

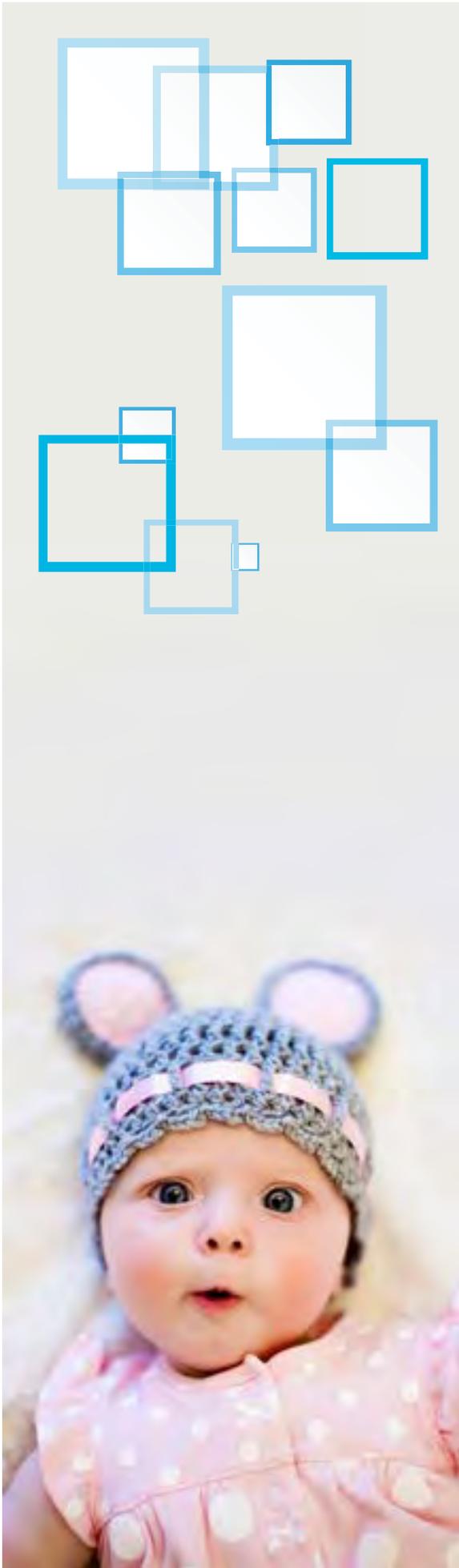
# Part C Annual Performance Report

For Federal Fiscal Year 2015



**TEXAS**  
Health and Human  
Services

*Early Childhood  
Intervention*



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## What is ECI?

Texas Early Childhood Intervention (ECI) is the statewide Individuals with Disabilities Education Act (IDEA) Part C program for families with children, birth to three, who have a disability and/or developmental delay.

Texas Health and Human Services (HHS) contracts with local agencies to provide ECI services across Texas. Contractors include community centers, school districts, education service centers and private nonprofit organizations.

## What is the Part C Program under IDEA?

The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a statewide program of early intervention services for infants and toddlers with disabilities. Congress established this program in 1986 in recognition of “an urgent and substantial need” to:

- enhance the development of infants and toddlers with disabilities;
- reduce educational costs by minimizing the need for special education through early intervention;
- minimize the likelihood of institutionalization, and maximize independent living; and,
- enhance the capacity of families to meet their children’s needs.

In order for a state to participate in the program it must assure that early intervention will be available to every eligible child and his or her family. HHS ECI must also support an Interagency Coordinating Council (the ECI Advisory Committee), which advises and assists ECI in the performance of the responsibilities outlined in the IDEA. ECI is required to evaluate annually those performance responsibilities and provide the results in an Annual Performance Report (APR). The ECI Advisory Committee has 24 members appointed by the Governor — seven of the members are parents of children with disabilities.

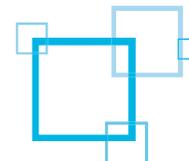
## What is the Annual Performance Report (APR)?

Texas monitors and measures performance of local ECI programs to ensure that the requirements of the federal law, the Individuals with Disabilities Education Act (IDEA), are met. IDEA is the same law that describes special education services in the public schools. As part of the monitoring process, Texas develops a six-year State Performance Plan (SPP) that includes targets and improvement strategies for various areas of performance.

Each year, Texas reports on the state’s progress in meeting the targets for 11 different performance indicators set in the SPP. This report is called the Annual Performance Report (APR), and is reported to the public and the Office of Special Education Programs in the U.S. Department of Education.

In addition to state performance, every year the performance of each local ECI program is reported to the public for some of the same indicators. The performance of local ECI programs is reported on seven of the 11 indicators.

Texas uses data from the state data system (Texas Kids Intervention Data System or TKIDS) when developing the APR.



The U.S. Department of Education uses information related to the state's federal fiscal year (FFY) 2015 SPP/APR, and other data reported in each state's FFY 2015 SPP/APR, information from monitoring, other publicly available information, and other issues related to state compliance with the IDEA, to determine that Texas meets the requirements and purposes of Part C of the IDEA.

The complete report can be found by clicking the *Part C Annual Performance Report for Federal Fiscal Year (FFY) 2015* on the ECI Data and Reports web page. You can also type the following url into a browser: <https://osep.grads360.org/#report/apr/2015C/publicView?state=TX&ispublic=true>

