

Table of Contents

Executive Summary	2
Overview	4
ESIT Infrastructure	4
Services Provided	5
Demographics	7
Fiscal Structure.....	8
Cost Study	9
Findings.....	10
Recommendations.....	10
Current Efforts.....	11
Stakeholder Engagement.....	13
System Vision and Recommendations	18

Executive Summary

SB 5879 requires the Department of Early Learning (DEL) to develop and submit a plan to the WA legislature on comprehensive and coordinated services for all children eligible for Early Support for Infants and Toddlers (ESIT). In addition to a full fiscal accounting, the bill requires DEL to “.... *Develop and adopt rules that establish minimum requirements for the services offered through Part C programs, including allowable allocations and expenditures for transition into Part B of the federal individuals with disabilities education act (IDEA)*”

For the last eight months, ESIT staff has engaged approximately 700 stakeholders across 20 separate events in order to meet their legislative charge. DEL leadership and ESIT staff have been gathering stakeholder feedback through surveys and facilitated discussions with local lead agency staff, school district contacts, the State Interagency Coordinating Council (SICC), stakeholders from the Office of the Superintendent of Public Instruction (OSPI) as well as receiving support from national technical assistance providers and Part C leadership in other states.

The themes which emerged from stakeholder feedback have reflected a desire for consistency, quality and equity relating to services for infants, toddlers and their families receiving services, as well as maximizing available funds and an overarching recognition of the importance of positive relationships and collaboration among state and local agencies.

The recommendations that DEL is making for the ESIT redesign efforts are paired with the four system issues that have been prioritized.

Outcome #1 Regionalization: *The ESIT service delivery system must be reorganized for efficiency and accountability, from the current 25, into 11 local lead agency (LLA) regions (e.g. administrative units) based on the existing Educational Service District (ESD) regions (with the exception of King, Pierce and Snohomish Counties), by 2018 to ensure consistent monitoring and support, effective communication, collaboration and training.*

Outcome #2 Resources: *The ESIT program would be much more adequately resourced if the program were able to 1) maximize use of Medicaid. 2) increase access to health insurance, and 3) eliminate excessive administrative costs throughout the system. This would support an increase in both capacity and quality of services for children and families.*

Outcome #3 Robust Data: *An effective data system must be readily available that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through ad-hoc and canned reports and accessible to stakeholders.*

Outcome #4 Rules: *In order to ensure that eligible infants and toddlers and their families receive equitable access to the high-quality services and supports needed to promote positive outcomes; rules, lines of authority, and responsibilities at state, local lead agency (LLA), and provider levels must be clearly articulated and followed. Consistency of service delivery, funding utilization and accountability will be monitored through implementation of minimum requirements and rules.*

The overarching desired results of this system redesign effort is to ensure that infants, toddlers and their families receive high quality, consistent services across the state of Washington; increasing their potential for school readiness and participation in home and community life.

Overview

Early Support for Infants and Toddlers (ESIT) is the State of Washington’s response to Part C of the Individuals with Disabilities Education Act (IDEA). Part C of IDEA invites states, on an annual basis, to implement a system of services and supports for infants and toddlers with or at risk for developmental delays and their families. Each state determines the lead agency for implementation of the required components of the Part C system and establishes eligibility criteria for the children to be served.

Unlike other entitlement programs that have dedicated federal funding for required services, Congress charged state Part C systems with coordinating multiple federal, state and local fund sources that were available to support the infrastructure and service needs of eligible children. The law states that Part C is intended to “facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage)”¹. The limited amount of federal funding provided through Part C is allocated on a population basis of the children in the state birth to age 3 and has no correlation to the number of children actually served by the state’s Part C system.

