-for-service system to pay CFCs for service coordination, based on actual children served with IFSPs. This rewards effective child find and retention.
- The program will continue to include overall and by CFC participation rate on its monthly statistical reports and will continue to grant quarterly incentive funding to the top 12 of 25 CFCs with the highest average participation rates over the most recent six-month period. This rewards effective child find and retention.
- The program will continue to grant quarterly incentive funding to the top 12 of 25 CFCs with the lowest average percentage of cases closing from intake for family reasons over the most recent six-month period. This rewards good customer service and retention.
- The program will continue to grant quarterly incentive funding to the top 12 of 25 CFCs with the lowest average percentage of cases closing from IFSP for family reasons over the most recent six-month period. This rewards good customer service and retention.
- The program will continue to grant quarterly incentive funding to the top 12 of 25 CFCs with the highest average percentage of initial IFSPs started within 45-days over the most recent six-month period. This rewards good customer service and follow-through with child find.
- The program will continue to grant quarterly incentive funding to the top 12 of 25 CFCs with the lowest average number of days between referral and initial IFSPs over the most recent six-month period. This rewards good customer service and follow-through with child find.
- The program anticipates that existing systems will continue to result in more caseload growth. However, data will be reviewed regularly to determine if additional measures are needed to reach unmet needs throughout the life of this plan.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
<p>Continue participation in ABCD III, IHB2 project, including CFC office participation in pilot project activities and data sharing between the HFS and the IL Department of Humans Services/EI.</p>	<p>Selection of pilot sites will be completed by January 2011. Pilot activities and the development and implementation of data sharing activities will be an ongoing activity.</p> <p>Resources include HFS and its IHB2 Project Management Committee and subcommittees, Bureau of Early Intervention, and CFC offices.</p>
<p>Continued participation in CHIPRA Child Health Quality Demonstration Grant.</p>	<p>Bureau staff will continue participation in work groups and assist in the development and implementation of strategies throughout the grant period (i.e., 2015).</p> <p>Resources include HFS and its CHIPRA Child Health Quality Demonstration Grant work groups, Bureau of Early Intervention, and CFC offices.</p>
<p>Continue participation in EDOPC.</p>	<p>Bureau and EI Training Program staff will continue participation in the EDOPC advisory group and CFC offices will participate in pilot project activities.</p> <p>Resources include the Advocate Health Care Steps Program, Illinois Chapter, American Academy of Pediatrics, Bureau of Early Intervention, EI Training Program, and CFC offices.</p>
<p>In order to bring the state into full compliance with CAPTA, the Department of Children and Family Services (DCFS) will implement a process to screen children that reside in intact families and refer to EI, when appropriate.</p>	<p>DSCF staff hiring will be completed in FFY10/SFY11 and screening of children that reside in intact families will begin. CFC office staff will receive training as the screening process is rolled out statewide. This screening will be an ongoing strategy.</p> <p>Resources include DCFS and Bureau of Early Intervention staff, CFC offices and the Early Intervention Training Program.</p>

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

Since January 2002 Illinois' EI program has placed a great deal of emphasis on compliance with the 45-day rule. It has been very open about its performance and the need to improve, not just to comply with state and federal law but as a matter of good customer service. The issue and how to deal with it has been discussed openly with Child and Family Connections agencies and the IICEI at almost every meeting since that time. A series of measures intended to improve compliance with the 45-day rule were put in place as part of the programs performance contracting system and quarterly reports to the Illinois General Assembly, which are posted to the DHS website, have included reports on progress and performance. The additional steps outlined below have been discussed publicly with the IICEI and CFCs.

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

Measurement:

<p>Percent = [(# of 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 the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.</p>

<p>Account for untimely evaluations.</p>
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Overview of Issue/Description of System or Process:

Although Illinois has yet to achieve complete compliance with the requirement that initial IFSPs meetings be held within 45 days, it has been successful in dramatically and continuously improving performance. The participants in the IFSP meeting determine the content of the IFSP.

State rules have always clearly stated that the intake process must be completed within 45 days. CFCs must provide the program with details on every child who spends more than 45 days in intake each month. This detail includes if the problem is due to a system or family reason. That can be a burdensome task if they have to explain large numbers of cases. However, when the program first launched its monthly statistical reports in January 2002, a review found that compliance had not only been poor in the past but was in freefall. Compliance had fallen sharply and had reached a statewide low of 18.1% in January 2002. It was practically zero in some areas. The new statistical report put particular emphasis on meeting the 45-day requirement. The program noted not only that this was federal and state law but also the importance of reaching EI eligible children quickly, to most effectively address the issues that made them eligible and that providing quick answers to families is good customer service.

When performance contracting was introduced for SFY 03/FFY 02, it granted quarterly incentive funding to the best performing agencies in terms of both the percent of IFSPs initiated within 45 days and for those with the lowest proportions of cases in intake for more than 45 days. The program also set standards above which a CFC would be penalized if too much of their intake was still waiting for eligibility determination after 45 days. This combination of steps had a profound impact on performance. There was rapid improvement until February 2003, when it reached 86.3%. There has slow but continued steady improvement since that time.

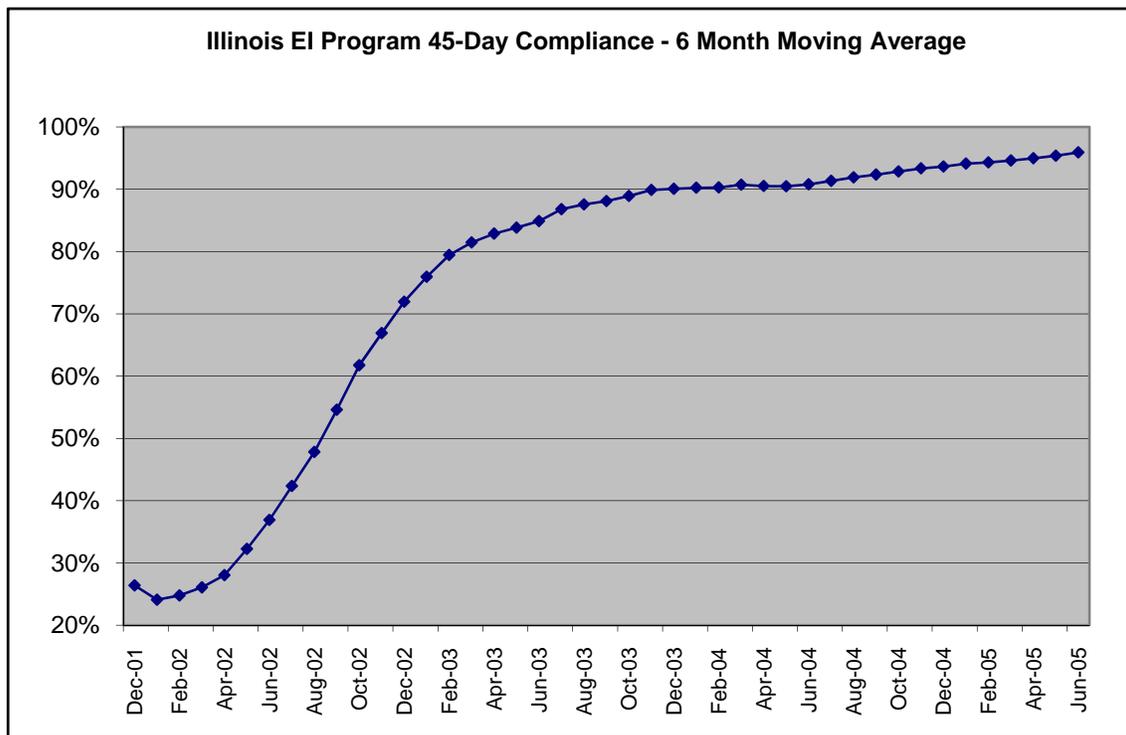
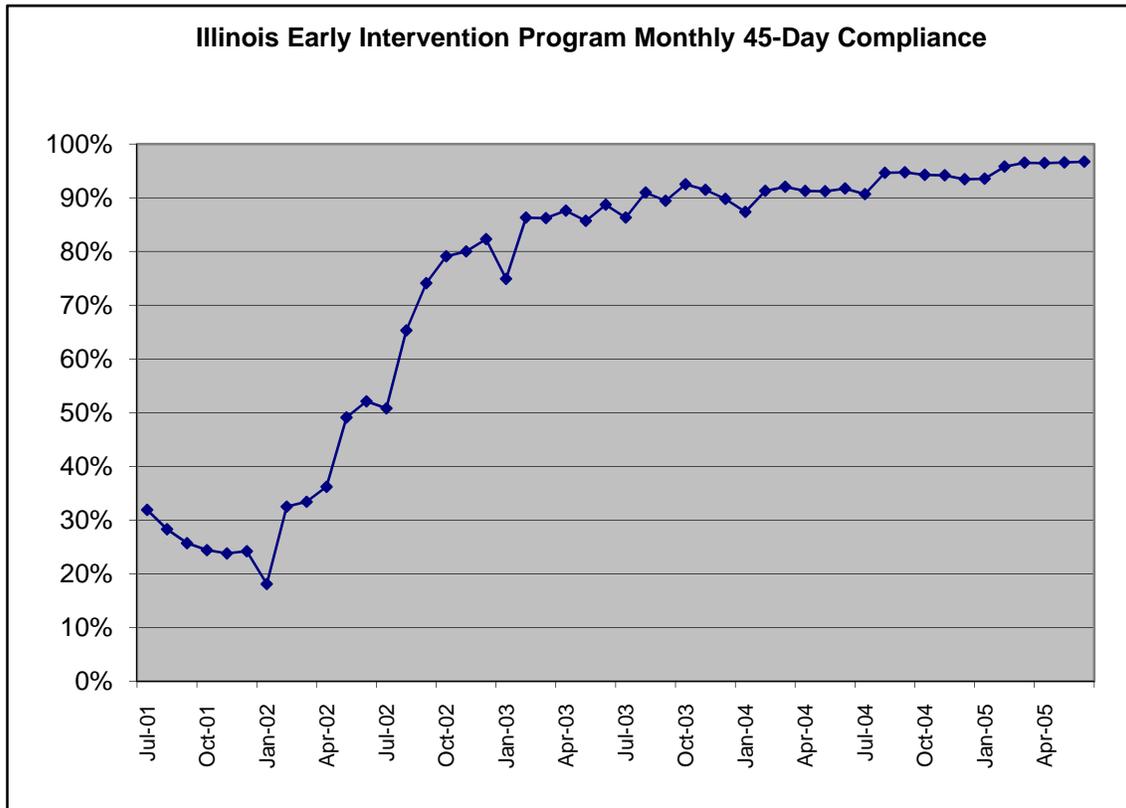
Another aspect of the performance contracting system that promoted both child find and quick eligibility determination was the method for determining agencies' quarterly base payments. The previous grant system was based on estimated caseload levels, which made no distinction between cases in intake and children with IFSPs. This created a disincentive to quick action and even an incentive to keep ineligible cases open in intake well past 45 days. The new system is a modified fee-for-service system. CFCs are paid based on the average number of children **with IFSPs** they served over a six-month period. The rates paid were adjusted to account for the intake and referral process but cases in intake are no longer included directly in payment calculations. This created an incentive for CFCs to do aggressive child find and to determine eligibility quickly. One by one, CFCs have found ways to process referrals efficiently with techniques suited to their regions. Of particular importance has been the introduction of arena assessments in Cook County and some other large urban areas. This allows a family to receive all their evaluations and assessments at one time, rather than needing to arrange multiple appointments. The IFSP meeting can also be completed at the same time because everyone is already there. Sometimes this is done at a single site. In other instances a team of evaluators goes to a family's home.

By early in SFY 05/FFY 04, the number of cases in intake over 45 days, which had once exceeded 1,500 had fallen to under 100 on a regular basis and a portion of those were not real cases. They were caused by data errors but we could not easily identify those until the total number for each CFC fell to single digits. To assist CFCs in more quickly addressing these cases a new report was developed to specifically identify all cases over 45 days in intake on the last day of the month. CFCs are to address the problems before the next month or contact the program if they believe the system is in error or if they need help. This has helped produced continued improvement. The number of cases past 75 days in intake has almost completely been eliminated and the total number of overdue cases has fallen even lower.