### Why are these indicators important?

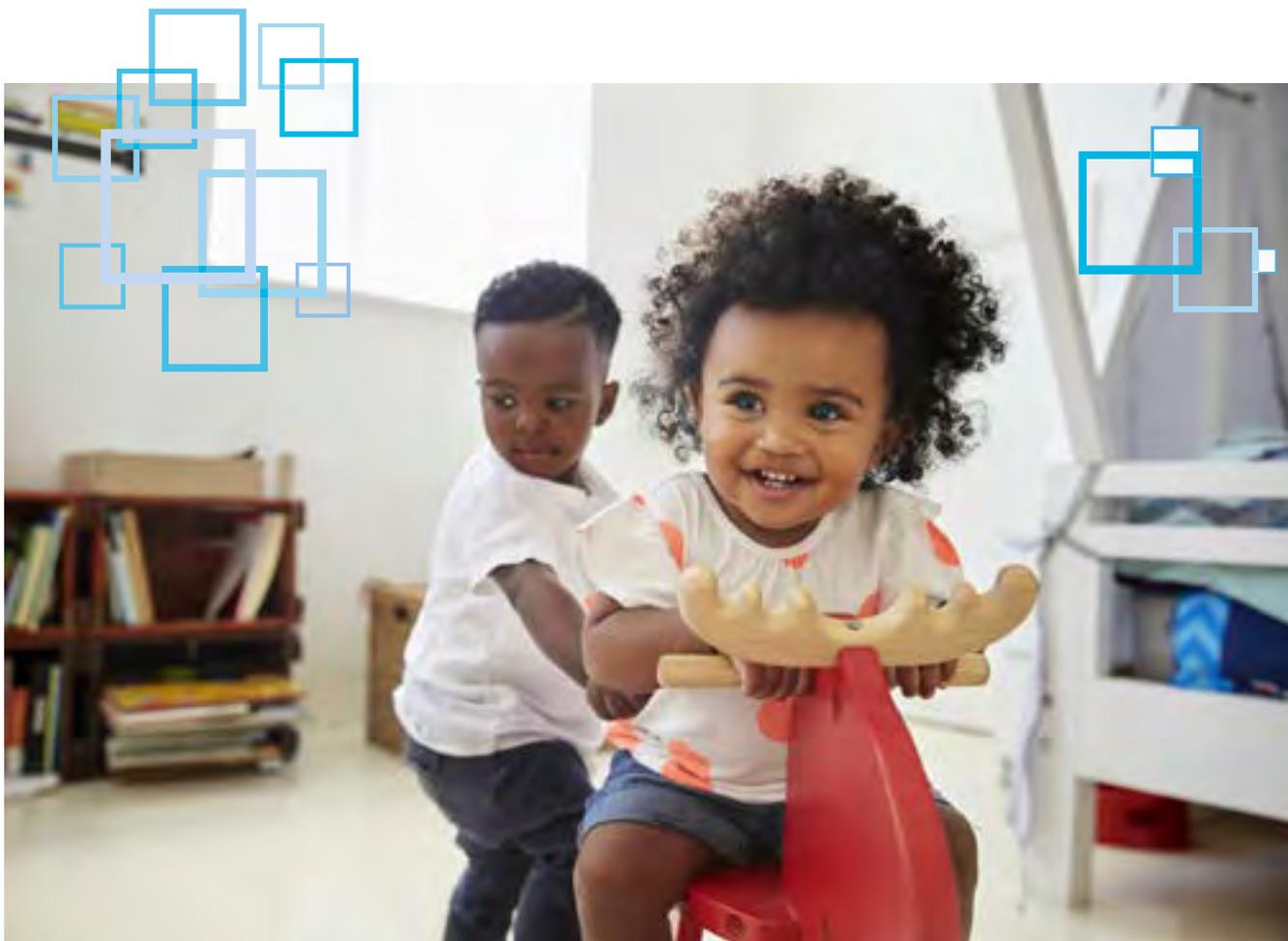
The indicators help to ensure that early intervention services are provided in accordance with federal and state regulations. In addition, the indicators measure how and when a family receives services, as well as the impact of these services, both on children's development and parents' ability to help their children.

The General Supervision System (including monitoring, complaints, hearings, etc.) indicator requires states to identify and correct noncompliance as soon as possible, but in no case later than one year from identification.

From FFY 2010 until present, Texas has met the performance target regarding the General Supervision System, including identification and correction of noncompliance within one year from identification.

### How will this information be used?

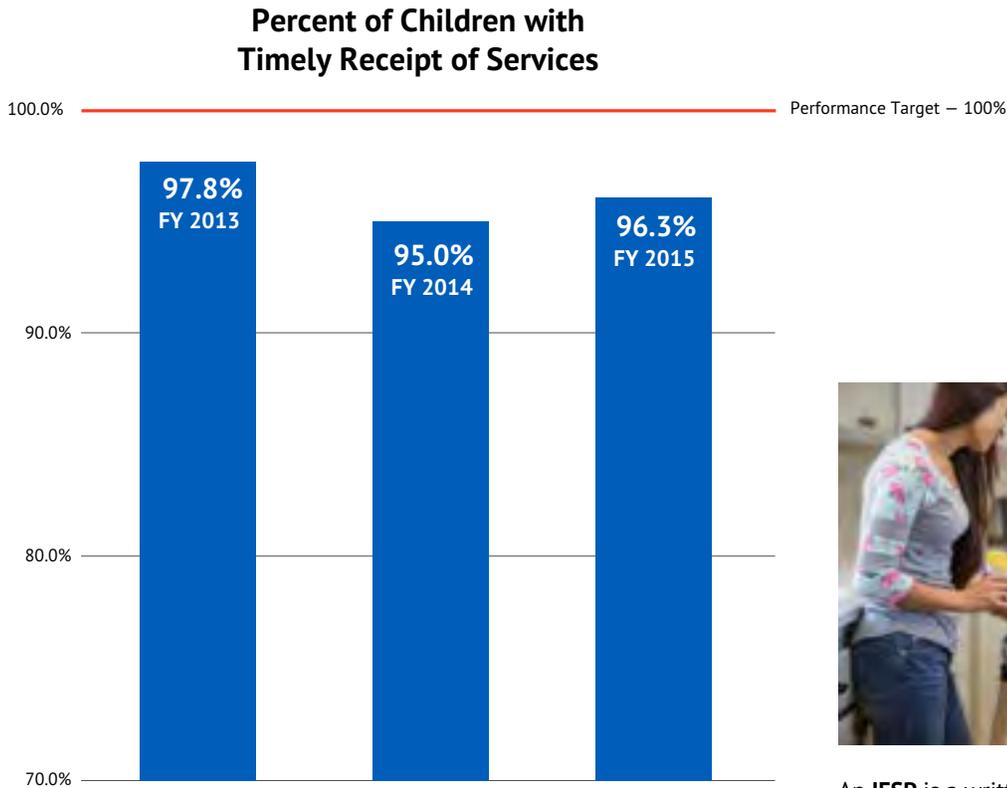
The information in the Annual Performance Report and local program reporting is used mainly for quality improvement purposes and to determine compliance with federal and state regulations. Through a process of setting targets, analyzing data and tracking progress, the state and local ECI programs can identify areas of strength and areas that need improvement. Plans are then developed to address areas that need improvement. We encourage family members, advocates and other community partners to become involved in helping us improve performance.



# The Indicators

## Indicator 1: Timely Services

Percent of infants and toddlers with an Individualized Family Service Plan (IFSP) who receive the early intervention services in a timely manner.