ESIT Infrastructure

In Washington, the lead agency for the ESIT program is the Department of Early Learning (DEL). The ESIT Part C system is a decentralized network of community-based service providers and agencies. There are 25 geographic regions coordinated by local lead agencies that provide a variety of

MINIMUM COMPONENTS OF A STATEWIDE SYSTEM

- State definition of developmental Delay
- Availability of early intervention services
- Evaluation, Assessment and Nondiscriminatory procedures
- Individualized Family Service Plan
- Comprehensive Child Find System
- Public Awareness program
- Central Directory
- Comprehensive System of Personnel Development
- Personnel Standards
- Lead Agency role in supervision, monitoring, funding, interagency coordination and other responsibilities
- Policy for contracting or otherwise arranging for services
- Reimbursement procedures
- Procedural Safeguards
- Data Collection
- State Interagency Coordinating Council
- Early Intervention services in natural environments

¹ PL 108-446, SEC. 631.(b)(2)

training, support, oversight and coordination functions. These agencies include neurodevelopmental centers, educational service districts, county health departments, county human services agencies and non-profit agencies. Each local lead agency receives funding to support the coordination of the Part C system including the family resource coordinators. The number of children served through the local lead agencies in 2014 ranged from 10 to 3,766. Early Intervention professionals providing services and supports to eligible children represent the same kind of diversity and caseload variation as the local lead agencies.

Services Provided

As defined in 34 CFR §303.13 of the Part C regulations, “Early intervention services means developmental services that--

- (1) Are provided under public supervision;
- (2) Are selected in collaboration with the parents;
- (3) Are provided at no cost, except, subject to §§303.520 and 303.521, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- (4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant’s or toddler’s development, as identified by the Individualized Family Service Plan (IFSP) Team, in any one or more of the following areas, including--
 - (i) Physical development;
 - (ii) Cognitive development;
 - (iii) Communication development;
 - (iv) Social or emotional development; or
 - (v) Adaptive development;