Baseline Data for FFY 2004 (2004-2005):

IFSPs Completed Within 45-Days
By CFC & Region

<u>CFC & Number</u>	SFY 04	SFY 05
#1 - LOVES PARK	89.5%	95.7%
#2 - Lake County	91.7%	97.7%
#3 - FREEPORT	85.0%	90.4%
#4 - Kane & Kendall Counties	85.1%	93.5%
#5 - Du Page County	97.2%	99.2%
#6 - N. Suburbs	96.2%	97.4%
#7 - W. Suburbs	94.4%	97.7%
#8 - SW Chicago	100.0%	100.0%
#9 - Central Chicago	100.0%	99.7%
#10 - SE Chicago	98.3%	98.4%
#11 - N. Chicago	90.7%	92.5%
#12 - S. Suburbs	89.0%	98.2%
#13 - MONMOUTH	89.6%	92.0%
#14 - PEORIA	77.7%	90.1%
#15 - Joliet	76.1%	92.7%
#16 - DANVILLE	76.4%	76.6%
#17 - QUINCY	90.8%	93.8%
#18 - SPRINGFIELD	89.7%	93.2%
#19 - DECATUR	100.0%	100.0%
#20 - EFFINGHAM	95.6%	98.0%
#21 - BELLEVILLE	88.6%	91.1%
#22 - CENTRALIA	93.4%	95.7%
#23 - NORRIS CITY	86.4%	87.0%
#24 - CARBONDALE	96.3%	90.4%
#25 - McHenry County	92.1%	94.9%
Total	90.9%	95.0%
<u>Super Regions</u>		
Cook - 6, 7, 8, 9, 10, 11 & 12	94.6%	97.0%
Collar - 2, 25, 4, 5, 15	88.1%	95.7%
Balance of the State	88.2%	91.3%



SPP Template – Part C

Illinois

State

Illinois Early Intervention Program Intake Overdue Analysis - SFY 04 & SFY 05

All
Intake Past 45 Days

Month	Intake	Past	Past	System	Past	Past	System	Past	System
		45 Days	75 Days	Overdue	45 Days	Days	Overdue	Overdue	
Jul-03	2,005	108	17	6	5.4%	0.8%	0.3%	5.6%	
Aug-03	2,064	108	30	2	5.2%	1.5%	0.1%	1.9%	
Sep-03	2,319	112	25	1	4.8%	1.1%	0.0%	0.9%	
Oct-03	2,368	84	17	4	3.5%	0.7%	0.2%	4.8%	
Nov-03	2,071	96	13	2	4.6%	0.6%	0.1%	2.1%	
Dec-03	1,709	108	17	5	6.3%	1.0%	0.3%	4.6%	
Jan-04	2,337	121	24	5	5.2%	1.0%	0.2%	4.1%	
Feb-04	2,611	92	11	-	3.5%	0.4%	0.0%	0.0%	
Mar-04	2,729	114	18	2	4.2%	0.7%	0.1%	1.8%	
Apr-04	2,655	123	17	1	4.6%	0.6%	0.0%	0.8%	
May-04	2,396	134	30	2	5.6%	1.3%	0.1%	1.5%	
Jun-04	2,171	136	42	-	6.3%	1.9%	0.0%	0.0%	
FY04 AVG.	2,286	111	22	2.5	4.9%	1.0%	0.1%	2.2%	
Jul-04	2,080	98	23	2	4.7%	1.1%	0.1%	2.0%	
Aug-04	2,095	97	20	5	4.6%	1.0%	0.2%	5.2%	
Sep-04	2,252	81	24	5	3.6%	1.1%	0.2%	6.2%	
Oct-04	2,375	125	23	9	5.3%	1.0%	0.4%	7.2%	
Nov-04	2,179	90	21	1	4.1%	1.0%	0.0%	1.1%	
Dec-04	1,986	94	18	1	4.7%	0.9%	0.1%	1.1%	
Jan-05	2,435	94	13	1	3.9%	0.5%	0.0%	1.1%	
Feb-05	2,662	61	6	1	2.3%	0.2%	0.0%	1.6%	
Mar-05	2,619	49	6	-	1.9%	0.2%	0.0%	0.0%	
Apr-05	2,639	45	5	5	1.7%	0.2%	0.2%	11.1%	
May-05	2,530	53	2	6	2.1%	0.1%	0.2%	11.3%	
Jun-05	2,351	56	1	1	2.4%	0.0%	0.0%	1.8%	
FY05 AVG.	2,350	79	14	3.1	3.3%	0.6%	0.1%	3.9%	

Discussion of Baseline Data:

In SFY 02/FFY 01, the proportion of new IFSPs completed within 45 days dropped sharply to just 33.5%. This included reaching a low of 18.1% in January 2002. After implementation of the steps outline previously in late SFY 02/FFY 01 and early SFY 03/FFY 02, there was a substantial improvement in SFY 03 to 79.4%. There was further improvement in SFY 04/FFY 03 to 90.9% and to 95.0% for the baseline period, SFY 05/FFY 04. In SFY 04, 11 CFCs failed to complete at least 90% of initial IFSPs within 45 days. Since the beginning of SFY 05, 19 CFCs completed all of their IFSPs within 45 days in at least one month. The CFCs for Decatur (CFC 19) and Southwest Chicago (CFC 8) completed 100% of their IFSPs within 45 days for all of SFY 05/FFY 04. CFC 9 (Central-West Chicago) failed for only one of 748 new cases opened in SFY 05/FFY 04. Only Bloomington/Champaign (CFC 16) and Norris City (CFC 23), in far southeastern Illinois, failed to complete at least 90% within 45 days.

Based on the performance for both SFY 04/FFY 03 and SFY 05/FFY 04, it appears on the surface that CFC 16's performance was unchanged in SFY 05/FFY 04. However, they experienced a difficult transition to a new lead agency in SFY 05/FFY 04. This was mainly due to an almost complete turnover in Service Coordinators. However, they have improved significantly. In the most recent six-month period they completed 91.7% of IFSPs within 45 days. CFC 23, located in the far southeast corner of Illinois, is completely rural and is not close to any large urban areas. With no large pockets of clients, their problem is effectively coordinating the evaluation process with scattered and limited resources, although, their delays have almost universally been for family reasons.

Although Illinois has yet to complete a month with 100% of IFSPs started within 45 days, it now commonly completes 95% or more on-time and the moving average chart shows that we continue to make progress towards complete elimination of the problem. We do find that there is some seasonality in the proportion of cases who do not complete the eligibility process within 45 days. As with several other EI performance issues, summer and the holidays present problems keeping families engaged in the process.

Of greater significance are geographic differences. The best performance is in Cook County, where all CFCs can utilize arena assessment. The collar counties have traditionally had the greatest problem. However, since Joliet (CFC 15) implemented arena assessment in their core area, the collar counties have been performing almost as well as Cook County. The remaining problems are increasingly concentrated downstate. We already reviewed the problems of CFCs 16 and 23. As noted, CFC 16 has not resolved all its problems but they have reduced them significantly.

However, CFC 23 represents a better example of the problems the program will need to address to achieve 100% compliance with the 45-day rule. First, almost no downstate CFC has a large enough concentration of intake to regularly offer arena assessment. This means they generally have to arrange multiple meetings with a family to determine eligibility. Second, the number of providers eligible to do assessments in rural areas is always small and they must travel significant distances to complete their work. Third, getting everyone together for IFSP meetings is more of a challenge when providers will again need to travel to a home or to another set location. In general, the need to travel is a drain on limited resources in rural areas. The program does work to attract additional providers to these areas. This affords us wider and overlapping coverage to facilitate ease of scheduling. However, in the most rural areas we can only promise part-time work. That complicates the achievement of our goal.

The process put in place by the Illinois EI program and its service coordination agencies has dramatically reduced the number of cases that go past 45 days in intake and we continue to see progress in that area. We have almost completely eliminated cases that appear on overdue reports two months in a row (past 75-days). However, the largest challenge to 100% compliance with the 45-day rule is that almost all remaining cases are overdue for family reasons. During SFY 05, Illinois averaged 2,350 cases in intake and an average of 79, or 3.3%, were past 45 days. An average of just 3.9% of the overdue cases were due to system reasons, usually provider delays. This means that 96.1% of the remaining problems are due to family issues. Put another way, on average statewide just 0.1% of cases open in intake at any point in time are past 45 days for system reasons.

Although some states make a distinction between cases overdue for system reasons and those overdue for family reasons, Illinois does not make such a distinction in its monthly and quarterly reporting. This is because we are concerned that exempting cases overdue for family reasons

reduces the incentive for service coordination agencies to keep working closely with families and kids are the losers. The number of cases overdue for system reasons does not exactly match the number of IFSPs that did not get started within 45 days but it is close. If we did exempt cases overdue for system the proportion of initial IFSPs stated within 45 days would have been about 99.8% in both SFY 04 and SFY 05. In some months we are already seeing no initial IFSPs that took more than 45 days due to system reasons.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2006 (2006-2007)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2007 (2007-2008)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2008 (2008-2009)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2009 (2009-2010)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2010 (2010-2011)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.
2012 (2012-2013)	100% of eligible infants and toddlers with IFSPs will have evaluations and assessments and an initial IFSP meeting within 45 days of referral.

Improvement Activities/Timelines/Resources:

- Procedures will be maintained that require all steps in the eligibility determination process be completed within 45 days.
- CFCs shall continue to be required to submit the names of all cases which go past 45 days in intake during the previous month and the reasons for those delays.
- The program shall continue to report on 45-day compliance by CFC in monthly reports in several different ways, including: 1) % of intake over 45 days, 2) % of intake over 75 days, 3) average days between referral and initial IFSP date for new IFSPs, 4) % of new IFSPs initiated within 45 days of referral.
- The program shall post annually on its internet site performance of CFCs on: 1) average days to IFSP and 2) the % of IFSPs started within 45 days.
- The program shall pay quarterly incentives to the CFCs which perform the best in terms of: 1) average time between referral and initial IFSP and 2) the % of IFSPs started within 45 days.

- If more than 12 CFCs complete all of their IFSPs within 45 days for the six-month period on which quarterly payments are based, all CFCs who meet that standard will receive incentive funding.
- For SFY 06, a 1% reduction will be made to the quarterly base payment if the proportion of cases in intake over 45 days exceeds 10% over the most recently completed quarter and a 2% reduction will be assessed if the percent over 45 days exceeds 20%.
- For SFY 07, a 1% reduction will be made to the quarterly base payment if the proportion of cases in intake over 45 days exceeds 7.5% over the most recently completed quarter. A 2% reduction will be assessed if the percent over 45 days exceeds 15%.
- For SFY 08 and beyond, a 1% reduction will be made to the quarterly base payment if the proportion of cases in intake over 45 days exceeds 5% over the most recently completed quarter. A 2% reduction will be assessed if the percent over 45 days exceeds 10%.
- Quarterly CFC base grants are calculated based on the average number of open IFSPs over a six-month period. Effective with SFY 07, any instance where an IFSP was initiated in more than 45 days will be subtracted from the case count for that month, which will reduce the CFCs grant for the next two quarters.
- By March 2006, a new data element will be added to the client data system (Cornerstone) to indicate why it took more than 45 days to initiate an IFSP as follows: 1) Within 45 days, 2) CFC reason, 3) Provider reason, 4) Family reason. This will allow the program to know exactly which cases opened past 45 days did so for system reasons, rather than estimating based on data from intake past 45 days.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
Policies and procedures will be reviewed and revised, as needed, to ensure that the integrity of the referral, intake, evaluation/assessment and IFSP processes are maintained.	This is an ongoing process through June 30, 2013. Resources include the Bureau of Early Intervention and EI Monitoring Program

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

In early 2002, the ICEI placed particular emphasis on improving the transition process. They have received regular reports on transition performance, similar to the measure used in OSEP's focused monitoring, since that time. The same measure has been included in the program's performance contracting system since its inception. After performance seemed to level out at the end of SFY 04/FFY 03, new steps were introduced based on public input. A new set of termination codes was introduced to help the program better understand why cases were being closed without special education eligibility being determined. Also, a new transition tracking form was introduced to help the program get better feedback from school districts. All of these efforts have helped inform the development of the State Performance Plan.

The original SPP submitted February 1, 2006 included baseline data from a table in the Cornerstone client data system where detail was kept on each of the OSEP questions. However, it has since been determined that some Service Coordinators were utilizing a different entry screen to record the same data elements in a different Cornerstone table. As of February 1, 2007, this problem still exists but the program is in the process of merging data into a single table. Until this process is complete it has not been feasible to measure performance through the monthly reporting process used for most other measures, as was originally planned. It is clear that even when the data is merged it will still be incomplete. More children are having eligibility determined than the combined number of entries in these two tables. If the Cornerstone system can document that a child's special education eligibility was determined it is clear that information was shared with the school district and transition meetings were held, even if it is not recorded in the system.

The program would like to count on the specific data entries in Cornerstone. Once the data tables are merged we anticipate including this in the monthly reporting to CFCs. However, for purposes of reporting on this indicator, it will be assumed that information was transferred to the LEA and that transition meetings were held if eligibility was determined, even if dates were not entered into Cornerstone. If eligibility was not determined compliance will depend on dates being entered into Cornerstone.

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

<p>Monitoring Priority: Effective General Supervision Part C / Effective Transition</p>
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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:

In conformity with federal law, each IFSP is to include discussion of the transition, regardless of the age of the child. Six months prior to a child's third birthday their service coordination agency is to forward detail on all children who may be eligible for special education to the local education agency, unless the family does not consent to the transfer of that information. Although, based on guidance from OSEP and coordination with the Illinois State Board of Education, the program began forwarding information on all potentially eligible children to the Part B system effective with FFY 06/SFY 07. For FFY 05/SFY 06 the program forwarded identifying information on all children coded in Cornerstone as not having eligibility determined.

A transition meeting is required no later than 90 days prior to a child's third birthday. The program has data elements within its Cornerstone client data system to record each of these events but we have not systematically measured compliance with these rules in the past. However, we find that assessment of performance based on those data elements undercounts compliance with the rules. Based on other measures we can demonstrate that compliance is much higher than the specific data elements indicate. Thus, our discussions of recent and baseline performance will focus on the measures we have been following for some years. Baseline data for FFY 04/SFY 05 and APR data for FFY 05/SFY 06 has been revised from the original submission to depend on multiple data sources to demonstrate a more accurate picture. In fact, even this system probably shows performance below what it actually was for the baseline and target periods.

The Illinois Early Intervention program, encouraged and supported by the IICEI, has placed great importance on improving performance in the transitioning of children out of EI by closely following special education eligibility determination at age three. In January 2002, transition performance (exit at age three) was one of the elements in the first monthly statistical reports. The IICEI made transition performance one of the select elements it receives updates on for all their meetings. When performance contracting was introduced for SFY 03/FFY 02, transition performance was one of the six items that carried incentive funding for the best performing service coordination agencies (CFCs). When the number of items carrying incentive funding was expanded for SFY 04/FFY 03, transition became the only item that carried a 2% incentive. All others are worth 1%. This was to emphasize the special significance the program places on the transition process.

After a period of significant improvement, the program found that performance had leveled out significantly short of the goal of reaching OSEP focused monitoring benchmarks. In an effort to learn more about why cases were not having special education eligibility determined by age three a new set of termination code modifiers were introduced effective January 1, 2005. These modifiers require the reasons to be identified as CFC, LEA, family noncompliance, or family

refuses referral. The initial results from adding these modifiers were disappointing and will be discussed later. However, the program is using those results and sharing them with the Illinois State Board of Education (ISBE) to help improve the process.

During SFY 05/FFY 04, the program also initiated two new efforts to improve the transition process in conjunction with the ISBE. First, a transition tracking form, which had been piloted in several parts of the state, was introduced statewide (**see Attachment 4**). This form is included with the transition packets CFCs send to LEAs. LEAs are to complete the form and send it back to the CFC. The detail from the form is then added to the Cornerstone data system. CFCs are getting better feedback on what happened in the transition process and the ability of the EI Bureau to monitor what is happening is enhanced.