Timely Receipt of Services is a compliance indicator with a target of 100%. A child must start receiving all of the planned IFSP services within 28 days from when the parent signs the IFSP. The indicator refers to the percentage of children for whom all services are timely, not the percentage of services that are timely. If one or more of the services for a child are not delivered within the defined timeline, then the child would not be counted in the percentage of children receiving timely services.

Texas continues to work to maintain compliance with the federal directive. Performances from the state fiscal year (SFY) 2010 through SFY 2015 show substantial compliance with the timely services indicator.

### Why is this important?

Child development research has shown that the rate of learning and development is most rapid in a child's first three years of life. Starting intervention as quickly as possible results in improved developmental outcomes for children.



An **IFSP** is a written plan that is based on an in-depth assessment of the child's needs and the needs and concerns of the family. It contains 1) information on the child's present level of development in all areas; 2) future outcomes for the child and family based on the child and family's needs; and 3) services the child and family will receive to help them achieve the outcomes. At least two different ECI professionals (early intervention specialist, physical therapist, occupational therapist, speech language pathologist, licensed professional counselor, registered nurse, etc.), the service coordinator and the child's parents are part of the IFSP team. The IFSP development process provides an opportunity for sharing between families and staff so families can make informed choices about the early intervention services they want for their child and themselves.

## Indicator 2: Settings

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

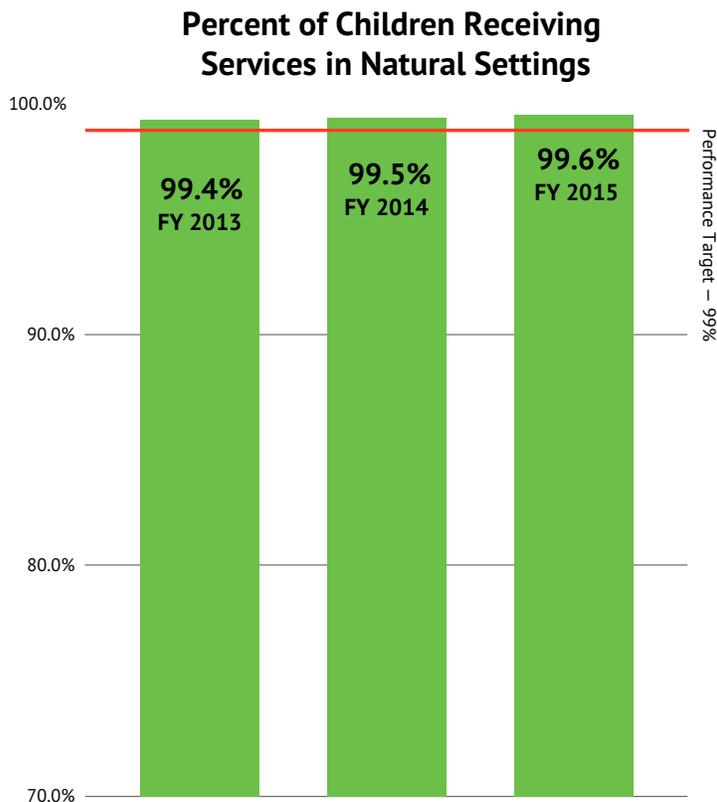
This shows the extent to which early intervention services are provided in natural environments. “Natural environments” are settings that are either home-based or community-based and are defined as settings that are natural or normal for the child’s same-aged peers who have no disabilities. Settings that would not be considered natural environments include hospitals, residential schools, and separate programs for children with delays or developmental disabilities.

Natural environments make every moment of the child’s day an opportunity for inclusion and for developing new skills. Children learn best when they are engaged in activities and playing with objects in which they are interested. Natural environments help the child model the behavior and skills of family and peers. They also make it more comfortable for the child and family to practice new skills to determine what does and does not work.

Texas continues to serve a very high percentage of children in the home or community-based settings. The percentage of children who received services in their natural environments, 99.6%, exceeded the target of 99%.

### Why is this important?

Early intervention services and supports are provided in settings where the child typically lives, learns and plays. This helps ensure that the activities that will address the child’s needs are built into the child’s and family’s typical routines, such as mealtime, bath time or play time. Natural environments provide numerous opportunities to practice new skills and help children get the most out of the learning opportunities.



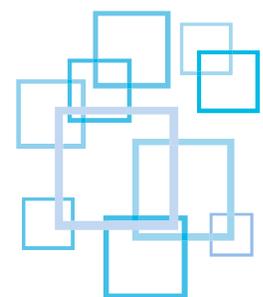
A natural environment is more than a place and it can be anywhere a child and family live, learn, and play. It includes:

**Settings**, such as the home, backyard, or place of work. Settings also include places such as a child-care site, relative’s home, park, grocery store, or library.

**Materials**, which can be anything found in the child’s physical environment – toys, rocks, books, swings, grass, spoons, a high chair, or a favorite wagon.

**People**, such as parents, siblings, relatives, friends, neighbors, teachers, or anyone else with whom the child might interact.

**Activities** that incorporate the interests and routines of the child and family. These might be daily activities such as eating, bathing, and dressing; recreation such as playing, reading, walking, camping, swimming, and going to the playground; and community participation such as going to worship, celebrating holidays, taking part in cultural practices, going to the grocery store, and riding in different forms of transportation.



### Indicator 3: Infant & Toddler Outcomes

Percent of infants and toddlers with IFSPs who demonstrate improved:

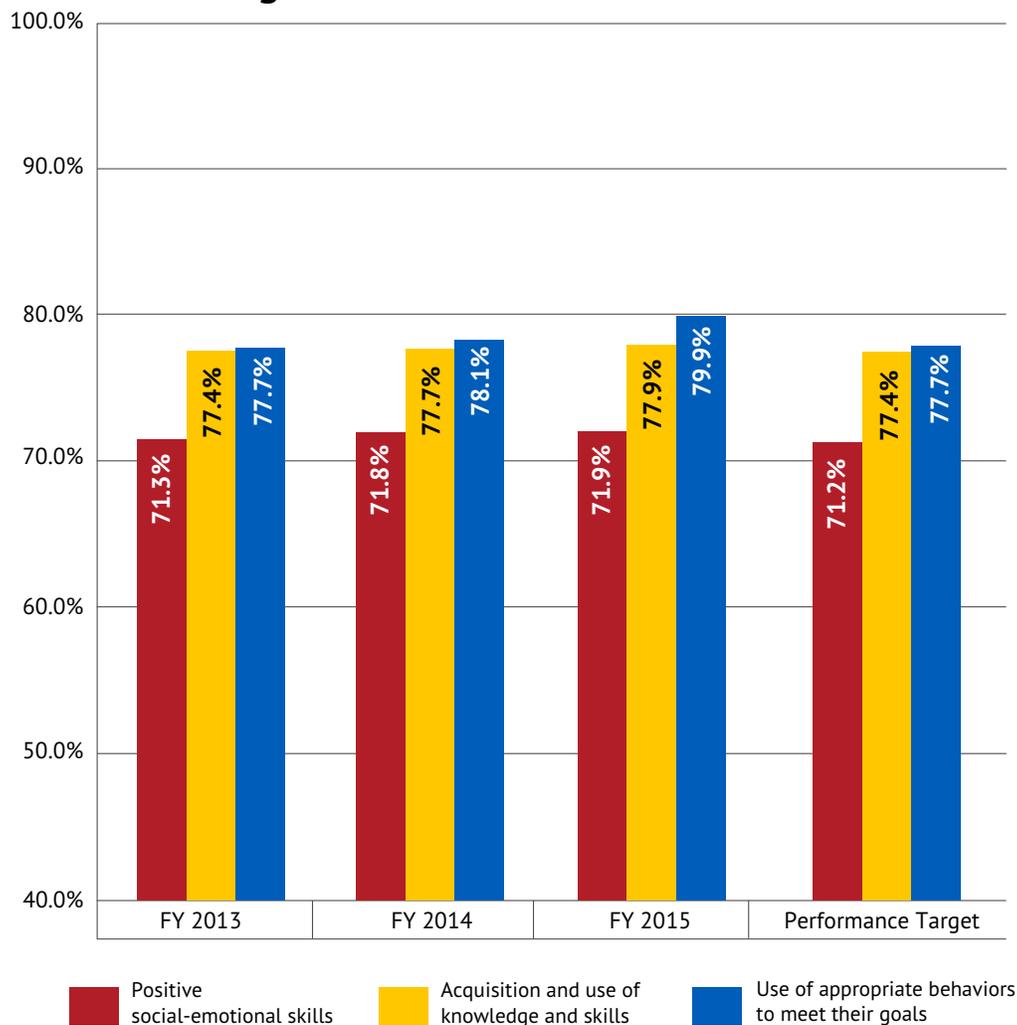
- A. positive social-emotional skills (including social relationships);
- B. acquisition and use of knowledge and skills (including early language/communication); and
- C. use of appropriate behaviors to meet their needs.

There are two charts that apply to three different outcome areas, which are outlined below.

- Significant Increase in Growth Rate: Of those infants and toddlers who entered early intervention below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.
- Outcome Meets Age Expectations: The percent of infants and toddlers who were functioning within age expectations in each outcome by the time they turned three years of age or exited the program.

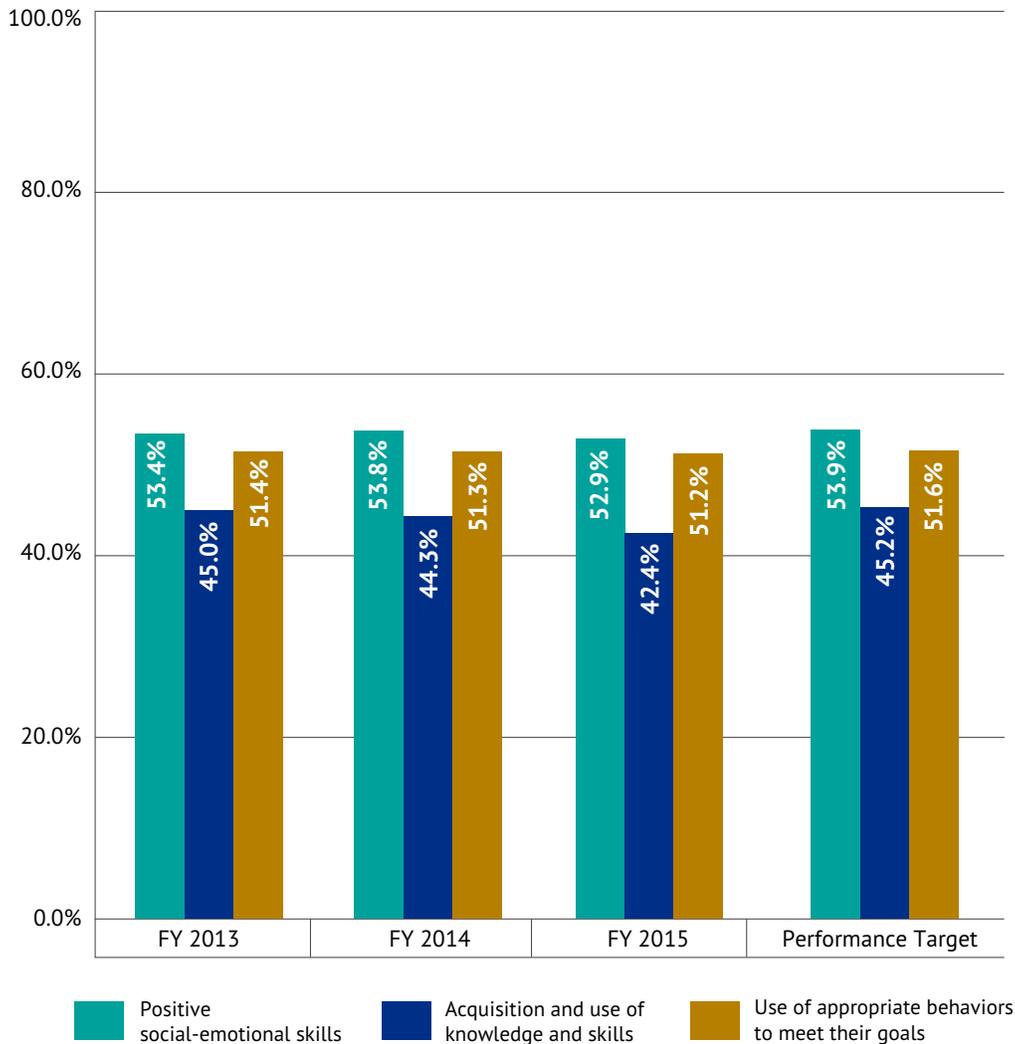
Texas slightly exceeded targets established for FFY 2015 for the three global child outcomes related to children who entered or exited the program below age expectations but substantially increased their rate of growth by the time they turned 3 years of age or exited the program. As for the outcomes related to children who were functioning within age expectations by the time they turned 3 years of age or exited the program, Texas fell short of the targets. Eligibility criteria was tightened since FFY 2011 and progress may not be captured by the ratings for those infants and toddlers with more significant developmental needs.