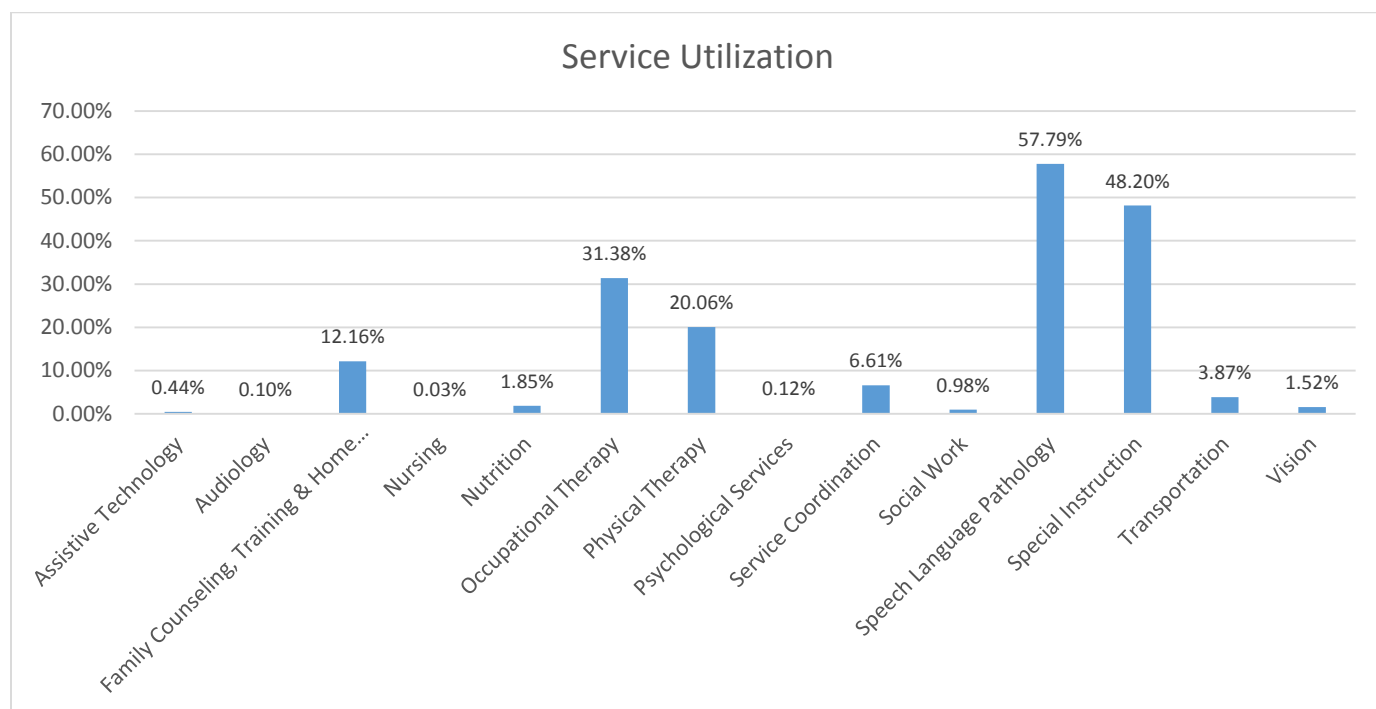
EARLY INTERVENTION SERVICES

- Assistive Technology
- Audiology
- Family training, Counseling and home visits
- Health Services
- Medical Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Sign and Cued Language
- Social Work
- Special Instruction
- Speech Language Pathology
- Transportation
- Vision

§303.13 (b)

- (5) Meet the standards of the State in which the early intervention services are provided, including the requirements of Part C of the Act;
- (6) Include services identified under paragraph (b) of this section;
- (7) Are provided by qualified personnel (as that term is defined in §303.31), including the types of personnel listed in paragraph (c) of this section;
- (8) To the maximum extent appropriate, are provided in natural environments, as defined in §303.26 and consistent with §§303.126 and 303.344(d); and
- (9) Are provided in conformity with an IFSP adopted in accordance with section 636 of the Act and §303.20.”

Similar to most states, the early intervention services most frequently provided to infants and toddlers enrolled in ESIT are occupational therapy, physical therapy, speech therapy and special instruction. The chart below represents the percentage of children receiving services identified in §303.13 (b) in a 12-month period crossing 2015-2016.



Demographics

ESIT has established the following criteria for eligibility:

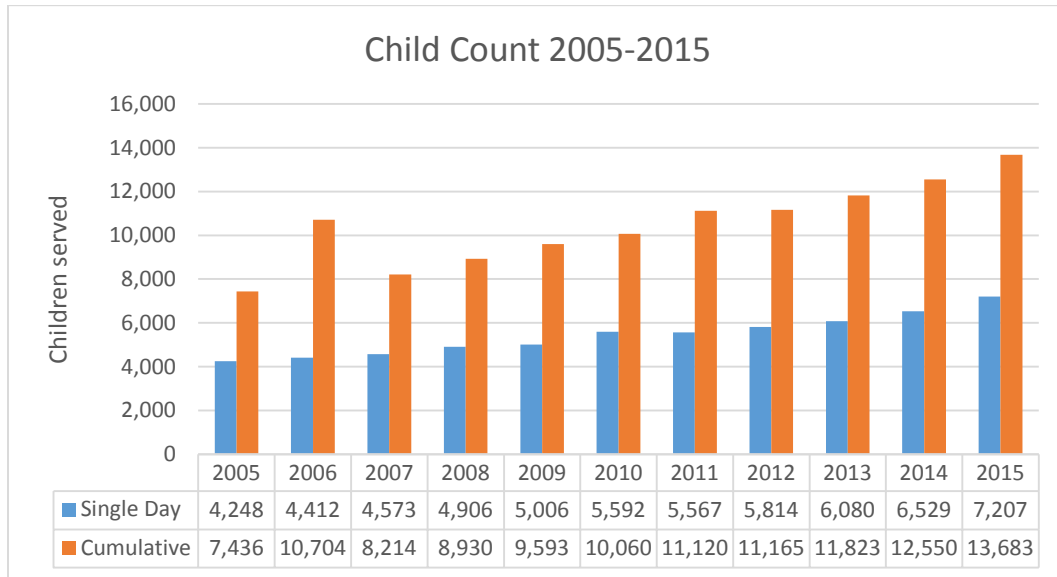
- An established medical condition with a high probability in resulting in delay; or
- A 25% delay in one or more developmental domains or 1.5 standard deviation below the mean in one or more developmental domains.

These eligibility criteria are considered broad and ESIT is one of 15 states with broad eligibility.

In 2014, Washington ranked 33rd in the percentage of children served using the point in time child count collected by the by the Office of Special Education Programs (OSEP) at the US Department of Education. There are two types of child counts that are required by OSEP:

- Point in Time Count: the number of infants and toddlers with an active Individualized Family Service Plan (IFSP) on a single state-designated day between October 1 and December 1; and
- Cumulative child count: the number of infants and toddlers with an IFSP in a given annual period, either calendar or fiscal year.