Second, an interagency data sharing agreement between IDHS and ISBE was signed. IDHS is now in the process of developing monthly reports that will be forwarded to ISBE of each child who has reached 27-months of age or who started services and was over 27-months old. A follow-up report will be sent monthly of all children who were forwarded to them previously as enrolled in Part C who terminated from service and the termination reason. The EI program will introduce several additions to its client data system that will make it easier for ISBE to use these reports, most notably school district numbers. The original system to require Service Coordinators to enter the school district number manually but this has been replaced by an electronic system that identifies the district for at least 99% of children with computer geocoding software. This makes the data much more complete and useable for ISBE.

This process technically will duplicate what is required by rule to transpire between CFCs and schools. However, Illinois' Part C and Part B programs can now guarantee that Part B will receive child find information on all children and at least 99% will already have a school district number assigned. ISBE will forward this detail to the appropriate LEA. CFCs will still forward transition planning packets to LEAs, even if the family declines transfer. The CFC is directed to send the transition tracking form but only with the data elements provided through the data sharing agreement and with the notation that the family has declined the transfer.

The EI program also sends ISBE a monthly summary report of child counts divided by age and school district number. ISBE will make this report available to school districts to help them in their planning. Initial plans for a ZIP code version of the report were abandoned because the geocoding process is so effective it would not be helpful.

Emphasis has been placed on fine-tuning the data sharing process with the State Board of Education (ISBE). Problems are now rare and there are ways to overcome those issues. During FFY 06/SFY 07 ISBE was phasing in its process of transferring information to the LEAs. In 25 school districts, including for all cases from the City of Chicago, the LEA received the child find data through this process for the full year. ISBE also receives a matrix of the number of children enrolled by age cohort for each school district each month and a list of children terminating from EI with information similar to what they receive on the child find lists. The matrix can be used to aid in local planning. The termination lists help ISBE follow-up with school districts on those cases where EI indicates SE eligibility was not determined. ISBE is providing feedback to EI to help improve the data sharing process. ISBE found that the termination lists did not include all the expected names. So, EI is moving to correct that problem. Now that all LEAs receive lists of children getting ready to transition and ISBE includes transition performance in local determination scores, for the first time school districts have been aggressively seeking information from CFCs about children, even before the CFC is

ready to send it. ISBE is sending a clarification that school districts should wait until a child turns 31-month of age to follow-up. This should achieve out joint goals, while eliminating unnecessary work by both LEAs and CFCs.

For purposes of reporting on the transfer of information indicator, it will be assumed that information was transferred to the LEA if it was recorded in Cornerstone and we know that information was transferred for all Chicago children. A similar assumption could have been made about the other, smaller school districts in the pilot but a more conservative approach has been taken. For FFY 07/FFY 08 ISBE implemented the data transfer system statewide. So, we will report based on reporting in Cornerstone but will assume 100% compliance based on the data sharing process. However, this does not remove the requirement that CFCs transfer referral information to the LEA and that they record that in Cornerstone. This is even true when a family declines referral. Service coordination agencies have been directed to send a tracking form to the LEA with just the child-find data elements in the data transfer and a notation that the family has declined referral.

If eligibility was determined, even if dates were not entered into Cornerstone it demonstrates that a transition meeting was held. If eligibility was not determined compliance will depend on dates being entered into Cornerstone. During the latter months of FFY 06/FFY 07, the program incorporated recording of transition meetings held into its monthly statewide and CFC level statistical reports. This measure is very strict. It only counts specific events recorded. If SE eligibility was determined but a meeting was not recorded it is not counted. Effective with third quarter of FFY 07/SFY 08, the proportion of transition meetings held for children exiting the program at age 3 is one of the 10 measures for which incentive funding is granted to the top 12 performing CFCs each quarter. The proportion of children who have SE eligibility determined when they leave the program at age 3 also remains a measure that carries incentive funding.

Incentive funding provides a positive reward to agencies that perform well. There are also negative consequences to doing poorly in the transition process relative to the rest of the state. Local determinations are set based on a scorecard. A CFC receives a point if their average rank for all 10 incentive measures overall puts them in the bottom five of 25, indicating weak performance overall. Two of the 10 measures relate to transition. Reflecting the EI Council's special concern about transition and concern about poor performance and limited improvement relative to other measures, the bottom five CFCs in terms of recording transition meetings are given another negative mark against them. A CFC can receive no more than one point to be determined in substantial compliance. A score of four or more puts them in the lowest group.

Baseline Data for FFY 2004 (2004-2005):

**FFY 04/SFY 05 Transition Performance
Documented Within Cornerstone Data System**

	All Terminations	Not SE Eligible	Potentially Eligible	Transition Steps	% With Steps
State Totals	14,184	3,214	10,970	7,742	70.6%

	Terminations Past 30 Months	Not SE Eligible	Potentially Eligible	Referrals	% With Referral
State Totals	10,920	1,414	9,506	7,416	78.0%

	Terminations Past 30 Months	Not SE Eligible	Potentially Eligible	Transition Meetings	% With Meetings	Family Reasons	% Family Reasons
State Totals	10,920	1,826	9,094	7,392	81.3%	892	52.4%

1. For transition steps documented all terminations are counted, regardless of age.
2. Not special education eligible includes deaths, moves out of state and cases closed as no longer being eligible for EI/plan of care complete. Although, in many of these cases referrals may have been made and transition meetings may have been held.
3. Transition meeting measure also counts cases closed due to “No response from parent” as not eligible. In most cases these families have moved and not informed the program. Both the CFC and ISBE will pursue these families but such terminations indicate those efforts have failed.
4. For referrals and meetings held, terminations limited to cases closed after a child is at least 30-months old.
5. Transition steps, referrals and transition meetings counted if termination indicates SE eligibility was determined or if the termination reason does not indicate eligibility was determined but Cornerstone specifically indicates that the appropriate action was taken.
6. Family reasons indicate specific documentation in the termination reason as a family reason. New codes that helped better indicate the reason eligibility was not determined were not implemented until January 1, 2005.

**FFY 04/SFY 05 Terminations with Transition Steps By Geographic Region
Documented Within Cornerstone Data System**

	All Terminations	Not SE Eligible	Potentially Eligible	Transition Steps	% With Steps
Chicago	3,206	680	2,526	1,469	58.2%
Suburban Cook	2,681	643	2,038	1,501	73.7%
Collar Counties	4,160	981	3,179	2,368	74.5%
Downstate	4,137	910	3,227	2,404	74.5%
Statewide	14,184	3,214	10,970	7,742	70.6%

**FFY 04/SFY 05 Referrals to LEA's By Geographic Region
Documented Within Cornerstone Data System**

	All Terminations	Not SE Eligible	Potentially Eligible	Referrals	% With Referrals
Chicago	2,445	326	2,119	1,376	64.9%
Suburban Cook	2,058	289	1,769	1,432	80.9%
Collar Counties	3,192	390	2,802	2,306	82.3%
Downstate	3,225	409	2,816	2,302	81.7%
State	10,920	1,414	9,506	7,416	78.0%

**FFY 04/SFY 05 Transition Meetings Held By Geographic Region
Documented Within Cornerstone Data System**

	All Terminations	Not SE Eligible	Potentially Eligible	Transition Meetings	% With Meetings	Family Reasons	% Family Reasons
Chicago	2,445	483	1,962	1,376	70.1%	336	57.3%
Suburban Cook	2,058	357	1,701	1,427	83.9%	151	55.1%
Collar Counties	3,192	453	2,739	2,301	84.0%	259	59.1%
Downstate	3,225	533	2,692	2,288	85.0%	146	36.1%
State	10,920	1,826	9,094	7,392	81.3%	892	52.4%

Historic Distribution of Early Intervention Terminations from IFSP

	10	13	16	31	33	34	35	36	37	38	39	40
FY 01	0.6%	12.8%	2.6%	2.7%	7.9%	12.3%	7.1%	18.3%	22.7%	2.2%	0.8%	9.3%
FY 02	0.6%	16.4%	5.9%	2.3%	4.4%	2.6%	10.0%	29.2%	17.2%	3.5%	0.9%	6.9%
FY 03	0.7%	9.8%	2.2%	3.1%	4.6%	0.9%	10.7%	46.3%	6.3%	9.1%	0.4%	6.0%
FY 04	0.5%	9.5%	2.2%	3.6%	4.6%	0.4%	11.4%	46.1%	5.7%	8.4%	0.3%	7.4%
FY 05	0.7%	9.9%	2.2%	3.5%	4.8%	0.3%	13.9%	42.9%	7.7%	6.3%	0.3%	7.5%

Distribution of IFSP Terminations at Age 3

	SE Eligible	SE Inelig.	Not Deter.
FY 01	39.3%	6.5%	54.2%
FY 02	51.4%	7.8%	40.8%
FY 03	72.0%	14.8%	13.3%
FY 04	73.4%	13.9%	12.7%
FY 05	72.2%	11.2%	16.6%

Distribution of IFSP Terminations By General Grouping

	Family Reasons	Closed < 3 Yrs.	Age 3	Other
FY 01	22.1%	27.3%	46.6%	4.0%
FY 02	23.4%	17.0%	56.7%	2.9%
FY 03	15.8%	16.2%	64.3%	3.7%
FY 04	16.9%	16.3%	62.7%	4.1%
FY 05	17.3%	19.0%	59.4%	4.2%

Termination Reasons

#	10	Deceased
#	13	Withdrawn by Parent
>	16	Auto-termination (at 37 months)
	31	Moved Out-of-State
&	33	EI Ineligible with Referrals (Under 3)
&	34	EI Ineligible/No Referrals (Under 3)
&	35	Completed IFSP Under 3
>	36	Eligible for Special Education
>	37	Special Ed. Eligibility Not Determined
>	38	Special Ed. Ineligible w/Referrals
>	39	Special Ed. Ineligible/No Referrals
#	40	No Response from Parents
>		Terminations at Age 3
&		Not eligible/Completed Before Age 3
#		Family Reasons

**Transition Performance History
Failure to Determine SE Eligibility
By CFC & Region**

CFC # & Name	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04
	SFY 01	SFY 02	SFY 03	SFY 04	SFY 05
#1 - LOVES PARK	41.9%	18.0%	5.6%	7.1%	7.6%
#2 - Lake County	57.5%	69.0%	13.4%	12.3%	18.4%
#3 - FREEPORT	37.2%	27.3%	8.4%	5.7%	11.1%
#4 - Kane & Kendall Counties	39.4%	22.0%	13.1%	11.4%	17.7%
#5 - Du Page County	54.2%	21.5%	12.1%	8.5%	8.4%
#6 - N. Suburbs	78.0%	53.9%	10.2%	7.9%	5.6%
#7 - W. Suburbs	81.3%	61.9%	11.3%	13.3%	8.0%
#8 - SW Chicago	83.3%	52.0%	5.4%	23.2%	32.2%
#9 - Central Chicago	78.5%	60.3%	14.7%	3.3%	17.6%
#10 - SE Chicago	46.4%	24.1%	16.0%	17.1%	19.8%
#11 - N. Chicago	67.3%	57.8%	21.1%	24.5%	37.0%
#12 - S. Suburbs	34.4%	26.3%	9.3%	11.2%	23.6%
#13 - MONMOUTH	26.0%	57.9%	8.1%	12.4%	9.2%
#14 - PEORIA	45.0%	51.7%	6.9%	12.8%	4.6%
#15 - Joliet	45.7%	23.1%	13.1%	6.4%	9.7%
#16 - DANVILLE	36.8%	33.2%	23.0%	18.8%	20.3%
#17 - QUINCY	37.9%	24.0%	14.4%	7.4%	3.8%
#18 - SPRINGFIELD	49.3%	50.7%	24.0%	15.7%	14.5%
#19 - DECATUR	89.1%	48.7%	11.4%	1.8%	18.0%
#20 - EFFINGHAM	45.5%	38.2%	7.2%	27.5%	43.5%
#21 - BELLEVILLE	50.6%	36.1%	19.9%	24.4%	20.3%
#22 - CENTRALIA	42.0%	38.5%	10.6%	8.4%	11.4%
#23 - NORRIS CITY	41.7%	31.6%	13.0%	27.5%	32.3%
#24 - CARBONDALE	34.2%	45.0%	30.1%	31.3%	15.6%
#25 - McHenry County	61.6%	20.0%	8.7%	1.4%	3.2%
State	54.2%	40.8%	13.3%	12.7%	16.6%
Super-Regions					
Cook County	65.3%	47.9%	13.0%	14.2%	20.8%
Collar Counties	50.1%	34.7%	12.5%	8.5%	11.8%
Downstate	45.9%	37.7%	14.3%	14.5%	15.9%

**Terminations from IFSP at Age 3
Examination of Terminations Without Special Ed. Determination
1/1/2005 - 8/31/2005**

CFC	Total	System Reasons			Family Reasons			SE Elig.	
		Gen. 37	CFC 37A	LEA 37B	Family 37C	Private 37D	Ref. 37E	Dec. % Reasons	% Term @ 3 Not Deter.
#1 - LOVES PARK	18	0	0	5	4	6	3	72.2%	9.4%
#2 - Lake County	49	0	1	2	45	1	0	93.9%	16.3%
#3 - FREEPORT	20	0	0	3	7	8	2	85.0%	17.7%
#4 - Kane & Kendall Counties	62	0	1	21	27	3	10	64.5%	17.4%
#5 - Du Page County	47	0	0	14	20	2	11	70.2%	12.4%
#6 - N. Suburbs	24	2	2	7	10	2	1	54.2%	6.0%
#7 - W. Suburbs	29	0	0	3	22	1	3	89.7%	10.1%
#8 - SW Chicago	48	0	0	1	42	4	1	97.9%	16.4%
#9 - Central Chicago	86	0	0	10	66	4	6	88.4%	33.0%
#10 - SE Chicago	40	0	0	0	38	2	0	100.0%	18.6%
#11 - N. Chicago	187	0	6	3	117	35	26	95.2%	37.0%
#12 - S. Suburbs	75	0	2	17	53	1	2	74.7%	29.2%
#13 - MONMOUTH	8	0	0	2	1	2	3	75.0%	3.7%
#14 - PEORIA	10	0	0	4	5	1	0	60.0%	6.5%
#15 - Joliet	64	0	4	19	32	0	9	64.1%	17.6%
#16 - DANVILLE	30	0	5	13	10	2	0	40.0%	18.6%
#17 - QUINCY	13	0	0	3	7	2	1	76.9%	45.6%
#18 - SPRINGFIELD	11	0	0	2	9	0	0	81.8%	16.7%
#19 - DECATUR	43	0	0	27	13	3	0	37.2%	29.8%
#20 - EFFINGHAM	46	0	1	11	16	10	8	73.9%	40.0%
#21 - BELLEVILLE	39	0	1	19	12	3	4	48.7%	17.8%
#22 - CENTRALIA	10	0	1	6	3	0	0	30.0%	9.8%
#23 - NORRIS CITY	35	0	1	23	8	1	2	31.4%	45.6%
#24 - CARBONDALE	5	0	0	1	4	0	0	80.0%	12.9%
#25 - McHenry County	4	0	0	0	1	1	2	100.0%	3.1%
State	1,003	2	25	216	572	94	94	75.8%	18.7%
Distribution		0.2%	2.5%	21.5%	57.0%	9.4%	9.4%		
Super-Regions									
Cook County	489	2	10	41	348	49	39	89.2%	22.4%
Collar Counties	226	0	6	56	125	7	32	72.6%	14.5%
Downstate	288	0	9	119	99	38	23	55.6%	17.7%

Discussion of Baseline Data:

Illinois' client data system includes data elements necessary to measure performance in the three ways required for the State Performance Plan. However, states have never been asked to report in this way before. So, while the program has put particular emphasis on improving transition performance in the way states have previously been measured by OSEP and can

demonstrate significant improvement over time in those areas, prior to the original submission of the SPP we have not look at performance in the way that is now required.