#### Significant Increase in Growth Rate



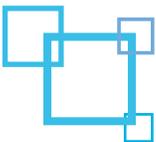
## Indicator 3: Infant & Toddler Outcomes continued

### Child Outcomes Meet Age Expectations



#### Why is this important?

The three child outcomes refer to behaviors, knowledge, and skills that are meaningful to children in their everyday lives. The outcomes address the areas of functioning necessary for each child to be an active and successful participant at home, in the community, and in other places like a child care program or preschool. To be successful in these settings, it is important for children to be able to, for example, get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way. We want all children to have positive relationships, be effective learners, and become individuals who can meet their own needs. Measurement of these functional outcomes provides information on the benefits of early intervention for infants and toddlers and on ways to improve the service system.



## Indicator 4: Family Outcomes

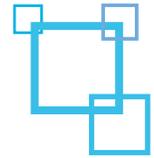
This measures the percent of families participating in Part C who report that early intervention services have helped the family:

- A. know their rights;
- B. effectively communicate their children's needs; and
- C. help their children develop and learn.

A total of 5,144 families were randomly selected to respond to the survey; 3,790 families received the survey; 1,398 families returned the survey, resulting in a response rate of 37%. Families responded to a survey of 22 questions, each of which started with "how helpful has early intervention been in..." The response scale for each question was a five-point rating scale, with "5" representing "extremely helpful" (the most positive response) and "1" representing "not at all helpful" (the least positive response).

Results from surveys returned by these 1,398 families yielded the following percentages:

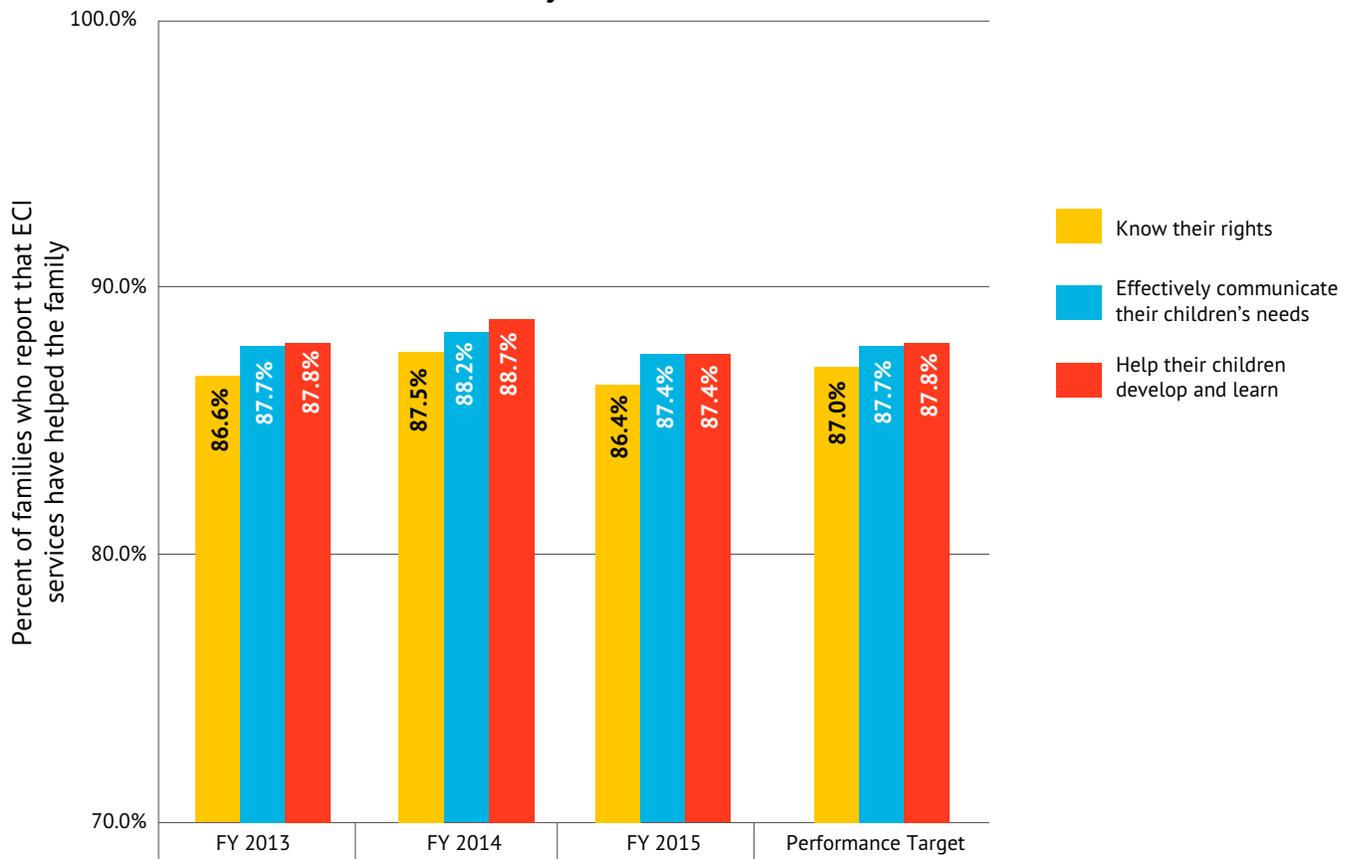
- A. 86.4% of families reported that early intervention services helped the family know their rights.
- B. 87.4% of families reported that early intervention services helped the family effectively communicate their children's needs.
- C. 87.4% of families reported that early intervention services helped the family help their children develop and learn.



### Why is this important?

Federal legislation, the Individuals with Disabilities Education Act (IDEA), is based on the assumption that services are a benefit to families. Because a family plays a critical role in their child's development, it is important to measure the extent to which families are supported to advocate for their child and know their rights, communicate their child's needs, and help their child develop and learn.

## Family Outcomes



### Indicator 5: Child Find Birth To One

Percent of infants and toddlers from birth to age one with IFSPs compared to national data.

This shows a state's performance in the identification of eligible infants during their first year of life. States use data regarding the number of infants, birth to age one, who were identified and had received ECI services on a state-determined date to calculate the percentage of the state's birth-to-one population.