In 1998, ESIT served 2,243 infants and toddlers using the point in time count. In the most recent 2015 count, 7,207 children were served representing a three-fold increase over seventeen years. The cumulative count has increased from 7,436 in 2005 to 13,683 in 2015. The chart below reflects the point in time and cumulative count for the State of Washington for the ten-year period between 2005 and 2015.



Fiscal Structure

By congressional intent, Part C of the Individuals with Disabilities Education Act (IDEA) provides limited funding intended to supplement already existing federal, state and local funding both public and private. The fiscal structure of ESIT is built on a number of fund sources to support its infrastructure and direct services responsibilities. The availability of these fund sources at the local lead agency level varies significantly. In Federal Fiscal Year (FFY) 2016, ESIT received \$9,279,455 in Federal Part C funding and \$2,000,000 in State General Funds. These are the only sources of funding that ESIT directly controls for both allocation and utilization across all 25 geographic regions. In SFY 2015, school districts received approximately \$46 million in funding **designated to provide early intervention services** to the ESIT eligible population (an estimated \$7,223 per child).

The remaining fund sources utilized in support of early intervention services are allocated by other state agencies and are not universally available to all geographic regions. There are no current requirements for these agencies to report, on an annual basis, the amount of funding provided to support early intervention services. The following funds were identified in the 2010 cost study and reflect the level of funding for that year. These include:

- DSHS Division of Developmental Disabilities: approximately \$5.7 million is allocated for early intervention services through the county system. County DD funding is a major source of revenue for early intervention in some counties, while others cannot access this funding at all due to county-level policy decisions about how the fund source should be spent.
- Department of Health: An estimated \$542,000 provided to neurodevelopmental centers to support ESIT eligible population;
- Medicaid: approximately \$3.1 million;
- Private Insurance and Military Health Benefits: approximately \$3.7 million; and
- Other funding sources: approximately \$5.5 million which includes private fundraising, United Way, grants, local levy funding etc.

Combining known 2016 revenue with 2010 approximate revenue across all sources results in a combined total annual revenue amount of approximately \$71,821,455.

[Cost Study²](#)

In 2010, ESIT undertook a cost study with three main objectives:

- 1) Documentation of the diverse service delivery system and administrative structures that formed the early intervention system;
- 2) Identification of cost associated with direct services and infrastructure and the revenue sources utilized; and
- 3) Recommendations to support an equitable and sustainable early intervention system.

This was the first comprehensive attempt to understand the administrative and service structure from a programmatic and fiscal perspective, along with the implications of an early intervention system that was grounded in historic practice. Participation in the study was voluntary. All of the local lead agencies, numerous provider agencies and several

² Early Support for Infants and Toddlers Cost Study, Berk & Emerald Consulting, 2011

school districts provided data, completed additional questions and in some instances participated in a site visit.

Findings

There were a number of findings that were reflective of a decentralized system that had significant variability grounded in local lead agency differences, fiscal constraints, resource availability and historic service delivery systems. The state lead agency was charged with all federal regulatory responsibilities but lacked state authority for enforcement of regulatory compliance. In addition, aside from the federal Part C funding, the lead agency had no control or access to other state funding to support equitable distribution to ensure the needs of all infants and toddlers could be met. Key findings included:

- There was no single approach to service delivery reflecting local control and decision-making.
- There was general agreement that services authorized somewhat reflected resource availability. Even those who felt the services provided were sufficient to meet developmental needs, agreed that with additional resources, the developmental gains of children could be increased or enhanced.
- There was significant variability in funds available to support the services needed. Not all counties had access to developmental disabilities funding. Other programs had significant fundraising capacities. The use of private insurance was irregular and family cost participation was inconsistently implemented.
- Medicaid and private insurance were significantly underutilized given the percentage of children eligible for both resources.

Recommendations

As a result of the study, three overarching recommendations were made:

- 1) Grow available funding for early intervention services:
 - Improve access to Medicaid funding;
 - Improve access to private insurance;
 - Explore other public revenues used by other states for early intervention services.