To complete this report the program had to look at three different sources within Cornerstone. The most important of these is termination reason. We start with all terminations to consider if transition steps were present. For the referrals and transition meetings questions, rules provide that a transition packet should be sent to the LEA, with parental consent, by the time a child turns 30 months old. So, we first consider any child who left after that point. Children, who died, moved out of state or whom the IFSP team found no longer eligible for EI are deemed to not be potentially eligible for special education. Although, in many cases referrals may have been made anyway. The appropriate steps are deemed to have taken place if a child's termination reason indicates special education eligibility was determined.

At this point, if a child's eligibility was not determined, we also look at two different Cornerstone tables to see if the appropriate steps were documented. As of February 1, 2007 two problems remain but are being addressed. The first is that the same data is being kept in two different tables. This causes confusion and probably contributes to the second problem. A significant number of cases have no records in either table, although we can see from other means that the work is being done.

The program is the process of merging data from the two competing tables. We are emphasizing the importance of completing information on the table that will remain and will offer more directed training once the process is complete. Already documentation has improved considerably. However, it is likely that the percentages documented continue to under count the actual performance in the field.

The program was able to document that 70.6% of children leaving the program had transition steps. All of the larger areas of the state were above the average except Chicago, which was only at 58.2%. The program recently completed a study of what factors were indicators of poor performance in transition. We found that minorities and families on Medicaid were less likely to complete a successful transition process. The caseload in Chicago is predominately minority and on Medicaid.

There were similar patterns for referrals and for transition meetings. There was documentation that there were referrals in 78.0% of cases and in 81.3% of potentially eligible terminations there was documentation that a transition meeting took place.

In the future, Service Coordinators will regularly complete the data elements necessary to document this aspect of their work and compliance will appear to improve dramatically. In addition, a new system of data sharing between DHS and the Illinois State Board of Education will assure 95% to 100% compliance with the requirement to send information on potentially eligible children to LEAs. It is important to note that existing requirements for CFCs to send information to LEAs will remain in place as well .

As was noted previously, Illinois started placing increased emphasis on completing the transition process starting in the middle of SFY 02/FFY 01. This produced significant improvement through SFY 03/FFY 02. The proportion of cases closed for which the program could not document that special education had been determined fell from 54.2% in SFY 01/FFY 00 to 40.8% in SFY 02/FFY 01 to 13.3% in SFY 03/FFY 02. However, SFY 04/FFY 03 showed very little progress, falling by only 0.6% to 12.7%.

Feeling that progress had stalled short of program goals, a set of modifiers were added to help identify problems that could be addressed. Unexpectedly, the introduction of these new modifiers coincided with a significant increase in the proportion of cases closing without special education eligibility being determined. For all of SFY 05/FFY 04 16.6% of cases closing at age three did not have SE eligibility determined and for just the second half of the year it was 18.7%. The reason for this apparent sudden deterioration in performance is not clear. However, we can tell that in that period 18.8% were due to families declining referrals, 2.5% were for CFC reasons, and 21.5% were due to LEA failures. Unfortunately, 57.0% of terminations without SE determination were labeled as being due to failures of families to follow through on their obligations. This problem must be addressed if performance is to improve, let alone meet the requirement for 100% compliance. The decision to follow OSEP guidance and establish a system which will forward the information on all potentially eligible children to ISBE is partially driven by the fact this continues to be such a large problem, even after years of special attention to the issue.

The statistics on underlying reasons for failure to determine SE eligibility discussed above do not include cases terminated automatically by the Cornerstone system. A case can remain open in Cornerstone for up to 30 days after a child’s third birthday to allow for the final completion of the transition process and to allow the CFC to continue general assistance to the family, but not direct services as authorized on an IFSP. On the 30th day, if the CFC has not actively terminated the case the system will do it automatically. To help improve the accuracy and usability of termination data for both Part C and Part B, the EI program will be moving to require that cases that are auto-closed be corrected to reflect what actually happened with the case.

The primary analysis as required by OSEP does include automatic terminations. Those cases can be counted as having failed to meet the requirement unless the appropriate step is specifically documented in Cornerstone.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Every child leaving Part C will have transition steps and services in their IFSP The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3 A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting
2006 (2006-2007)	Every child leaving Part C will have transition steps and services in their IFSP The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3 A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting
2007 (2007-2008)	Every child leaving Part C will have transition steps and services in their IFSP The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3, if the family has consented to the release of data A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting

2008 (2008-2009)	<p>Every child leaving Part C will have transition steps and services in their IFSP</p> <p>The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3</p> <p>A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting</p>
2009 (2009-2010)	<p>Every child leaving Part C will have transition steps and services in their IFSP</p> <p>The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3</p> <p>A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting</p>
2010 (2010-2011)	<p>Every child leaving Part C will have transition steps and services in their IFSP</p> <p>The LEA will have been notified of the potential eligibility of every child who leaves Part C at age 3</p> <p>A transition conference will be held for every child who leaves the program at age 3 and whose family has consented to participate in a meeting</p>
2011 (2011-2012)	<p>A. 100 percent of children exiting Part C who have an IFSP will have transition steps and services.</p> <p>B. The LEAs will have been notified of 100 percent of the children exiting Part C that are potentially eligibility for Part B.</p> <p>C. A transition conference will be held for 100 percent of the children who leave the Part C program at age 3 and whose families have consented to participate in a meeting.</p>
2012 (2012-2013)	<p>A. 100 percent of children exiting Part C who have an IFSP will have transition steps and services.</p> <p>B. The LEAs will have been notified of 100 percent of the children exiting Part C that are potentially eligibility for Part B.</p> <p>C. A transition conference will be held for 100 percent of the children who leave the Part C program at age 3 and whose families have consented to participate in a meeting.</p>

Improvement Activities/Timelines/Resources:

- The program will continue to include performance on special education eligibility determination on its monthly statistical reports and will continue to grant quarterly incentive funding to the top 12 of the 25 CFCs on this measure.
- Competing tables intended to track aspects of transition will be combined into a unified transition table effective July 2008.
- All CFCs that have 100% performance for a six-month period on which a quarterly incentive is based will receive incentive funding, even if that means more than 12 CFCs will receive funding.

- Effective September 1, 2005, a transition tracking form will be required to be sent by Child and Family Connections offices to LEAs with other transition paperwork. The form will improve two-way communication and help both parties keep better track of a child's progress through the process.
- No later than January 2006, the program will add a new element to its client data system to record school district number for each child. This will help facilitate the transfer of transition information to ISBE and LEAs.
- Effective July 2006, school district numbers of each child's residence will be found via an automated geocoding process. The program will work with ISBE to improve the geocoding process and will utilize feedback from ISBE to improve coordination and results.
- Effective with July 2006, the Early Intervention program will produce a monthly report divided by school district number as follows: under age 1, 1-2, 24-26 months, and then by month through 36 months. ISBE will forward this report to LEAs for their planning purposes. The program will work with ISBE to improve the geocoding process and will utilize feedback from ISBE to improve coordination and results.
- Effective July 2006, the Early Intervention program will forward to Part B/Illinois State Board of Education (ISBE) the names and identifying information, including school district of primary residence, on all children who turn 27-months old or who's initial IFSP starts after 27-months of age. ISBE will sort the names and forward them to LEAs. . Sorting by school district will provide an effective way to sort this list and will provide ISBE with an effective means to track performance. The program will work with ISBE to improve the geocoding process and will utilize feedback from ISBE to improve coordination and results
- Effective July 2006, each month the Early Intervention program will forward to Part B/ISBE the names and identifying information on all children who had terminated from Part C whose information had been sent previously as being ready for the transition process. This will allow ISBE to send these updates to LEAs, to assess the performance of LEAs overall, and to follow-up when Part C did not think the eligibility process had been completed before the case had to be closed.
- Effective with FFY 06/SFY 07 the standard IFSP includes language indicating that the participants certify that transition steps were included in the IFSP. Monitoring will continue to review files to make sure records do include steps as required. Service Coordinators will still need to verify that this step was taken in Cornerstone.
- While the program hopes the plans outlined above will ensure compliance on all three measures. We will continue to review performance data on a monthly basis and regularly with ISBE and will introduce additional measures to improve compliance as needed.
- The program will add performance on the recording of transition meetings held on its monthly statistical reports effective February 2007.
- The program will add quarterly incentive funding to the top 12 of the 25 CFCs in terms of transition meetings recorded within the Cornerstone data system effective with payments for the 3rd quarter of FFY 07/SFY 08.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
<p>Additional data will be provided to CFC offices so they can monitor compliance with transition requirements and address child-specific and system issues in a timely way.</p>	<p>Beginning in January 2011 and on an ongoing basis, a system will be implemented that will provide a monthly list to each CFC office of all children that have not had transition meetings. Resources include the Bureaus of Early Intervention and Performance Support Services.</p> <p>Beginning in July 2011 and on an ongoing basis, “mini APR tables” will be provided to CFC offices on a quarterly basis, so that they can monitor performance on Indicators 1, 7, and 8C.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>
<p>Continue to address CFC office, LEA, and EI provider training and parent information needs about the transition process.</p>	<p>Continue participation on the Illinois Birth-5 Transition Guidance Committee and coordination of training efforts with Part B.</p> <p>Resources include Bureau of Early Intervention, ISBE, the Illinois Birth-5 Transition Guidance Committee, and the EI Training Program</p>

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

See Indicator 1 for a description of this process.

(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 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:

- | |
|--|
| <p>A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:</p> <ul style="list-style-type: none"> a. # of findings of noncompliance made related to priority areas. b. # of corrections completed as soon as possible but in no case later than one year from identification. |
|--|

Percent = b divided by a times 100.

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

- | |
|--|
| <p>B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <ul style="list-style-type: none"> a. # of findings of noncompliance made related to such areas. b. # of corrections completed as soon as possible but in no case later than one year from identification. |
|--|

Percent = b divided by a times 100.

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

- | |
|---|
| <p>C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:</p> <ul style="list-style-type: none"> a. # of EIS programs in which noncompliance was identified through other mechanisms. b. # of findings of noncompliance made. c. # 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:

1. Components of Illinois Early Intervention Program's General Supervision System.
 - Data Systems - With the exception of two measures (i.e., reasons for delays in intake past 45 days and delays in one or more services), which are manually reported by CFCs, the Illinois EI Program uses analysis of data from its management information systems to identify noncompliance with monitoring priority areas and indicators. Modifications to these systems will be made to support the measure of new indicators. Monthly, the Department monitors and provides to CFCs data on 29 performance measures.
 - Desk Audits - The statewide data manager analyzes statistics each month. The data manager forwards questions and issues to CFC managers, the Chief of the Bureau or Early Intervention, the Bureaus' CFC liaison staff (i.e., four individuals that provide technical assistance to CFCs), and to the EI Monitoring Program. These individuals work together to identify and resolve issues of noncompliance. Data from subsequent months are used to document the correction of noncompliance.
 - Performance Contracting – For several years, the Department has used a system of performance contracting. In SFY 05, nine measures were used to establish incentive payments as part of performance contracts, with payments made to CFCs that fall in the top 12 for each measure. Basic minimum performance standards are established on four measures that may result in a penalty adjustment if basic performance is not met.
 - On-site Monitoring – In September 2004, the Department selected a vendor for compliance monitoring services to support the EI services system. After staff hiring and training and development of monitoring tools and database, the first CFC was monitored in December 2004. By the end of May 2005, all 25 CFCs participated in a monitoring visit. Corrective action plans were requested, received, reviewed, and approved on all areas of noncompliance found. Verification that corrective action plans have been successful in correcting noncompliance will occur at the next annual visits to the CFCs, which begin in January 2006.
 - Complaints, Mediations, and Hearings - If a parent/guardian disagrees with the Illinois Early Intervention Services System on the 1) identification, 2) evaluation, 3) placement of his/her child, or 4) provision of appropriate early intervention services to his/her child or family, he/she has the right to a timely administrative resolution of his/her concerns. There are 3 options for raising issues. The parent/guardian may 1) request mediation; 2) request an impartial administrative proceeding; or 3) submit a complaint to the lead agency. During the resolution of an impartial proceeding or mediation the child will continue receiving appropriate early intervention services currently being provided or, if the family is applying for initial services, the child will receive the services which are not in dispute, unless there is agreement otherwise.
2. General Supervision System Function
 - Bureau Oversight – The Bureau of Early Intervention, with support of a data manager from the Division of Community Health and Prevention's Performance Support Services unit, coordinates and directs the general supervision system and provides technical assistance. Data have been an integral part of this system for several years, based upon the data systems referenced above. The Chief and staff of the Bureau of Early Intervention oversee the work of the contract entities that are responsible for

credentialing and training of providers, maintenance of MIS systems, central billing office operation, and monitoring functions. In addition, Bureau staff are assigned to specific CFCs to provide technical assistance and follow-up on issues identified through the general supervision system.