#### Texas Performance Trends

Based on the one-day (October 31, 2015) child count 3,759 infants under the age of one were enrolled in ECI services, that is, had IFSPs. The number of children under the age of one in the general Texas population for that time period was estimated at 399,149, resulting in a percentage of 0.94% of the Texas infants under age one with IFSPs.

#### Why is this important?

Current brain research promotes the importance of early identification of developmental delays. A young infant's brain is shaped by experiences, and has the flexibility to develop new neural pathways. The biggest potential for changing a child's developmental trajectory occurs during the first three years of life. In addition, these percentages help the program identify specific areas that are underserved in order to target those areas for more child find activities.

### Indicator 6: Child Find Birth To Three

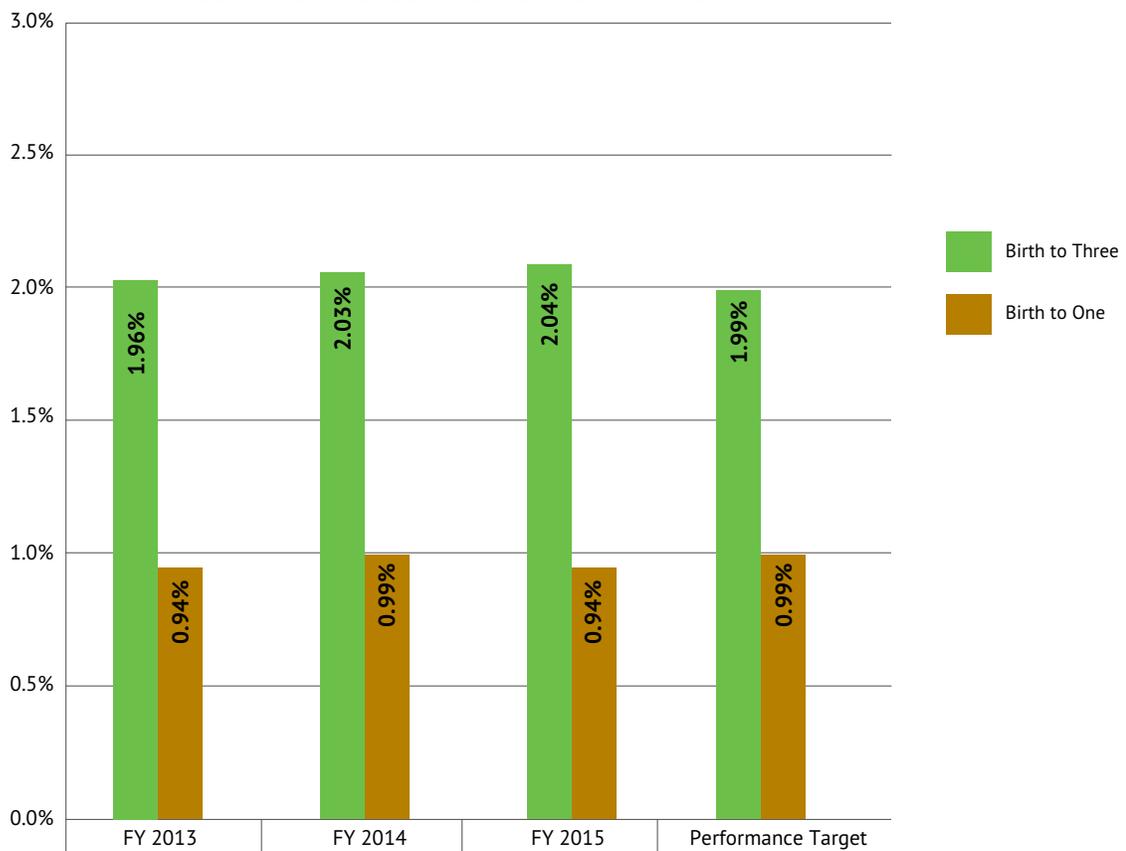
Percent of infants and toddlers from birth to age three with IFSPs compared to national data.

This shows performance in the identification of eligible infants and toddlers, birth to age three.

The measurement specifies that states report the number of infants and toddlers, birth to age three, who were identified and had received services on a state-determined date to calculate the percentage of the state's birth-to-three population.

Based on the one-day (October 31, 2015) child count 24,270 infants and toddlers under the age of three had IFSPs. The number of children birth-to-three in the general Texas population for that time period is estimated at 1,191,566, resulting in a percentage of 2.04% of the birth-to-three population with IFSPs.

### Child Find: Percent of Children with IFSPs



## Indicator 7: 45-Day Timeline

Percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within the 45-day timeline.

This is a compliance indicator with a performance target of 100%. Part C regulations specify that the initial evaluation and the initial assessments of the child and family, as well as the initial IFSP meeting must be completed within 45 days from the date a referral is received. For this indicator, states have the option to identify and count delays that are due to family circumstances as timely.

### Texas Performance Trends

Based on data for 7,581 children/families in ECI services, an adjusted total of 7,492, or 98.9% received an evaluation/assessment and an initial IFSP meeting within 45 days of referral to ECI or had delays in meeting the timeline due to family circumstances.

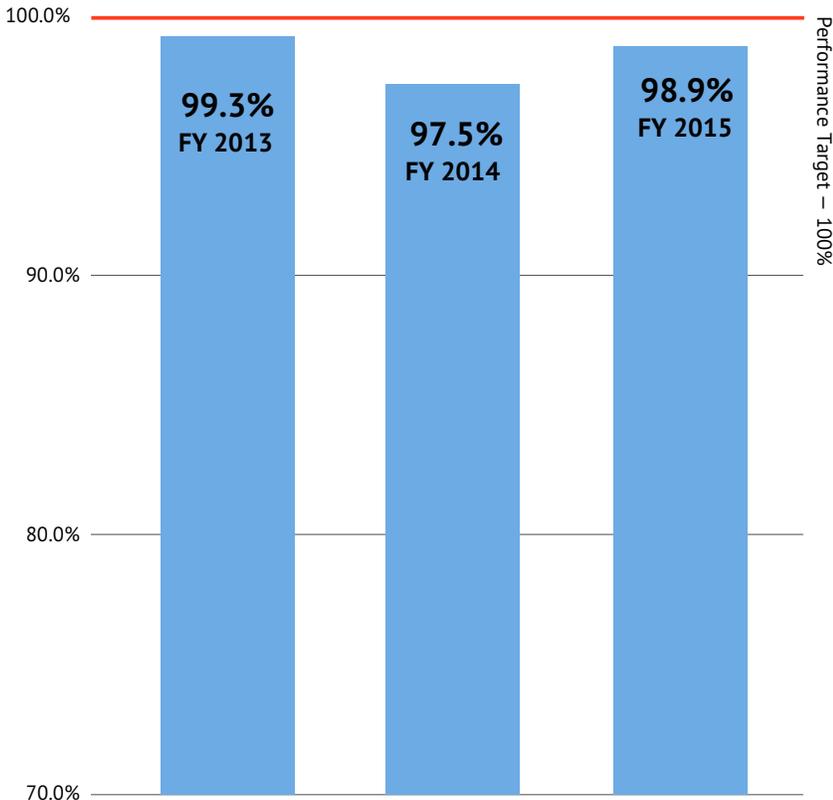
Of the total, 6,904, or 91.1% actually had an evaluation and initial IFSP meeting within 45 days of referral. Family or other circumstances documented in the child's record account for 588 children/families, or 7.8% of the total who did not have the initial IFSP meeting within 45 days.