- 2) Begin addressing funding inequities across the geographic regions:
 - Explore centralizing DDA and state designated early intervention funding currently distributed through school districts in DEL;
 - Provide technical assistance regarding efficient contracting practices;
 - Review funding formula.
- 3) Work to improve fiscal data available to the states and local agencies:
 - Collect consistent cost and revenue data;
 - Provide clear fiscal policy guidance.

Current Efforts

In the years since the cost study, ESIT made efforts to take the recommendations of the study and implement changes that would improve the early intervention system both programmatically and fiscally. Efforts were focused on work with the state Health Care Authority to explore the opportunity to develop an early intervention specific component of the state Medicaid plan. ESIT developed and implemented a System of Payments policy designed to address inconsistencies and inequities of third party payors including family cost participation. ESIT also implemented a new allocation methodology for distribution of the funds that are directly controlled by the lead agency.

The federal Office of Special Education Programs (OSEP) has required each state and jurisdiction to develop a State Systemic Improvement Plan (SSIP). A component of the SSIP was an infrastructure strengths, weaknesses, opportunities and threats (SWOT) analysis that identified weaknesses/threats in every area: no single line of authority, data system and data quality, misalignment of statutory authority and not accessing all available funding streams. Likewise, the State Interagency Coordinating Council (SICC) Funding Formula Workgroup identified a need to regionalize and to access all relevant funding streams.

All three initiatives addressed the fact that 46% of the children served by ESIT were Medicaid enrolled yet Medicaid represented less than 5% of the total revenue supporting

their services. This compares to an average of 27% in other state's Part C programs. In addition, approximately 30% of children served by ESIT are covered by private insurance or military health benefits while only 6% of the system's funding comes from those two sources.

The passage of SB 5879 provided the opportunity for ESIT to move forward in their system redesign. The legislation requires DEL to develop and submit a plan to the WA legislature on comprehensive and coordinated services for all children eligible for ESIT. The proposed plan must include, but is not limited to:

- 1) A full accounting of all the expenditures related to ESIT from both DEL and school districts, as collected by OSPI;
- 2) The identification and proposal for coordination of all available public financial resources within the state from federal, state and local sources;
- 3) A design for an integrated early learning intervention system for all eligible infants and toddlers who have been diagnosed with a disability or developmental delays and their families;
- 4) The development of procedures that ensure services are provided to all eligible infants and toddlers and their families in a consistent and timely manner; and
- 5) A proposal for the integration of early support for infants and toddlers' services with other critical services available for children birth to age three and their families.

System Design Elements

- Governance
- Finance
- Personnel/Workforce
- Data System
- Accountability & Quality Improvement
- Quality Standards

In addition to a full fiscal accounting, the bill requires DEL to “.... *Develop and adopt rules that establish minimum requirements for the services offered through Part C programs, including allowable allocations and expenditures for transition into Part B of the federal individuals with disabilities education act (IDEA)*”

Stakeholder Engagement

Staff began the process based on the document *A System Framework for Building High-Quality Early Intervention and Preschool Education Programs*.³ The document identifies six components of a high-quality system which include; Governance, Finance, Personnel/ Workforce, Data Systems, Accountability and Quality Improvement and Quality Standards. Staff conducted a review of the ESIT system using the framework and identified the most critical elements for the Washington system.

For the last eight months, ESIT staff has engaged approximately 700 stakeholders across 20 separate events in order to meet their legislative charge. DEL leadership and ESIT staff have been gathering stakeholder feedback through surveys and facilitated discussions with local lead agency staff, early intervention providers, school district contacts, the State Interagency Coordinating Council, stakeholders from OSPI as well as receiving support from national technical assistance providers and Part C leadership in other states.

While there were significant issues identified across all six design elements, ESIT staff recommended that the focus should be on those components essential for their system redesign and aligned with the requirements of SB 5879. The four major areas to be prioritized were:

Regionalization: ESIT service delivery system must be reorganized for efficiency and accountability, from the current 25 into 11 local lead agency regions (e.g., administrative units) by 2018 to ensure consistent monitoring and support, effective communication, collaboration and training.

Resources: The ESIT program would be much more adequately resourced if the program were able to 1) maximize use of Medicaid. 2) increase access to health insurance, and 3) eliminate excessive administrative costs throughout the system. This would support an increase in both capacity and quality of services for children and families.