- Data Reports – Performance data, described above, is shared within the general supervision system and with the public through several reports. Monthly reports are shared with the CFCs, with follow-up by the data manager or Bureau staff. Quarterly, a report is made to the Illinois General Assembly in which a number of performance measures and system updates are shared and explained. The General Assembly reports are made available to the general public on the Early Intervention web site.
 - CFC Managers' Quarterly Meetings – Every three months, the 25 CFC managers come together for a meeting with Bureau staff. At these meetings, data reports are reviewed and updates are provided by contract entities. New or revised policies and procedures are reviewed and learning opportunities are provided. Work groups are formed to address specific issues and disband when resolution steps are identified.
 - Illinois Interagency Council on Early Intervention (IICEI) Bi-monthly Meetings – The IICEI meets on a bimonthly basis to advise and assist the Bureau in the performance of its responsibilities. During these meetings, the Council and the general public in attendance are provided an update of general supervision activities. The Lead Agency Report, which is distributed at each meeting, provides a defined set of performance data that is reviewed and discussed. Work groups are formed to address specific issues and disband when recommendations are reviewed and approved by the Council.
3. Correction of Noncompliance and Improved Performance.
- Technical Assistance - Bureau staff provide ongoing technical assistance. Four staff members are each assigned specific CFCs and are available to answer questions, provide information, and follow-up on issues identified through general supervision functions. These and other Bureau staff are also assigned responsibilities associated with monitoring and oversight of contract entities that support supervision functions.
 - Required Corrective Action – The EI Monitoring Program requires the submission of a corrective action plan to address any area of noncompliance identified during monitoring visits. These plans are reviewed and approved. Full compliance with the plans will be determined at the next annual monitoring visit. Bureau staff also request, review, approve, and monitor corrective plans that are submitted in response to issues identified through functions which include data review and complaints, mediations and hearings.
 - Performance Contracting - The system of performance contracting described in #1, above, has been most successful in moving the Illinois Early Intervention System toward full compliance with federal requirements. Data elements for incentive funding or penalty adjustments are reviewed and revised on an annual basis to direct improvements in areas of need.
 - Data Reporting – In recent years, the Illinois Early Intervention Program has made excellent use of its data systems. Sharing data analyses with CFCs have resulted in positive system changes. Data sharing with the Council, the General Assembly, and the public through various reports have also influenced policy and performance.

The Illinois' State Performance Plan and APR response to Indicator 9 have been updated to reflect changes in its general supervision system. Illinois has been among the states that defined noncompliance by individual instances, rather than grouping those individual instances as a single finding under an EI services program (i.e., by CFC). In addition, past SPP/APR Indicator 9 documentation had emphasized a broader look at noncompliance in areas other than the monitoring priorities of Indicators 1, 2, 7, 8a, 8b, and 8c.

Illinois' system of data collection, analysis, and reporting has been described under the preceding indicators. This system involves monthly reporting to CFC offices on 32 data elements and the use of selected elements for incentive payments or penalty adjustments as part of a performance contracting system. Currently, Illinois has quarterly penalty adjustments related to noncompliance with indicators 2 (natural settings) and 7 (45-days). System data are also used in setting determinations as required in Section 616 of IDEA. In preparation for full implementation, determination methodology, scores, and designations (i.e., meets requirements, needs assistance, needs intervention, or needs substantial intervention) for FFY 06/SFY 07 have been shared with CFC offices. The EI specialist assigned to each office with noncompliance has met with the CFC office to discuss issues related to noncompliance, as well as help develop strategies to ensure compliance within one year. In FFY 07/SFY 08, Illinois will establish a formal system of written notification, tracking and documentation of correction of noncompliance, and enforcement actions, when indicated.

System data are supplemented by on site monitoring activity. As part of a contractual agreement with the lead agency, the Illinois EI Monitoring Program conducts on-site monitoring visits to the 25 CFC offices. Several elements of the monitoring tool can be tied to priority indicators. Correction of noncompliance reflected by these elements is included in the Indicator C-9 Worksheet, below. Following monitoring visits, CFC offices submit a corrective action plan for approval and areas of noncompliance are reviewed for full compliance at the CFC office's next monitoring visit. In FFY 06/SFY 07, all but one CFC scored favorably on the following item. "There is evidence that the previous fiscal year Corrective Action Plan has been implemented and continues to address areas of violation."

If a CFC is identified in noncompliance under both onsite monitoring and data criteria, both indicators of noncompliance must be corrected. Correction of noncompliance occurs in the following circumstances.

- On-site monitoring shows that a CFC with one or more files that indicate noncompliance during the FFY 05/SFY 06 site visit that has no files that indicate noncompliance during the FFY 06/SFY 07 site visit ; or
- Data improves from below 95 percent (85 percent for Indicator 2) in FFY 05/SFY 06 to above 95 percent (85 percent for Indicator 2) in FFY 06/SFY 07.

Illinois has greatly improved its documentation of findings and correction of noncompliance. In FFY06/SFY07, it expanded the process to utilize its data system. A system of identification and correction of noncompliance was developed, but not fully implemented until FFY07/SFY08, due to delays in sending notification of findings to CFC offices. Findings based on FFY06/SFY07 were sent in February 2008. Findings based on FFY07/SFY08 data were sent in December 2008. Illinois is now on track to provide timely notification and to monitor and document correction of noncompliance. On August 27, 2009, the Bureau sent a single letter to each CFC office that included the CFC office's determination (in accordance with 616(a)(1)(C)(i) and 300.600(a) of IDEA 2004) and the notification of findings of noncompliance, based upon

FFY08/SFY09 data. On September 10, 2010, the Bureau sent a single letter to CFC offices with determinations and notification of findings based upon FFY09/SFY10 data. Illinois has had in place a system to document the correction of each individual case of noncompliance. It has now added “prong 2,” ensuring that CFC offices have correctly implemented the specific regulatory requirement, as defined in OSEP Timely Correction Memo 09-02. A new system of notification of findings and correction of noncompliance is being implemented that will assist the lead agency and the CFC offices in tracking performance and providing adequate notification when a correction has taken place.

When a finding has been identified, the CFC office develops a corrective action plan and implementation is documented. In addition, the following steps are taken.

- **Indicator 1:** CFC offices submit a monthly Service Delay Report. This report includes a status code and date the delay was resolved. Child-specific information was used to determine the status of all instances of noncompliance. Child specific data were accessed through the Service Delay Reporting system, the Cornerstone system, and file reviews. All instances of noncompliance were resolved for reasons that include the following: data entry error, service provided, family declined service, and child no longer in system. The status of findings will be monitored quarterly to verify that a CFC office had implemented the regulatory requirement using monthly statistical reports that show three consecutive months during which the CFC office shows (100%) compliance.
- **Indicator 2:** Illinois uses its data system and a formal system of notification, to identify findings and document correction of noncompliance. In SFY08/FFY09, 5 findings of noncompliance were identified for Indicator 2, with all findings of noncompliance corrected within one year.
- **Indicator 7:** The data system continues to track a child for whom an evaluation/assessment and an initial IFSP meeting were not conducted within Part C’s 45-day timeline. No cases from the findings identified in this report were left unresolved, as indicated in 75-day reports and case-by-case follow-up with CFC offices. The status of findings will be monitored quarterly to verify that a CFC office had implemented the regulatory requirement using monthly statistical reports that show three consecutive months during which the CFC office shows (100%) compliance.
- **Indicator 8A:** File reviews completed as part of CFC office onsite monitoring visits utilize randomly selected files to determine if IFSPs document transition steps and services. As part of a contractual agreement with the lead agency, the Illinois EI Monitoring Program conducts annual on-site monitoring visits to the 25 CFC offices. The number of files to be reviewed in a CFC office is based upon the number of active cases, varying from 20 files in a CFC office with a caseload of less than 200 to 56 files for a caseload between 1,800 and 2,000. The number of files is divided by the number of service coordinators and then files are randomly selected to be representative of each service coordinator’s caseload. In addition to the development and implementation of corrective action plans, child specific correction is documented and correction documented when no files at the subsequent annual monitoring review indicate a finding.

There are several elements of the CFC monitoring file review tool that relate to documentation of the transition process. Transition elements from the CFC monitoring file review tool that reflect compliance with Indicator 8(a) include the following:

- There is evidence that six months prior to the child's third birthday communication began with the family about transition.
 - With informed parental consent, service coordinator notified the child's local educational agency that the child will shortly reach the age of eligibility for preschool services under Part B.
 - Early Intervention to Early Childhood Tracking Form was completed (PA34).
 - Transition Efforts are documented in case notes (CMO4).
- Indicator 8B: No findings of noncompliance have been identified for 8B. Electronic transfer of data to the Illinois State Board of Education/Part B, on the state-level, ensures full compliance.
 - Indicator 8C: CFC offices conducted case file reviews for all children that did not have a transition meeting entered in the Cornerstone system. CFC offices either confirmed through case notes that a transition meeting had been held/transition appropriate completed or that the child was no longer in the jurisdiction of the Early Intervention program. Transition information from the IL State Board of Education was also reviewed to determine the child's transition outcome. The status of findings will be monitored quarterly to verify that a CFC office had implemented the regulatory requirement using monthly statistical reports that show three consecutive months during which the CFC office shows (100%) compliance.

Baseline Data for FFY 2004 (2004-2005):

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification

Priority Area Non-compliance Identified & Corrected within a Year						
		CFCs	CFC w/ Delays	Child Months	Corrected w/in 1 Yr.	% Corr. w/in 1 Yr.
1. % of infants and toddlers with IFSPs who received their early intervention services on their IFSPs in a timely manner.	Monthly Self-Report	25	19	872	872	100.0%
2. % of infants & toddlers with IFSPs for who an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	Data System	25	22	2,230	2,230	100.0%
3. % 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	Data System <i>Meetings/ Potentially Eligible</i>	25	25	1,702	-	0.0%
Total				4,804	3,102	64.6%

SPP Template – Part C (3)

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification

CFC Monitoring Tool Item/Legal Requirement	# CFCs With Findings	# of Findings	Explanation
Service Coordination (case management) – 303.23			
CFC Process & Procedures #25 Every child/family eligible under part C has an assigned service coordinator responsible for serving as a single point of contact and coordinating across agency lines. (review case assignment in Cornerstone)	0	0	No noncompliance found.
Evaluation/Assessment - 303.404 and 303.322			
CFC File Review #8 The Evaluation/Assessment			A corrective action plan has been submitted and approved for all identified noncompliance. A determination of full compliance will be made following the next annual monitoring visit. A total of 755 records were reviewed statewide, with 14 to 62 files reviewed at each of the 25 CFCs, based upon a percentage of the caseload. See the Exceptions to Selected Items chart for CFC-specific data. CFC monitoring tool elements relative to evaluation and assessment demonstrated full compliance in 13 out of the 25 CFCs. Minimal noncompliance was identified in 12 CFCs, with 9 CFCs having fewer than 6 findings and 3 having 11 or more findings (CFC #9 with 11, CFC #10 with 13, and CFC #16 with 26.) Since the number of findings is an unduplicated count, these numbers may represent just a few files with missing information per noncompliant CFC.
1. conducted by appropriately credentialed personnel.	6	8	
2. was based on informed clinical opinion, 30% delay, or medical diagnosis.	4	6	
3. included a review of pertinent record related to the child’s current health status an medical history	3	4	
4. included an evaluation of the child level of functioning in each of the following areas:	7	8	
a. Cognitive development	5	6	
b. Physical development including vision & hearing	4	5	
c. Communication development	7	8	
d. Social and emotional development and	6	7	
e. Adaptive development	3	4	
5. identified the child’s unique strengths and needs and the services appropriate to meet those needs.	3	4	
6. identified the resources, priorities, and concerns of the family and the support services necessary to enhance the family’s capacity to meet the developmental needs of the child.	3	4	
7. was multidisciplinary.	6	8	

SPP Template – Part C (3)

Illinois
State

CFC Monitoring Tool Item/Legal Requirement	# CFCs With Findings	# of Findings	Explanation
CFC File Review #9 The assessment was administered in the native language of the parents and the assessment procedures were nondiscriminatory.	7	10	
CFC File Review #29 The 6-month review documented: 1. the degree to which progress toward achieving the outcomes is being made; 2. whether modifications or revision of the outcomes or services is necessary; 3. documentation of IFSP meeting held with all providers prior to service change/increase.	13	63	
	13	64	
	14	66	
CFC File Review #30 An annual meeting was conducted to evaluate the IFSP and revise as necessary.	3	4	
CFC File Review #31 The results of any current evaluations and other information available from the assessment of the child and family were used to determine what services were needed.	7	8	
CFC File Review #32 The annual IFSP meeting was conducted within 1 year of the initial or previous IFSP meeting. If not justification for extension is documented.	9	16	
CFC File Review #33 IFSP meeting was conducted: 1. in settings and at times that were convenient to family (documentation may be found in CM04 Cornerstone. 2. in the native language of the family; and with input from the appropriate participants, including the parents, service coordinator, members of the assessment team, & current providers.	2	2	
	6	7	
CFC File Review #35 The IFSP was in native language of parents and is understandable to parents.	13	42	

SPP Template – Part C (3)

Illinois

State

CFC Monitoring Tool Item/Legal Requirement	# CFCs With Findings	# of Findings	Explanation
Content of an IFSP – 303.344			
<p>CFC File Review #37 The IFSP includes a statement of the child's present level of physical development (including vision, hearing, and health status); cognitive, communication, social/emotional and adaptive development.</p>	5	6	A corrective action plan has been submitted and approved for all identified noncompliance. A determination of full compliance will be made following the next annual monitoring visit. A total of 755 records were reviewed statewide, with 14 to 62 files reviewed at each of the 25 CFCs, based upon a percentage of the caseload. See Exceptions to Selected Items chart for CFC-specific data.
<p>CFC File Review #38 The IFSP contains a statement of natural environments in which early interventions services shall be provided: a justification of the extent, if any, to which the service(s) are provided in non-natural settings.</p>	12	87	Noncompliance indicated in 12 CFCs to monitoring tool item #38 reflects challenges that Illinois has faced with services in natural environments, particularly in areas of the state with a strong center-based provider pool, and documentation of appropriate justification. During the last year, the Illinois Interagency Council on Early Intervention helped sponsor a training session in two locations, bringing in national speakers to address natural learning environments. The Council also held a strategic planning session to discuss ongoing efforts to support compliance with natural environments in Illinois. See discussion of indicator #2 for additional information.