These data reflect all children with IFSPs who were evaluated and assessed during a three-month period of time, for whom an initial IFSP meeting was required, specifically, from March 1, 2015 to May 31, 2015 (the third quarter of the state fiscal year). These data are representative of the full reporting period in that they represent a significant period of time rather than just a single day, and the time period reflects a period during which enrollment trends tend to be stable and reflective of the year.

### Why is this important?

Because the development of infants and toddlers changes rapidly, it is important to start early intervention as quickly as possible. The earlier services are started, the greater chance a child has of reaching his/her full developmental potential.

### 45-Day Timeline



## Indicator 8: Early Childhood Transition

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 the local school district if the child is potentially eligible for Part B (Part B provides special education and related services to children and youth, ages 3 through 22); and
- C. transition conference, if child is potentially eligible for Part B.

Indicator 8 is a compliance indicator with a performance target of 100%.

The child's IFSP team starts preparing the child and family for transition out of Part C services when the child is between 27 and 33 months (and no less than 90 days prior to the child's third birthday). A transition planning meeting will be held to discuss next steps, and how the child and family can prepare for transition to special education or to other community programs or resources.

Each of these sub-indicators corresponds to specific Part C regulations:

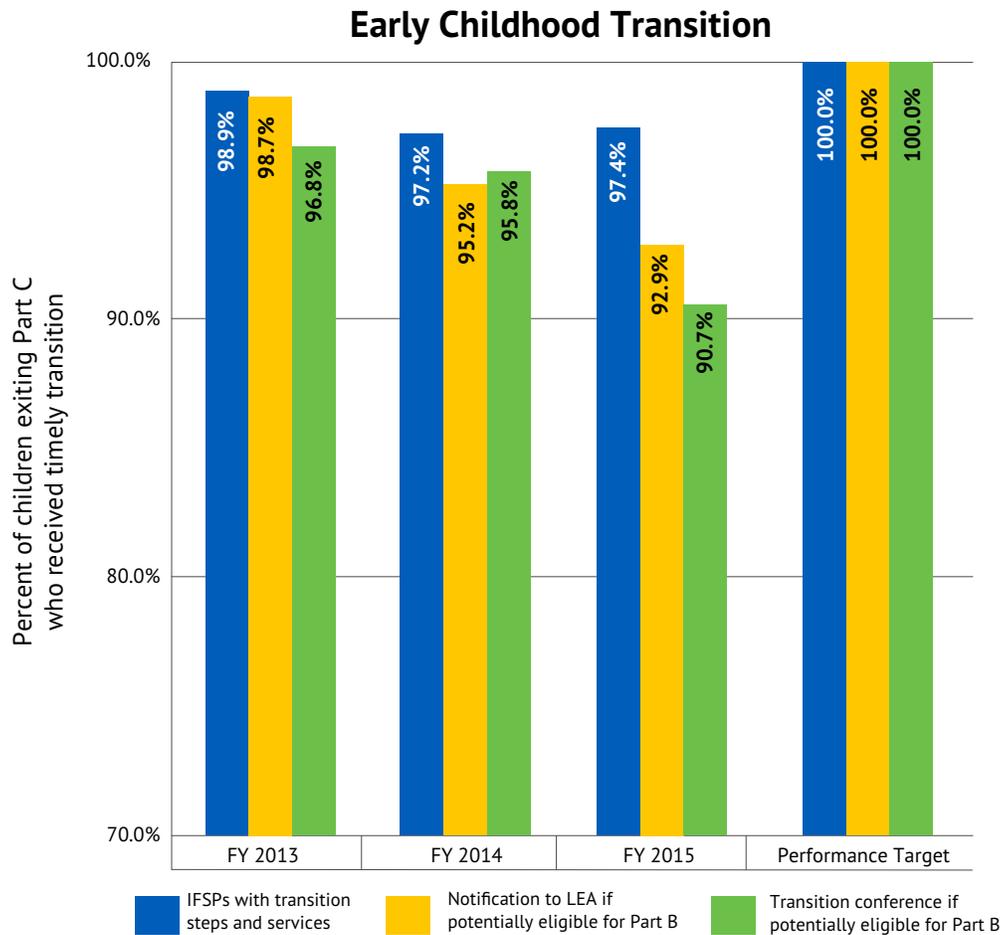
- A. The percentage of IFSPs with transition steps and services in place to support the transition of the child to preschool special education services.
- B. The percentage of children for whom notification was given to the local school district if the child was potentially eligible for preschool services under Part B.
- C. The percentage of children for whom a transition conference was held, if the child was potentially eligible for preschool services under Part B.

### Why is this important?

As children approach their third birthday, ECI providers help the family prepare to leave the ECI program and connect with other age-appropriate services and supports. Transition planning helps ensure a smooth process for the child and family as they leave early intervention services.



## Indicator 8: Early Childhood Transition continued



### A. Steps and Services

Of the eligible children who exited at age 3 between March 1, 2016 and May 31, 2016, 97.4% had an IFSP with transition steps and services.

### B. Notification if child potentially eligible for Part B

Of the eligible children who were exiting Part C (of any age) between March 1, 2016 and May 31, 2016, 92.9% had timely notification to the local school district.

### C. Transition Conference if child potentially eligible for Part B

Of the eligible children whose families accepted a transition conference, 90.7% of the conferences were held timely.

Regarding transition overall, Texas is challenged with collaborating with over 1,200 independent school districts (Local Education Agencies or “LEA”s) and the variations of how they collaborate to determine when children are eligible for Part B services.