³ http://ectacenter.org/~pdfs/pubs/ecta-system_framework.pdf

Robust Data: An effective data system must be readily available that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through targeted and pre-scripted reports and accessible to stakeholders.

Rules: In order to ensure that eligible infants and toddlers and their families receive equitable access to the high-quality services and supports needed to promote positive outcomes; rules, lines of authority, and responsibilities at state, LLA, and provider levels must be clearly articulated and followed. Consistency of service delivery, funding utilization and accountability will be monitored through implementation of minimum requirements and rules.

A stakeholder meeting was convened in late August 2016. Over 85 stakeholders representing Local Lead Agency Staff, SICC, Early Intervention Providers, School Districts, Parents, Advocates, OSPI, DEL, and the Legislature participated in the day-long gathering. Each of the tables was provided with a set of questions for each of the major areas and charged with the following questions:

1. What **opportunities** are available for the system within this focus area for improvement?
2. What additional **challenges** do we need to consider while pursuing this area of improvement?
3. What broader **issues** do we need to be aware of when pursuing this area of improvement?
4. What **questions** do you have related to this area of improvement?

The charts that follow capture the major themes for each of the four questions identified by the stakeholders across the four major areas.

REGIONALIZATION	
Opportunities	<ul style="list-style-type: none">• Statewide consistency to support quality and equity• Reduced administrative costs• Economy of scale

REGIONALIZATION	
	<ul style="list-style-type: none"> • Clearer, consistent communication • Stronger infrastructure
Challenges	<ul style="list-style-type: none"> • Geographic diversity • Potential loss of local funding • Provider access • Unique local cultures • Maintaining relationships and “what works”
Issues	<ul style="list-style-type: none"> • Assure that what is working well is not lost • Keeping local communities engaged • Transition from current structure to new regions • Developing consistent resources statewide • Requirements for new agencies
Questions	<ul style="list-style-type: none"> • What functions make sense to regionalize? • How will areas be defined? • How could technology help with collaboration, training and other tasks? • How is funding affected? • How do we continue to honor and respect local culture, relationships and grassroots efforts? • How will you ensure consistent monitoring and support during the transition?
RESOURCES	
Opportunities	<ul style="list-style-type: none"> • Medicaid State Plan • Equalize/minimize out of pocket expenses for families • Increased funding would enable eligible children to access services • All regions have access to all funding streams • Make all early intervention services billable

REGIONALIZATION	
Challenges	<ul style="list-style-type: none"> • Alignment of systems • Regional differences in cost of living • Billing infrastructure • Fair rates • Private Insurance complexities • Availability of resources across all regions
Issues	<ul style="list-style-type: none"> • Inconsistency of System Of Payment a and Fees (SOPAF) application across provider agencies • Inequity of access to early intervention services • Difficulty for families in navigating system • Definition of administrative costs • Reimbursement challenges for evaluations
Questions	<ul style="list-style-type: none"> • How do we minimize administrative costs? • If funding is to be aligned with statutory authority and responsibilities, what will be required to make that happen? • What resources are needed to equalize services to children and families? • How will funds be allocated? • Is there a way to fully fund early intervention so parents do not have to pay?

ROBUST DATA	
Opportunities	<ul style="list-style-type: none"> • Outcome data, for reports and advocacy • Effective data system • A well designed system offering consistent and reliable data accessible to all • Allows all stakeholders to be better informed,

ROBUST DATA	
	<p>understanding success, impact and troubleshooting</p> <ul style="list-style-type: none"> • A high quality system that is reliable, efficient and effective • Technical assistance from the DaSy Data Center
Challenges	<ul style="list-style-type: none"> • Need for unique identifiers • Accuracy of service data • Existing data system hasn't kept pace with original need/design • Design a system that meets the needs of all the funding requirements and agencies
Issues	<ul style="list-style-type: none"> • Multiple data systems with no interaction • Training aligned with data system • Need for several layers: provider needs, billing, regional, state and federal
Questions	<ul style="list-style-type: none"> • Is there a way to track services and link to billing? • How do we get all IT/data electronically updated for our technological world? • What is the vision of an ideal data system? • Can a family opt out of a universal data base? • How can we improve data collection and reduce time spent inputting information? • Where does the money come for new system?