SPP Template – Part C (3)

CFC Monitoring Tool Item/Legal Requirement	# CFCs With Findings	# of Findings	Explanation
			<p>In a June 30, 2005 memo from the Chief of the Bureau of Early Intervention, policies for the use of the fund source column in the IFSP document were clarified. (See item 41.4.) The clarification directed service coordinators to document the payer, or the steps being taken to secure a payer, for any supports/serves that are not authorized under Part C.</p>

SPP Template – Part C

Exceptions to Selected Questions – CFCs - Revised 10/5/05

Question	Statewide	CFC 1	CFC 2	CFC 3	CFC 4	CFC 5	CFC 6	CFC 7	CFC 8	CFC 9	CFC 10	CFC 11	CFC 12	CFC 13	CFC 14	CFC 15	CFC 16	CFC 17	CFC 18	CFC 19	CFC 20	CFC 21	CFC 22	CFC 23	CFC 24	CFC 25
Records	755	28	40	21	35	26	44	48	51	40	36	62	32	20	19	54	23	14	16	24	22	26	22	15	15	22
025.00.	0																									
008.01.	8					1	1		2	1	1						2									
008.02.	6								1	1	2						2									
008.03.	4									1	1						2									
008.04.a	8						1	1		1	1	1					2									1
008.04.b	6							1		1	1						2									1
008.04.c	5							1		1	1						2									
008.04.d	8						1	1		1	1	1					2									1
008.04.e	7						1			1	1	1					2									1
008.05.	4									1	1						2									
008.06.	4									1	1						2									
008.07.	8				1					1	1	1					3			1						
009.00.	10				1			1			1	2					3		1							1
028.00.	74		2	1	5	2	2	7	9	17	6	7	2			4	4		2						1	3
029.01.	63		3	1	7		3	6	6	16	3	6	1			3	5									3
029.02.	64		3	1	7		3	6	7	16	3	6	1			3	5									3
029.03.	66		4	1	7	1	2	7	9	16	3	5	1			3	4									3
030.00.	4				1			1	2																	
031.00.	8				1		1	1	1	1							2								1	
032.00.	16			1	1			2	4		3	2	1				1			1						
033.01.	2																1									1
033.02.	7		1		1		1					2					1									1
035.00.	42		5	1	1	1	2	2	6	6	3	11				1	2									1
037.00.	6							2	1		1						1									1
038.00.	87				8	1	2	6	13	27	11	5	4			2	1									7
039.00.	6							1	2		2						1									
040.00.	8							2	2		2						2									
041.01.	6							2	1		2						1									
041.02.	5		1					2	1								1									
041.03.	15				1			2	1		9						1									1
041.04.	76		4	1				6	9	16	10	6	9			6	1	1	1			2			3	1
Total	633	0	23	7	42	6	20	60	77	126	71	56	19	0	0	22	60	1	4	2	0	2	0	1	4	30

- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification = 100 percent

No findings of noncompliance were identified through the 6 complaints received during the period July 1, 2003 through June 30, 2004.

Discussion of Baseline Data:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.
1. During SFY 04/FFY 03, 19 of Illinois CFCs experienced at least one delay in finding an able and willing provider for at least one service for a child within 30 days. Of those, three experienced no problems in SFY 05/FFY 04. These delays involved a total of 872 child months, which represented 0.6% of the total for the year. The actual number of children involved was lower because delays lasting more than one month are counted multiple times. In most cases the delays were resolved within one or two months. In no case did a delay exceed one year.
 2. During SFY 04/FFY 03, 22 of the Illinois 25 CFCs failed to complete an initial IFSP within the required 45 days. The total number of cases that took more than 45 days was 2,320. As was documented under Indicator 7, all but 30 of those cases were overdue for family reasons, although Illinois does not make that distinction in its oversight of CFCs. All but a few of CFCs completed FFY 04/FFY 03 without a single IFSP taking more than 45 days for system reasons. There were only 261 instances where a case spent over 75 days in intake and a number of those proved to be false cases caused by data errors. In almost no instance did a case go past 45 days by more than two months and none remained unresolved for more than a year.
 3. The original submission of the SPP regarding transition meetings being held is being revised in conjunction with the FFY 05 APR submission. One reason for the change is the determination that the same data was being kept in two different parts of the Cornerstone data system. In most cases information on a child was only kept in one of the two places. The revision now reflects unduplicated data from both tables. During the FFY 04/SFY 05 baseline period, documentation of transition meetings did not exist for 1,702 children deemed potentially eligible. This included children from all 25 CFCs. EI had no capacity to follow-up on these cases in a systematic way. That capacity now does exist thanks to the data sharing agreement with ISBE and its efforts to require LEAs to report back when EI reports that eligibility was not determined.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification.

The data table provided under Baseline Data for FFY 2004 (2004-2005) (B) summarizes information collected in the first round of annual, on-site monitoring visits to the 25 CFCs conducting during year one of a contractual agreement with the EI Monitoring Program. Items are grouped under the Part C requirements 1) Service Coordination, 2) Evaluation/Assessment, and 3) Procedures for IFSP Development, Review, and Evaluation, and 4) Content of an IFSP. A corrective action plan has been submitted and approved for all areas of noncompliance. Full compliance will be determined at during the second round of on-site monitoring visits to the CFCs scheduled to begin in January 2006.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification

No findings of noncompliance identified.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2006 (2006-2007)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2007 (2007-2008)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2008 (2008-2009)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2009 (2009-2010)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2010 (2010-2011)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2011 (2011-2012)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.
2012 (2012-2013)	100 percent of system issues identified as noncompliant will be corrected within one year of identification.

Improvement Activities/Timelines/Resources:

For measurement area A, please refer to the steps outlined under Indicators 1, 7 and 8 as appropriate.

#	Activity	Timelines	Resources
1	Enhance the EI Monitoring Program’s role in following-up areas of noncompliance.	01/06	Include documentation of corrections completed as part of annual CFC monitoring process
		01/06	EI Monitoring staff will assume responsibility for receiving and monitoring corrective action plans resulting from written complaints.
2	Enhance training efforts directed at CFC staff to decrease incidence of noncompliance.	01/06	Pilot new resources to provide on-line training opportunities.
		06/06	Develop and a series of training modules for service coordinators. The modules will be a combination of on-line learning opportunities followed by one-day, face-to-face interactive sessions to address the four Early Intervention core knowledge areas. The modules will be piloted beginning 7/06 and then modified to include policy, procedure, and MIS system training for new service coordinators.
3	Maintain correction of compliance through components of the General Supervision System, as defined above, including data systems, desk audits, performance contracting, on-site monitoring, and the compliant, mediation and hearing processes.		
4	Implement the compliance determination criteria established by OSEP (i.e., meets requirements, needs assistance, needs intervention, needs substantial intervention) with CFC offices	7/1/07	The Bureau will use established criteria to make a compliance determination for each CFC office. These criteria will be measured using a CFC office’s average performance over 4 quarters on the nine areas for which the program grants incentives and upon documentation of correction of noncompliance, as identified by the CFC monitoring tool.
5	Establish a formal system of written notification, tracking and documentation of correction of noncompliance, and enforcement actions, when indicated.	7/1/08	

6	Data for a 12-month period ending on a selected date will be used for the identification of findings of noncompliance. CFC offices will be notified of findings in writing. Corrective action plans will be submitted, reviewed, and approved or revisions made, when necessary. Implementation of corrective action plans will be monitored to ensure that correction of noncompliance can be documented within one year.	Annually	
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The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
Additional data will be provided to CFC offices so they can monitor compliance with transition requirements and address child-specific and system issues in a timely way.	<p>Beginning in January 2011 and on an ongoing basis, a system will be implemented that will provide a monthly list to each CFC office of all children that have not had transition meetings</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p> <p>Beginning in July 2011 and on an ongoing basis, "mini APR tables" will be provided to CFC offices on a quarterly basis, so that they can monitor performance on Indicators 1, 7, and 8C.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>
In addition to making findings to CFC offices based upon dispute resolution, complaints and hearings and reporting them in Indicator 9 of the APR, findings will also include those made to individual service providers. The provider will be notified of the finding and child -specific correction of the violation will be ensured. When broader non-compliance exists, the provider will be required to submit and implement a corrective action plan to ensure that the policy, procedure, or practice that led to the noncompliance has been corrected so that future provision of services to other children are compliant.	<p>This will be implemented in FFY10/SFY11 as part of the finding notification process and will continue as an ongoing strategy.</p> <p>Resources include the Bureaus of Early Intervention and the EI Monitoring Program.</p>

<p>Illinois Part C is implementing a coordinated system of finding notification and correction. On a quarterly basis, data will be reviewed to ensure that implementation of corrective action plans have been documented, child specific correction has taken place, and CFC offices demonstrate three consecutive months with 100 percent compliance. When compliance with OSEP Timely Correction Memo 09-02 is present, CFC offices will be notified that correction of a finding has taken place. The program will also communicate with the EI Monitoring Program to track and document correction of noncompliance for 8A that has been identified through file reviews as part of the on-site CFC office review process. The system will also track correction of noncompliance identified based upon dispute resolution, complaints and hearings.</p>	<p>This will be implemented in FFY10/SFY11 as part of the finding notification process and will continue as an ongoing strategy.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services and the EI Monitoring Program.</p>
<p>Illinois will use a full 12 months of data for the identification of findings for Indicator 1.</p>	<p>This will be implemented in FFY10/SFY11 as part of the finding notification process and will continue as an ongoing strategy.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>
<p>Additional data will be provided to CFC offices so they can monitor service delays and address child-specific and system issues in a timely way.</p>	<p>Beginning in July 2011 and on an ongoing basis, “mini APR tables” will be provided to CFC offices on a quarterly basis, so that they can monitor performance on Indicators 1, 7, and 8C.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement:

Percent = $(1.1(b) + 1.1(c))$ divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

Individuals or organizations may file written, signed complaints with the Illinois Department of Human Services (DHS) stating that the State has violated a law or rule regarding the Part C Early Intervention program. The statement must contain the facts that support the complaint. DHS has 60 days from receipt of the complaint to investigate and issue a written decision to the Complainant and interested parties, addressing each allegation in the complaint. During this time, DHS may carry out an independent onsite investigation and must give the Complainant an opportunity to submit additional information, either orally or in writing, about the allegations made in their complaint.

After reviewing all relevant information DHS must issue a written decision addressing each allegation in the complaint and contain findings of facts as well as conclusions, the reason for the final decision, if the complaint was found to be valid, and procedures to correct the cause(s) of the complaint. If a complaint raises issues previously decided under an impartial hearing request, the hearing decision is binding. If a complaint is the subject of a hearing request that is not yet finished, the matter will be set aside until the hearing is resolved. A complaint alleging a public agency's or private service provider's failure to implement an impartial hearing decision must be resolved by the lead agency.

The alleged violation must have occurred not more than one year before the date the complaint is received by DHS unless a longer period is reasonable because: 1) the alleged violation continues for that child or other children; 2) the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the complaint is received.

Parents are informed of the process described above in the STATE OF ILLINOIS INFANT/TODDLER & FAMILY RIGHTS UNDER IDEA FOR THE EARLY INTERVENTION SYSTEM booklet. This booklet is given to parents at intake, when services are changed or discontinued, when a child is found ineligible at the annual determination, and upon request. The document is also available on the DHS/Early Intervention web site. Parent may use forms made available by CFC staff to initiate 1) administrative resolution of a complaint by an impartial

hearing officer, 2) investigation of a state complaint, and 3) mediation. These forms are also available to the public on the Early Intervention Monitoring Program’s web site.

A Bureau of Early Intervention staff person is assigned a complaint as it is identified and follows the complaint process through the completion of resolution steps. The Chief of the Bureau of Early Intervention assigns and monitors these activities and identifies issues and tends that need to be addressed systemically.

Baseline Data for FFY 2004 (2004-2005):

Total Number of:	7/1/04-6/30/05	7/1/03-6/30/04	7/1/02-6/30/03	7/1/01-6/30/02
Complaints	29	6	3	11
Mediation Requests	0	3	1	40
Hearing Requests	0	1	2	16

	7/1/04-6/30/05	7/1/03-6/30/04
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	100	100

Discussion of Baseline Data:

After remaining relatively flat from 2002–2003 through 2003–2004, an increase was seen in the overall number of complaints in 2004–2005. First, 12 of the complaints (41%) dealt with a single CFC. Follow-up revealed noncompliance in five of the 12 complaints and a corrective action plan is pending. Second, six of the complaints (21%) were the result of a shortage of transportation providers reported in one CFC area. Technical assistance was provided and steps taken to procure services through a provisional authorization process while a new provider became enrolled in the program. Options for families to receive services in natural environments were also made available.

As you can see from the above data, complaints, rather than mediation or hearings, have been used by families to resolve issues with the system. The drop in the total number of complaints from 2001-2002 to 2002–2003 can be attributed to the change of the quality assurance process from the use of quality enhancement teams to initial evaluators that meet experience and training criteria.