## Indicator 9: Resolution Sessions

The IDEA requires states receiving grants under Part C to make four dispute resolution (DR) processes available, and to report annually to the US Department of Education, Office of Special Education Programs (OSEP) on their performance. The processes, which include signed written complaints, mediation, due process complaints, and resolution sessions associated with due process (where Part B due process procedures are adopted), offer a formal means for resolving disagreements and issues arising under the IDEA.

States are required to report any activity relating to performance Indicator 9 but are not required to set or meet a performance target if fewer than ten resolution meetings are held in a single year.

For five years, Texas has not had any resolution meetings resulting in written settlement agreements.

## Indicator 10: Mediations Resulting in Written Agreements

Indicator 10 is a performance indicator that documents the percentage of mediations resulting in written mediation agreements. As with Indicator 9, states are required to report any activity relating to Indicator 10, although they are not required to set or meet a performance target if fewer than ten mediations are held in a single year.

Texas has had no mediations since 2011.

## Indicator 11: State Systemic Improvement Plan (SSIP)

The State Systemic Improvement Plan (SSIP) is a portion of the APR that focuses on ways to improve services and outcomes for children and families.

Collaboration is vital to the SSIP and with the help of stakeholders (advocates, community partners, and ECI families), Texas has chosen to focus on improving the rate of growth of infants and toddlers who show positive social-emotional skills.

### Why is this important?

Infants' and toddlers' social-emotional skills affect how they manage their emotions and their relationships with the people around them. Examples of social-emotional skills are managing anger and frustration in a healthy way, feeling bonded and attached to parents and caregivers, and being engaged with friends and siblings. ECI staff and stakeholders believe that improved social-emotional skills will help children improve other areas of learning, including using actions or words to get needs met and having age-appropriate knowledge and skills.



## Indicator 11: State Systemic Improvement Plan (SSIP) continued

### What is our plan?

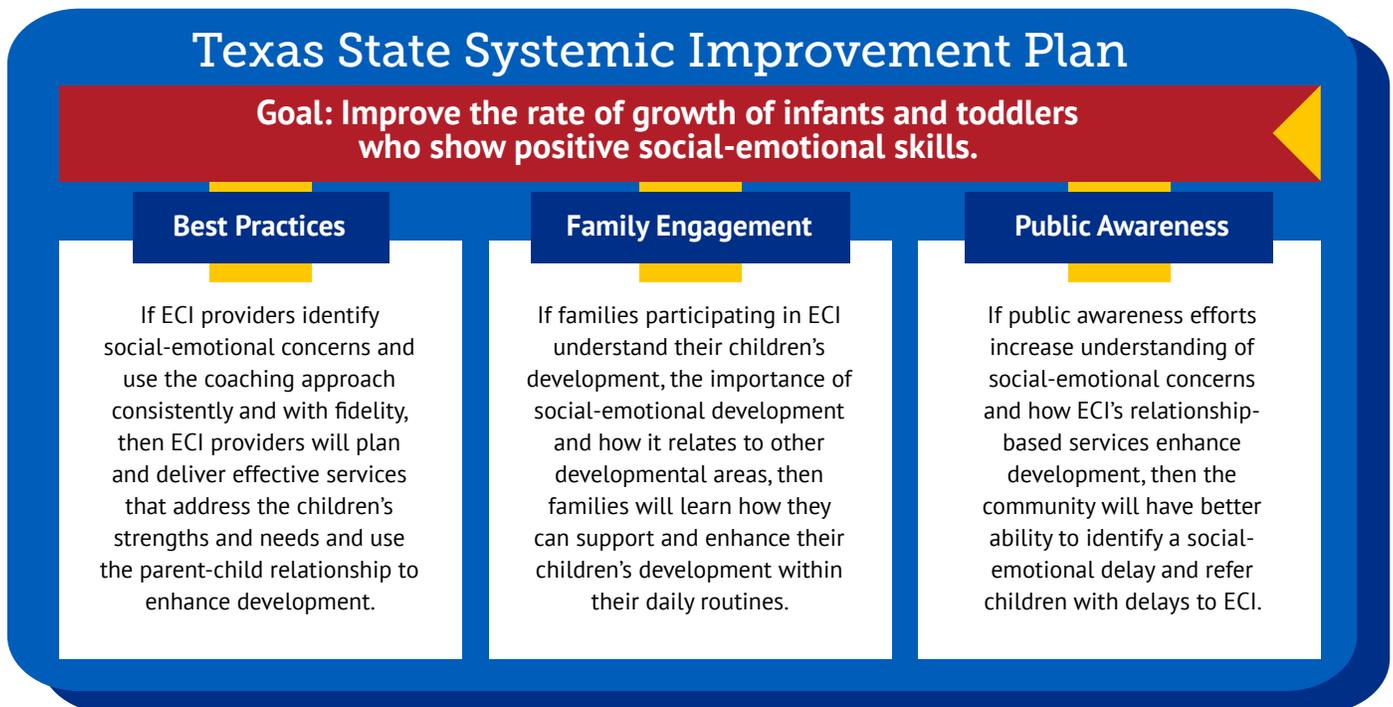
Improving social-emotional outcomes for infants, toddlers, and their families will require the efforts of ECI providers, families and communities. Three broad improvement strategies and related activities focus on these three audiences.

- The first strategy focuses on ECI providers identifying social-emotional concerns and continuing to provide services that are proven effective by research, also known as evidence-based practices. Stakeholders recommended reinforcing the evidence-based practice of coaching families, which is already in use by ECI. Providers will receive additional training and oversight to make sure coaching is done with fidelity, or true to the way it is intended.
- The second strategy focuses on increasing families' knowledge about their role in supporting their children's development. This strategy includes providing extra tools to help teach families about their children's development and how to enhance development within their daily routines. It also focuses on how enhancing social-emotional development improves other areas of development.
- The third strategy focuses on improving public awareness to the community in order to help referral sources learn more about the role of social-emotional development in the child's overall development. Another aim of the strategy is to make sure referral sources know how ECI services focus on the parent-child relationship to improve social-emotional outcomes.

As you may have noted, the SSIP builds upon the knowledge base and services already being provided by ECI programs to improve outcomes for children and families.

There are different phases of the SSIP, and the earlier phases involved planning our improvement activities. The current phase, which started in April of 2016, focuses on beginning our improvement strategies and activities and evaluating how well these strategies and activities are working. This allows us to make changes or improvements as needed so we can reach our goal of increasing the rate of growth in infants and toddlers demonstrating positive social-emotional skills.

A summary of SSIP strategies to reach our goal and what we hope to achieve can be found in the graphic below.





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