RULES	
Opportunities	<ul style="list-style-type: none"> • Establishes minimum requirements, responsibilities and documents • Consistent implementation and clarity • Clarifying lines of authority and responsibility

RULES	
	<ul style="list-style-type: none"> • Increased funding to direct services • More transparency • Connection with other early childhood programs
Challenges	<ul style="list-style-type: none"> • Transferring funds to DEL • Summer services by school districts • Lack of clarity and consistency regarding funds • Impact of system changes on relationships • Compliance across all providers • Adequate staffing at state and local levels
Issues	<ul style="list-style-type: none"> • Communicating changes to families • Clarity regarding monitoring • Provider shortages • Equity in service availability
Questions	<ul style="list-style-type: none"> • What is a reasonable administrative rate? • How do we ensure consistency state wide? • What is the authority of the local lead agency? • What is the recommendation for money flow? • How will we make shifts to contracts reasonably?

System Vision and Recommendations

From the initial internal discussions and the ongoing stakeholder discussions, ESIT has consistently measured all system needs and potential recommendations against three established priorities. These priorities are:

- 1) The system structure must ensure that maximum funding goes to serving eligible children and families;
- 2) Eligible children must have equitable access to high quality services and supports that are consistently available through a network of highly qualified early intervention providers; and

- 3) Any changes as a result of redesign must minimize disruptions to systems and relationships that are working well in support of effective services for infants, toddlers and their families.

The recommendations that DEL is making for the ESIT redesign efforts are paired with the four system issues that have been prioritized from the system framework referenced previously.

Outcome #1 Regionalization: *The ESIT service delivery system must be reorganized for efficiency and accountability, from the current 25, into 11 local lead agency (LLA) regions (e.g. administrative units) based on the existing Educational Service District (ESD) regions (with the exception of King, Pierce and Snohomish Counties), by 2018 to ensure consistent monitoring and support, effective communication, collaboration and training.*

Action Steps:

- LLA and service provider roles, including that of the family resources coordinator, must be clarified. In regions with multiple providers, providers may not also serve as the LLA. This will promote focus, specialization, and effectiveness, and prevent opportunities for conflict of interest. Reasonable exceptions may be granted in regions with limited access to providers.

DEL's Role: The Department of Early Learning (DEL) is accountable to the federal Office of Special Education Programs (OSEP) and responsible for statewide regulatory guidance, the provision of training, support, general supervision and monitoring to LLA's and statewide providers. Monitoring will be consistent with similar DEL programs.

LLA's Role: Local lead agencies (LLA's) are accountable to DEL and provide monitoring and support to providers through technical assistance and training that will address the specific needs of their region and to support provider agencies in their collaborative efforts with local school districts and other regional and community providers.

Provider's Role: To provide high quality evidence-based services addressing the needs identified on each child's Individualized Family Service Plan (IFSP), including family resources coordination in their suite of services, in order to support an effective team process and positive outcomes for infants, toddlers, and their families.

FRC's Role: Family Resource Coordinators, who are responsible for serving select regions of the state, should be employed by, and housed in provider agencies to support their regular participation as a member of the service delivery team. This requirement is consistently supported by research⁴ as well as feedback from providers and families who have expressed frustration with the challenges of having to work with multiple agencies in order to access services. Their efforts should focus on service coordination that is specifically directed to ensuring that families receive the services they need in an effective, coordinated fashion as defined in federal law, state regulations, and policy. Service coordination for targeted, low incidence disability (e.g. vision and hearing), services offered by multi-county or statewide service providers, will be exempt from this requirement.

- DEL must establish a clearly articulated standardized, equitable process with clear requirements to determine what entity will serve as the LLA in each established region. Criteria should include: resources available in hub community, agency infrastructure, experience with similar programs and organizational capacity.
- Direct communication between ESIT state office, LLA and provider agency staff must be increased through quarterly regional meetings, monthly newsletters and regular webinars in order to facilitate shared leadership throughout the system.

Results: Infants, toddlers and their families will receive consistently high quality services across the state of Washington, increasing potential for school readiness and participation in home and community life.