One hundred percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint indicates timely completion of the complaint process in both 2003-2004 and 2004-2005. There were two areas of exceptional circumstances. One pending complaint was delayed for an English translation of the complaint and a Spanish translation of its resolution. Fourteen responses were delayed due to staffing issues in the Bureau, which have since been resolved.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2006 (2006-2007)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2007 (2007-2008)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2008 (2008-2009)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2009 (2009-2010)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2010 (2010-2011)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2011 (2011-2012)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.
2012 (2012-2013)	100 percent of all signed written complaints with reports issued will be resolved within the 60-day timeline or the timeline will be extended for exceptional circumstances with respect to a particular complaint.

Improvement Activities/Timelines/Resources:

- Two new staff joined the Bureau of Early Intervention in May 2005, with the addition of a third staff person in July 2005. The additional staff resources brings the Bureau to its full staffing level (9 staff) and will improve the Bureau’s efforts in providing timely resolution of complaints.
- Staff will continue to ensure signed, written complaints are resolved within the 60-day timeline.

The improvement activities described in the SPP are ongoing efforts.

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

(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:

Impartial administrative proceeding is similar to a court hearing. An impartial hearing officer having knowledge about Early Intervention Program or IDEA, and the needs of and services available for eligible children and families will act as a judge. Parties to the dispute have the following rights:

- a. To be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
- b. To present evidence and confront, cross examine, and compel the attendance of witnesses;
- c. To prohibit the introduction of any evidence at the hearing that has not been disclosed to you at least five days before the proceeding;
- d. To obtain written or, at the option of the parents, electronic verbatim (word by word) record of the hearing; and
- e. To obtain written or, at the option of the parents, electronic finding of facts and decisions (which shall be transmitted to the Illinois Interagency Council on Early Intervention and be made available to the public without personally identifying information).

The parents have the right to have the child who is the subject of the hearing present, to have the hearing open to the public, and to have the record of hearing, findings and decisions at no cost.

The hearing must be held at a time and place that is reasonably convenient to the parents and child involved.

No later than 45 days after receipt of the request for an impartial administrative proceeding, the proceeding must be completed and a written decision of the hearing officer will be mailed to the parties. A hearing officer may grant an extension of the 45-day time period at the request of

either party. This decision is binding on the parties unless it is changed upon appeal of the State or Federal Court. The right to appeal and the process for appeal is set forth in section 680(1) of IDEA (20 USC § 1480 (1)). Any party aggrieved by the hearing officer's decision may so appeal the decision.

Impartial means that the person:

- a. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and
- b. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement disagreement resolution.

Parents are informed of the process described above in the STATE OF ILLINOIS INFANT/TODDLER & FAMILY RIGHTS UNDER IDEA FOR THE EARLY INTERVENTION SYSTEM booklet. This booklet is given to parents at intake, when services are changed or discontinued, when a child is found ineligible at the annual determination, and upon request. The document is also available on the DHS/Early Intervention web site. Parent may use forms made available by CFC staff to initiate 1) administrative resolution of a complaint by an impartial hearing officer, 2) investigation of a state complaint, and 3) mediation. These forms are also available to the public on the Early Intervention Monitoring Program's web site.

A Bureau of Early Intervention staff person is assigned a hearing request as it is identified and follows the hearing process through the completion of resolution steps. The Chief of the Bureau of Early Intervention assigns and monitors these activities and identifies issues and tends that need to be addressed systemically.

Baseline Data for FFY 2004 (2004-2005):

Total Number of:	7/1/04-6/30/05	7/1/03-6/30/04	7/1/02-6/30/03	7/1/01-6/30/02
Complaints	29	6	3	11
Mediation Requests	0	3	1	40
Hearing Requests	0	1	2	16

	7/1/04-6/30/05	7/1/03-6/30/04
Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	No hearings fully adjudicated	No hearings fully adjudicated

Discussion of Baseline Data:

As you can see from the above data, complaints, rather than mediation or hearings, have been used by families to resolve issues with the system.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2006 (2006-2007)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2007 (2007-2008)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2008 (2008-2009)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2009 (2009-2010)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2010 (2010-2011)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2011 (2011-2012)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.
2012 (2012-2013)	100 percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable time frame.

Improvement Activities/Timelines/Resources:

- Two new staff joined the Bureau of Early Intervention in May 2005, with the addition of a third staff person in July 2005. The additional staff resources brings the Bureau to its full staffing level (9 staff) and will improve the Bureau's efforts to fully adjudicate due process hearing requests in a timely way.

- Staff will continue to ensure signed, written complaints are resolved within the 60-day timeline.

The improvement activities described in the SPP are ongoing efforts.

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process. The EI Program will make the Illinois APR and SPP available on its web site and through links from the other EI web sites (the Illinois Early Intervention Training Program; Provider Connections, the Early Intervention credentialing office; and the Early Childhood Intervention Clearinghouse). The APR and SPP documents will also be available to the public at each of the 25 CFC offices.

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:

Impartial administrative proceeding is similar to a court hearing. An impartial hearing officer having knowledge about Early Intervention Program or IDEA and the needs of and services available for eligible children and families will act as a judge. Parties to the dispute have the following rights:

- a. To be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
- b. To present evidence and confront, cross examine, and compel the attendance of witnesses;
- c. To prohibit the introduction of any evidence at the hearing that has not been disclosed to you at least five days before the proceeding;
- d. To obtain written or, at the option of the parents, electronic verbatim (word by word) record of the hearing; and
- e. To obtain written or, at the option of the parents, electronic finding of facts and decisions (which shall be transmitted to the Illinois Interagency Council on Early Intervention and be made available to the public without personally identifying information).

The parents have the right to have the child who is the subject of the hearing present, to have the hearing open to the public, and to have the record of hearing, findings and decisions at no cost.

The hearing must be held at a time and place that is reasonably convenient to the parents and child involved.

No later than 45 days after receipt of the request for an impartial administrative proceeding, the proceeding must be completed and a written decision of the hearing officer will be mailed to the parties. A hearing officer may grant an extension of the 45-day time period at the request of either party. This decision is binding on the parties unless it is changed upon appeal of the State or Federal Court. The right to appeal and the process for appeal is set forth in section 680(1) of IDEA (20 USC § 1480 (1)). Any party aggrieved by the hearing officer's decision may so appeal the decision.

Impartial means that the person:

- a. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and
- b. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement disagreement resolution.

Parents are informed of the process described above in the STATE OF ILLINOIS INFANT/TODDLER & FAMILY RIGHTS UNDER IDEA FOR THE EARLY INTERVENTION SYSTEM booklet. This booklet is given to parents at intake, when services are changed or discontinued, when a child is found ineligible at the annual determination, and upon request. The document is also available on the DHS/Early Intervention web site. Parent may use forms made available by CFC staff to initiate 1) administrative resolution of a complaint by an impartial hearing officer, 2) investigation of a state complaint, and 3) mediation. These forms are also available to the public on the Early Intervention Monitoring Program's web site.

Baseline Data for FFY 2004 (2004-2005):

No hearing requests were received from July 1, 2005 – June 30, 2006. States are not required to establish baseline or targets if the number of resolution sessions is less than 10.

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2006 (2006-2007)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2007 (2007-2008)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2008 (2008-2009)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2009 (2009-2010)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.

2010 (2010-2011)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2011 (2011-2012)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.
2012 (2012-2013)	States are not required to establish baseline or targets if the number of resolution sessions is less than 10.

Improvement Activities/Timelines/Resources:

- In June 2006, the Department of Human Services issued a request for proposals (RFP) to identify and contract with individuals qualified to serve as an Impartial Hearing Officers for the Illinois Early Intervention Program. The RFP resulted in contracts for the fiscal year July 1, 2006 – June 30, 2007 and allows for renewal of the contracts for up to two additional one-year periods. Staff from the Bureau and the Illinois Early Intervention Training Program provided a one-day training for the selected hearing officers.
- Hearing requests that go to resolution session will be tracked by the program through a database specifically designed for this purpose. Legal staff of the Lead Agency will facilitate the development and negotiation of all resolution session arguments.
- A Bureau of Early Intervention staff person is assigned a hearing request as it is identified and follows the hearing process through the completion of resolution steps. The Chief of the Bureau of Early Intervention assigns and monitors these activities and identifies issues and trends that need to be addressed systemically.

The improvement activities described in the SPP are ongoing efforts.

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

See Indicator 1 for a description of this process.

(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 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:

Mediation is an alternative to the more formal and adversarial administrative proceeding. Mediation must be voluntary and freely agreed to by the parties who are in dispute (the family, the local provider, the CFC and/or the lead agency). Parents and the parties with whom they are disputing are not required to use mediation. Mediation may not be used to deny or delay your right to a hearing or other rights under Part C or IDEA.

Mediation must be conducted by a qualified impartial mediator trained in effective mediation techniques. The mediator may only help the parties communicate and come to agreement but may not force or order a resolution of the dispute. The State must bear the cost of the mediation process. Each session in the mediation shall be scheduled in a timely manner and held in a location convenient to the parties. Any agreement reached must be set forth in a written mediation agreement.

Discussions that occur during mediation shall be confidential and may not be used in subsequent administrative or court hearings.

Parents are informed of the process described above in the STATE OF ILLINOIS INFANT/TODDLER & FAMILY RIGHTS UNDER IDEA FOR THE EARLY INTERVENTION SYSTEM booklet. This booklet is given to parents at intake, when services are changed or discontinued, when a child is found ineligible at the annual determination, and upon request. The document is also available on the DHS/Early Intervention web site. Parent may use forms made available by CFC staff to initiate 1) administrative resolution of a complaint by an impartial hearing officer, 2) investigation of a state complaint, and 3) mediation. These forms are also available to the public on the Early Intervention Monitoring Program's web site.

A Bureau of Early Intervention staff person is assigned a mediation request as it is identified and follows the mediation process through the completion of resolution steps. The Chief of the Bureau of Early Intervention assigns and monitors these activities and identifies issues and trends that need to be addressed systemically.

SPP Template – Part C

Illinois

State

Baseline Data for FFY 2004 (2004-2005):

Total Number of:	7/1/04-6/30/05	7/1/03-6/30/04	7/1/02-6/30/03	7/1/01-6/30/02
Complaints	29	6	3	11
Mediation Requests	0	3	1	40
Hearing Requests	0	1	2	16

	7/1/04-6/30/05	7/1/03-6/30/04
Percent of mediations held that resulted in mediation agreements.	No mediations were requested.	33%

Discussion of Baseline Data:

As you can see from the above data, complaints, rather than mediation or hearings, have been used by families to resolve issues with the system.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	90 percent of mediations held will result in mediation agreements.
2006 (2006-2007)	91 percent of mediations held will result in mediation agreements.
2007 (2007-2008)	92 percent of mediations held will result in mediation agreements.
2008 (2008-2009)	93 percent of mediations held will result in mediation agreement.
2009 (2009-2010)	94 percent of mediations held will result in mediation agreement.
2010 (2010-2011)	95 percent of mediations held will result in mediation agreement.
2011 (2011-2012)	95 percent of mediations held will result in mediation agreements.
2012 (2012-2013)	95 percent of mediations held will result in mediation agreements.

Since baseline data and data for subsequent years included less than 10 mediations per year, it did not seem reasonable to continue to propose targets, as they probably should not have initially been established. It was not clear if OSEP would allow this change. As a result, it was determined to keep the 2011 and 2012 target values at the FFY2010/SFY2011 level of 95%.

Improvement Activities/Timelines/Resources:

- Two new staff joined the Bureau of Early Intervention in May 2005, with the addition of a third staff person in July 2005. The additional staff resources brings the Bureau to its full staffing level (9 staff) and will improve the Bureau's efforts in providing timely resolution of mediation requests.
- Staff will continue to ensure that due process hearing will be fully adjudicated within the applicable timeframes.

The improvement activities described in the SPP are ongoing efforts.

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

Overview of the State Performance Plan Development:

See Indicator 1 for a description of this process.

(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, are:

- a. Submitted on or before due dates (February 1 for child count, including race and settings; and November 1 for dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement. States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator (see Attachment B).

Overview of Issue/Description of System or Process:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and

Records indicate full compliance with submitting the above-mentioned reports on the required dates of February 1 and November 1. State reported data reports are submitted electronically, via E-mail.

- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

With the exception of two measures (i.e., reasons for delays in intake past 45 days and delays in one or more services), which are manually reported by CFCs, Illinois’ Cornerstone and EI Central Billing Office (EI-CBO) systems include almost all client data and billing information. Few data elements are housed only locally. These systems allow CFC staff to record client demographic, assessment, family fee, and provide service authorizations. To be accepted by the system, data must pass a series of edits. Authorizations are processed for payment by the EI-CBO, which also verifies and enters insurance information.

A variety of edit rules require data to be internally consistent or coordinators are required to take additional steps to correct it. CFCs are limited to how much the system information can be altered to correct errors. There is a HEAT ticket system that requires CFC to request data changes to address specific data entry errors. The CFC manager must approve these requests. Service coordinators take laptops into family’s homes to conduct intake and IFSP meetings, when appropriate. This means that data related to the case is entered immediately, minimizing various data retention and entry errors.

The Illinois EI Program uses analysis of data from its management information systems to support accurate and timely data entry. Monthly, the Department monitors and provides to CFCs data on 29 performance measures. These data are discussed at quarterly CFC managers' meetings. In SFY 05, nine measures were used to establish incentive payments as part of performance contracts, with payments made to CFCs that fall in the top 12 for each measure. Basic minimum performance standards are established on four measures that may result in a penalty adjustment if basic performance is not met.

The monthly statistical reports, combined with the performance-contracting framework, create an environment that fosters attention to detail in regards to data entry. Most measures carry a 1-25 ranking of the CFCs against each other. No CFC wants to be near or at the bottom, even if it is a measure that does not carry incentive funding. This requires CFCs to make sure data is entered in a timely and accurate way.

The Statewide Data Manager reviews statistics each month to find oddities that merit further review. He forwards questions to the Program Coordinator and her staff, to Cornerstone staff, to the EI Monitoring Program, or to CFCs, as appropriate. Rapid changes in performance by particular CFCs raise questions, as does performance that is out of line with that of similar CFCs. This attention is intended to help identify and address downward trends early, to help highlight successful changes in practice, and to identify possible data manipulation. Questions to Cornerstone in particular help find problems in the data or help make refinements in how reports are calculated and used.