⁴ *Journal of Early Intervention* 2006; 28; 155 Dunst & Bruder

Outcome #2 Resources: *The ESIT program would be much more adequately resourced if the program were able to 1) maximize the use of Medicaid. 2) increase access to health insurance, and 3) eliminate excessive administrative costs throughout the system. This would support an increase in both capacity and quality of services for children and families.*

Action Steps:

- Develop, in partnership with the Health Care Authority (HCA), a Medicaid state plan amendment to incorporate early intervention services as a billable component under Early & Periodic Screening, Diagnostic, & Treatment (EPSDT) in order to fully access available public funding.
- Implement the System of Payments and Fees policies universally and consistently across all providers. Currently school districts are unable to bill private insurance and this leads to inequities for parents who are required to pay fees. Parents in the same school district may receive free services or be asked to pay thousands of dollars in co-pays and fees depending on which entity is providing services.
- Align state funding with statutory authority and responsibilities. Adjust flow of OSPI funding to DEL. The current route of funding creates confusion regarding oversight responsibilities. School Districts may apply rules for providers receiving the funding they distribute that reflect Part B requirements and not Part C requirements.
- Develop a strategy to fund ESIT in the context of other birth to three programs as outlined in Washington's larger interagency birth to three plan.

Results: More human and financial resources will be available to ensure that families receive high quality, consistent services across the state of Washington, increasing potential for school readiness and participation in home and community life.

Outcome #3 Robust Data: An effective data system must be in place that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through targeted and pre-scripted reports and is accessible to stakeholders.

Action Steps:

- A state required review of the Data Management System (DMS) to determine the system's viability will be conducted with the DaSy Data System Design workgroup to identify the status of existing data elements and report capacity and provide recommendations on needed changes to support the development of a high quality data system. There are a number of data elements that are not available in the current system which prevent ESIT from effective general supervision and fiscal management. The DaSy Center, funded through OSEP, has developed a framework for high quality data systems that support good programmatic and fiscal management.
- Request technical assistance support from DaSy to assist ESIT in the development of an integrated, longitudinal early childhood data system that aligns with other early childhood data systems. Using data from the different systems can help provide a more complete picture of program, family, and child needs to better target limited resources and support child and family outcomes.

Results: High quality data will be available to support accountability and effective measurement of outcomes at all levels in order to ensure that infants, toddlers and their families receive high quality, consistent services across the state of Washington, increasing potential for school readiness and participation in home and community life.

Outcome #4 Rules: *In order to ensure that eligible infants and toddlers and their families receive equitable access to the high-quality services and supports needed to promote positive outcomes; rules, lines of authority, and responsibilities at state, LLA, and provider levels must be clearly articulated and followed. Consistency of service delivery, funding utilization and accountability will be monitored through implementation of minimum requirements and rules.*

Action Steps:

- Address statutory changes as needed for system design. (If OSPI funding is redirected to flow through DEL remove school district requirement to provide or contract for early intervention services⁵)
- Finalize and implement current revisions to Washington Administrative Code to include a maximum of 10 percent allowable administrative indirect costs for entities providing ESIT components or direct services, and 5 percent for entities that act as a 'pass through' for funding.
- Review policies and procedures for any needed additions and revisions that support an integrated birth to three system.
- Incorporate the State Interagency Coordinating Council (SICC) with other early childhood councils.

Results: Clear and consistently applied rules will support fiscal accountability, integrated services, collaboration and consistent practices between providers, in order to ensure that infants, toddlers and their families receive high quality, consistent services across the state of Washington, increasing potential for school readiness and participation in home and community life.

Because of the collaborative nature of the field, and the culture and history of early intervention in Washington State, there is recognition that DEL must work hand in hand with local communities to implement this plan. The Department of Early Learning's partnership with the Office of the Superintendent of Public Instruction at the state level, and local school districts at the community level, is both a clearly articulated requirement in federal law, and key in addressing the needs of children with developmental delays and disabilities from birth through twenty one in the state of Washington. There is a shared commitment to ensure positive outcomes for children.

This plan serves as an attempt to lay out a bold vision. DEL intends to work closely with school district partners, existing LLA's, early intervention providers, and the SICC in support of effective implementation.

⁵ Revised Code of Washington 28A.155.065