Implementation of the EI Monitoring Program has given the program another level on which it can review data for accuracy. EI Monitoring has reviewed all CFCs and checked a variety of details in the paper files to determine if they agree data entered in the Cornerstone system. For instance, IFSP dates were checked for consistency between the paper file copy and entries in the system.

All new service coordinators must apply for an Early Intervention credential, which is granted based upon the applicant holding an appropriate degree, as defined in state rule. A new employee is not issued a Cornerstone ID, which allows data entry into the system, until an Early Intervention credential is awarded, initiating a 90-day period in which the service coordinator must attend two three-day training sessions. The first session is a systems overview. The second provides instruction on the use of the Cornerstone system in context with the policies and procedures for service coordination. Additional training activities for new service coordinators occur onsite at the CFC. When any changes to the Cornerstone system are made, service coordinators are notified of these changes through on-line notices and explanations.

The Illinois Cornerstone system is a statewide database application that is used by all Child and Family Connections (CFC) offices. The application includes a number of edit checks on numeric data, character data, and data fields, as well as content-specific edit checks and logical consistency checks. The design of the Cornerstone system, including all of the edit and logical consistency checks help ensure the quality and consistency of the data.

Several other controls and checks have also been implemented.

- Monthly, CFC offices receive an Early Intervention statistical report, which includes 32 data elements. These reports are reviewed and analyzed by each CFC office and by the lead agency. These reports have been used to identify and quickly resolve data problems.

- Quarterly, CFC offices receive other data reports from the lead agency that are used to facilitate data review for accuracy. For example, CFC offices receive a report which lists the names of children in the program that are not enroll in the state Medicaid/Child Health Insurance Program and do not have a family fee. CFC office are asked to research each case to ensure that an application to the state Medicaid/Child Health Insurance Program is submitted or a family fee is assessed, when appropriate.
- CFC offices have the capacity to establish and run data reports directly from the system to meet their own quality assurance needs.
- Cornerstone provides a series of edit rights so that a service coordinator or his/her supervisor can correct data under specified circumstances. Corrections that fall outside these guidelines must be address through the HEAT ticket process, with each request reviewed and approved by Bureau staff. These requests are monitored and technical assistance is provided to CFC staff, when indicated.
- Each CFC office received an on-site monitoring visit during which monitoring staff reviewed both electronic and hard-copy files to verify that required data elements were correctly entered/ documented.
- All new service coordinators receive training on use of the Cornerstone system. Training on system modifications or procedure clarifications are provided to all service coordinators, when needed.

Baseline Data for FFY 2004 (2004-2005):

Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution)

Report For	Date Due	Date Sent	Mechanism for Assuring Deadlines were met
December 1, 2004 Child count, including race and ethnicity, settings	February 1, 2005	January 31, 2005	E-mail Confirmation
December 1, 2003 Exiting, personnel, dispute resolution	November 1, 2004	October 29, 2004	E-mail Confirmation, Overnight delivered & Fax Confirmation
December 1, 2002 Exiting, personnel, dispute resolution	November 1, 2003	October 30, 2003	E-mail Confirmation
December 1, 2001 Exiting, personnel, dispute resolution	November 1, 2002	October 31, 2002	Overnight delivered & E-mail confirmation

Discussion of Baseline Data:

- Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution)

The Bureau of Early Intervention was able to document through E-mail confirmations that required information was submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution) during the 2004 – 2005 time-period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of state reported data will be timely and accurate.
2006 (2006-2007)	100 percent of state reported data will be timely and accurate.
2007 (2007-2008)	100 percent of state reported data will be timely and accurate.
2008 (2008-2009)	100 percent of state reported data will be timely and accurate.
2009 (2009-2010)	100 percent of state reported data will be timely and accurate.
2010 (2010-2011)	100 percent of state reported data will be timely and accurate.
2011 (2011-2012)	100 percent of state reported data will be timely and accurate.
2012 (2012-2013)	100 percent of state reported data will be timely and accurate.

Improvement Activities/Timelines/Resources:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution)
 - A system will be established and maintained to track State reported data, including 618 data, State performance plan, and annual performance reports.
- b. Accurate (describe mechanisms for ensuring accuracy)
 - Two new staff joined the Bureau of Early Intervention in May 2005, with the addition of a third staff person in July 2005. The additional staff resources brings the Bureau to its full staffing level (9 staff) and will improve the Bureau’s capacity to provide technical assistance and support to CFCs to maintain data integrity and to follow-up any issues identified during monthly data analysis and reporting.
 - Strategies are being considered to reformat the required service coordination training, including the use of the Cornerstone system. Methodologies, including online, rather than face-to-face, training sessions are being considered. Use of this technology may be used to address future MIS system training needs for current service coordinators.

The improvement activities described in the SPP are ongoing efforts. The following are new improvement activities to be implemented through FFY12/SFY13.

New Improvement Activity	Timelines & Resources
Access to Early Intervention Cornerstone data will be improved to expedite the process of generating reports. Currently, Cornerstone is not a stand-alone system for EI, but is inclusive of other community health programs, which make it less flexible.	By July 1, 2011, Business Objects will be implemented, which will provide a more efficient way to access EI Cornerstone data directly. The process will create a “universe” that will consist of only EI data. EI data can then be queried from information specific to EI, rather than querying the entire Cornerstone system and then sorting EI data from other program data. Resources include the Bureaus of Early Intervention and Performance Support Services.

<p>Additional data will be provided to CFC offices so they can monitor compliance with Indicators 1, 7 and 8C and address child-specific and system issues in a timely way.</p>	<p>Beginning in January 2011 and on an ongoing basis, a system will be implemented that will provide a monthly list to each CFC office of all children that have not had transition meetings. Resources include the Bureaus of Early Intervention and Performance Support Services.</p> <p>Beginning in July 2011 and on an ongoing basis, “mini APR tables” will be provided to CFC offices on a quarterly basis, so that they can monitor performance on Indicators 1, 7, and 8C.</p> <p>Resources include the Bureaus of Early Intervention and Performance Support Services.</p>
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Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act Complaints, Mediations, Resolution Sessions, and Due Process Hearings

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	29
(1.1) Complaints with reports issued	27
(a) Reports with findings	12
(b) Reports within timeline	13
(c) Reports within extended timelines	14
(1.2) Complaints withdrawn or dismissed	1
(1.3) Complaints pending	1
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline	0
SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0

Rod R. Blagojevich, *Governor*Carol L. Adams, Ph.D., *Secretary*

Illinois Department of Human Services

222 South College, 2nd Floor, Springfield, IL 62704**MEMORANDUM**

TO: Early Intervention Providers

FROM: Janet D. Gully, Chief
Bureau of Early Intervention

RE: Natural Environments

DATE: July 1, 2005

The purpose of this memorandum is to clarify the requirements to provide early intervention services in natural learning environments. This is not a new requirement. The Department of Education, Office of Special Education Programs' 1989 regulations initially implementing the 1986 Part H law required that, to the extent appropriate, early intervention services take place in settings in which children without disabilities participate. In the 1991 Amendments to Part H, Congress added the requirement of "natural environments" as part of the definition of early intervention services as well as making it a required element of the IFSP. The IDEA 1997 Amendments further strengthened the requirements related to provision of services in the natural environment by requiring States to: (1) develop and articulate specific policy and procedures for the provision of early intervention services in natural environments (34 CFR 303.167 (c)) and (2) include in the IFSPs a justification of the extent, if any, to which the services will not be provided in a natural environment (34 CFR 303.344 (d) (1) (ii)).

Part C requires, that "to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." (See 34 CFR 303.12(b)). By federal definition, natural environments mean "settings that are natural or normal for the child's age peers who have no disabilities." (34 CFR 303.18). Therefore, the provision of early intervention services in natural learning environments is not just a guiding principle but also a requirement of the law.

The Individuals with Disabilities Education Improvement Act of 2004 amended section 635(a)(16)(B) to read:

A statewide system described in section 633 shall include, at a minimum, the following components:

- (16) Policies and procedures to ensure that, consistent with section 636 (d) (5)
- (2) the provision of early intervention services for any infant or toddler *with a disability* occurs in a setting other than a natural environment *that is most appropriate, as determined by the parent and the individualized family service plan team*, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. (Italicized words denote amendments to the IDEA)

The Conference Report states:

The legislation amends current law to recognize that there may be instances when a child's individualized family service plan cannot be implemented satisfactorily in the natural environment. The Conferees intend that in these instances, the child's parents and the other members of the individualized family service plan team will together make this determination and then identify the most appropriate setting in which early intervention services can be provided.

H.R. Conf. Rep. No 108-779, at 238

OSEP has had a longstanding interpretation of the IDEA that early intervention services must be provided in a natural environment, unless a written justification exists for providing these services in other settings. Because Part C services must be tailored to the unique needs of the individual child and family (see 34 CFR 303.344 (d)), no one setting is appropriate for all infants and toddlers. OSEP expects Illinois to continue its general supervision responsibilities under 34 CFR 303.501 in the identification and correction of noncompliance with all of the Part C requirements, including the natural environment requirements under current regulations.

The outcome page of the IFSP specifically asks whether or not all EI services are provided in natural environments. If the answer is no, then **effective July 1, 2005** all Service Coordinators will begin using the attached general guidance and worksheet in IFSP meetings when developing the justification for services outside of a natural learning environment. Justification should incorporate a plan to transition interventions into natural settings.

Rod R. Blagojevich, Governor



Carol L. Adams, Ph.D., Secretary

222 South College, 2nd Floor, Springfield, IL 62704**MEMORANDUM**

TO: Child and Family Connections Managers
Service Coordinators

FROM: Janet D. Gully, Chief
Bureau of Early Intervention

RE: Natural Environments

DATE: July 1, 2005

This memo provides general guidance for working with providers to develop justification for services that are not in natural environments.

The outcome page of the IFSP specifically asks whether or not all EI services are provided in natural environments. If the answer is no, then **effective July 1, 2005**, you should use the attached worksheet to document the extent to which services will be provided in a setting other than a natural learning environment. This justification becomes part of the IFSP.

Written justifications should be based on the needs of the child. They should indicate why the recommended setting is necessary to achieve the identified outcome, as well as why no other natural learning environment is appropriate. An IFSP team should maximize their efforts to support the family within the child's natural learning environments before contemplating the need for any justification process.

Administrative convenience, fiscal reasons, personnel limitations, and parent or therapist preferences are NOT acceptable justifications for providing services outside the natural environment. The following are examples of unacceptable justification statements.

- Administrative convenience - e.g., convenience for EI personnel, such as equipment rooms
- Fiscal reasons - e.g., refusal to transport portable equipment due to liability, vehicle space availability, travel costs or need for additional personnel to transport/operate equipment in natural environment.

- Personnel limitations - e.g., provider availability (whether due to scheduling or number of enrolled providers in the area)
- Parent preferences - e.g., discomfort with providers in the home, desire for “time off” or ability to be away from the child during services, desire for an individual provider from previous experiences even though other providers exist who will come to the natural environment, parent belief that services outside the natural environment will enable the family to receive other benefits (SSI-eligibility, more or greater amount of services, “better” equipment), parent belief in clinic-based services.
- Therapist preferences - e.g., a perceived “undesirable” family address or area, refusal to travel away from the clinic or to a particular area or distance, a belief in clinic-based services or a belief in the effectiveness of a particular service methodology or implementation style

Services outside the natural environment may be justified when necessary specialized equipment is unable to be transported to the child or found in the natural environment or a community setting within the natural family routines, if the family lives in a shelter and shelter rules prohibit services being provided, etc.

In these cases, written justification would indicate why such specialized equipment or methodology is necessary for the child (testing or training of peripheral vision or auditory equipment) or that the use of such equipment or methodology is a temporary means to increase the child’s skills **and** how such equipment or services are necessary to achieve a particular outcome within the family’s typical routines. Identification of a particular disabling condition cannot be cited as suitable justification.

Plan to transition interventions into natural settings: Justification should incorporate a plan to transition interventions into natural settings. Such plans might include references to the limited duration of service authorization and explanation of how service outside the natural environment is a precursor step in implementing specific strategies to achieve a particular outcome. The plan should include a description of how the transition will occur, whether through another IFSP meeting, automatically with the end of service authorization, etc.

A memo to providers will be posted on the EI, CBO, Training and Provider Connections web sites to ensure they are aware that you will be requesting this information.

If you have questions, please contact your assigned EI Specialist.

Early Intervention to Early Childhood Tracking Form

District: _____

CFC Number: _____

EI Number: _____

SECTION I (to be completed by the CFC)

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Referral Date: _____

Parent Declined Referral (Date): _____

Transition Meeting Date: _____

Service Coordinator's Name: _____

Service Received in Early Intervention: _____

___ DT

___ OT

___ PT

___ ST/Individual

___ ST/Group

Other: _____

Other: _____

SECTION I COMPLETED BY: _____

TITLE: _____

SECTION II (to be completed by LEA/School District)

Screening Date: _____
(not required/cannot delay process)

Group Assessment Date: _____

Date IEP Completed: _____
* Date Services Began: _____

Dates scheduled for needed assessments:

_____ Health

_____ Vision

_____ Hearing

_____ Social / Emotional

_____ General Intelligence

_____ Academic Performance

_____ Communication

_____ Motor Abilities

Service Recommended:	
Special Education Eligible with Related Services	Not Special Education Eligible
___ State PreK with _____	___ State PreK Program
___ Head Start with _____	___ Head Start
___ Private/General Education with _____	___ Private/General Education
___ Homebound with _____	___ No Program Desired
___ Self Contained Special Education _____	

Was this a play-based assessment? Yes No

Parent refused special services.

Why? _____

What Service? _____

Date Refused: _____

* If the services did not start on the child's third birthday, state why: _____

SECTION II COMPLETED BY: _____

TITLE: _____

Return to local CFC Office by fax after determination of eligibility and/or IEP is completed.

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.