

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2022

Mississippi



PART C DUE
February 1, 2024

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The Mississippi State Department of Health (MSDH) is the lead agency responsible for administering Part C of IDEA, known as the Mississippi First Steps Early Intervention Program (MSFSEIP). The MSDH has organized the State's 82 counties into three public health regions, each of which operates nine Local FSEIP responsible for ensuring all eligible infants and toddlers and their families receive early intervention services. The programs are divided into three regional offices (Northern, Central and Southern) each regional office oversees three Local FSEIPs each. The MSFSEIP is advised in program administration by the Mississippi State Interagency Coordinating Council (MSICC) whose members, along with other stakeholders, participate on workgroups providing feedback on systemic improvement efforts.

Additional information related to data collection and reporting

The State uses a centralized data system, known as the Mississippi Infant and Toddler Intervention (MITI) data system, to collect and report on all indicator data except for family outcomes.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The MSFSEIP has a general supervision system that includes integrated monitoring (universal, focused, and targeted) to ensure each Local FSEIP meets all federal regulations and state policies and procedures for Part C of IDEA. The MSFSEIP conducts annual monitoring of all Local FSEIPs using a combination of activities such as self-assessment, fiscal audit, onsite visit, data verification review (i.e., reviews of data in the Mississippi Infant and Toddler Intervention (MITI) data system), desk audit (i.e., reviews of paper records), interviews (i.e., family interviews, LEA interviews), observations, and analysis of issues identified during dispute resolutions, as applicable.

The MSFSEIP continued working with state contacts from OSEP-funded technical assistance centers (The Center for IDEA Early Childhood Data Systems (DaSy) Center and the Early Childhood Technical Assistance Center (ECTA)) to review and revision of the general supervision system as the MSFSEIP continue use the MITI data system. With the implementation of the data system MSFSEIP developed new monitoring tools that aligned with the data system. The MSFSEIP continued to receive national TA from ECTA and DaSy, as a result of this an ongoing technical assistance, the MSFSEIP completed the following activities: (a) revision of the annual program calendar, inclusive of applications, reports, meetings with OSEP and stakeholders, and monitoring and technical assistance cycles; (b) revision of the general supervision process; and (c) development and/or revision of monitoring tools, monitoring reports, official report of findings, corrective action plan (CAP) and improvement plan templates, and verification of correction templates. The TA helped support MSFSEIP in obtaining information about increasing rates for services. information about increasing rates for service providers. The State applied for the IDEA Fiscal Forum 2022: Advancing Resilience, Recovery, and Opportunity from the Center of IDEA Fiscal Reporting (CIFR) to assist with Fiscal monitoring.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention service (EIS) programs.

The MSFSEIP continued to receive national TA from ECTA and DaSy, as a result of this an ongoing technical assistance, the MSFSEIP completed the following activities: (a) continued revision of the annual program calendar, inclusive of applications, reports, meetings with OSEP and stakeholders, and monitoring and technical assistance cycles; (b) revision of the general supervision process; and (c) development and/or revision of monitoring tools, monitoring reports, official report of findings, corrective action plan (CAP) and improvement plan templates, and verification of correction templates. The State applied for the Data Use and Systems Thinking Cohort to assist with Child Outcomes.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The MSFSEIP provides annual training to Local FSEIP staff and providers on federal regulations and state policies and procedures. In addition, the MSFSEIP provides Regional and Local FSEIP trainings and supports on all aspects of the Part C system including and is not limited to referral procedures, data system and child record maintenance, family rights, evaluation and eligibility determination, IFSP development and revisions, timely services, transition, working with families of children who are deaf/hard of hearing, routines-based model implementation, ongoing child assessments, and financial management.

As a part of the State Systemic Improvement Plan (SSIP), the MSFSEIP's reconstituted Comprehensive System of Personnel Development (CSPD) Leadership Team continued revisions of personnel standards and development of orientation and credentialing procedures for early intervention personnel with support from national experts, OSEP-funded TA Centers, and other State Part C programs. The expanded CSPD Leadership Team supported the MSFSEIP's ability to develop new partnerships to expand professional development opportunities. All training under development includes three levels of support: knowledge development, skill development, and knowledge and skill application. Knowledge development is provided through online training modules and self-study with integrated assessments. Skill development is provided through real-time online or face-to-face training with integrated application exercises. Knowledge and skill application is provided via field-based observation and on-the-job coaching. The progress of all MSFSEIP and Local FSEIP staff and providers will be tracked through these levels of learning experiences. This new approach to professional development will ensure service providers have the knowledge and skills to provide services effectively to improve results for infants and toddlers with disabilities and their families.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child

Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

6

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The State Interagency Coordinating Council (SICC) is comprised of 29 members, six (6) of whom are parents, constituting 21% of the membership. The SICC is chaired by a parent and each standing committee has parent members. The MSFSEIP engages parent members in the process of analyzing state data and setting targets using graphic representations and providing trends, and national data where possible, to help provide a meaningful context. Parent input is solicited in the discussion of improvement strategies and program evaluation to identify strategies that will most proximately improve outcomes for families.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Diverse families are invited and encouraged to participate in quarterly stakeholder meetings to provide guidance to the MSFSEIP. Families may participate using a variety of methods, including in-person, virtual, or through written input. Interpretation services and translation of materials are provided to ensure families who use non-English languages and/or modes of communication can participate. The State provides parents and stakeholders with PowerPoint slides of simplified data presentation of the States and Local Program Annual Performance. This allows parents to ask questions and understand the impact of early intervention services at the State and Local area, as well as provide suggestions or recommendations to improve child outcomes. Parents are also involved in one of the three SICC workgroups (Transition, Personnel Development and Public Awareness) that meet monthly to discuss the program improvement initiatives. The State partners with the Mississippi Parent Training and Information Center to conduct quarterly trainings for parent advocacy and leadership skills.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The SICC meetings are conducted in January, April, July, and October. During the January meeting, SICC members review and discuss the preliminary Annual Performance Review data and finalize targets. During the April meeting, SICC members discuss program level data and improvement strategies. During the July meeting, SICC members discuss determinations and evaluation of the MSFSEIP efforts. During the October meeting, SICC members again discuss improvement strategies, evaluate progress, and develop initial targets.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

All information on setting targets, analyzing data, developing improvement strategies, and evaluation are shared during the public SICC meetings and posted subsequently on the SICC webpage. Members and non-members are invited to participate on committees whose work has informed the development of improvement strategies.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

The MSFSEIP shared the complete APR at its SICC/SSIP Stakeholder Meeting as well as a results summary page. The MSFSEIP discussed the results by Indicator and answered all public questions posed. The performance of each Local FSEIP was disaggregated and shared at subsequent SICC meetings providing comparison relative to the MSFSEIP targets. The MSFSEIP also publishes several years of APR data on the MSDH website (<https://msdh.ms.gov/page/41,0,74,63.html>). The website also provides information (i.e., phone and email contact information) to submit comments about the SPP/APR.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

The State did not provide a description of the activities conducted to increase the capacity of diverse groups of parents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

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, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	76.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	86.14%	85.26%	87.11%	86.59%	81.64%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
378	642	81.64%	100%	81.00%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

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Provide reasons for delay, if applicable.

The reasons for delay in the timely provision of services included personnel shortages with all programs, provider illness, missed appointments by families and family vacations.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Mississippi First Steps Early Intervention Program's criteria for "timely" receipt of services is defined as receiving all early intervention services identified on the IFSP no later than 40 calendar days after written parental consent for services.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2022 - October 31, 2022

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional)

Program 5 FFY2013 Finding was not on chart below "Correction of Findings of Noncompliance Identified Prior to FFY 2021"

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

The state reviewed two weeks of subsequent data from the state's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) for the local program. Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely services requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed records for each of the 22 children and determined they had received their services, although late. In addition, the state reviewed two weeks of subsequent data on children with new services in initial IFSPs, IFSP reviews or annual IFSPs for the program and verified that the children received services, although late. The state confirmed the program was performing at 100% compliance and correctly implementing the timely services requirements.

The MSFSEIP was divided into 8 programs until FFY2021. Since FFY2021 the MSFSEIP is comprised of 9 programs.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1		1	0

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

The state reviewed two weeks of subsequent data from the state's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of data, the state determined that 1 program was at 100% compliance and correctly implementing the timely services requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the nine children and determined they had received their services although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0
FFY 2017	5	4	1

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2019

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 8 EI programs in the state, one program had a finding of noncompliance for timely service. The state reviewed two weeks of subsequent data from the state's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely services requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the four children and determined they had received their services although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the eight EI programs in the state, five programs had findings of noncompliance for timely services. The state reviewed two weeks of subsequent data from the state's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP for each of the 5 EI programs). Based on the review of data, the state determined that 4 programs were at 100% compliance and correctly implementing the timely services requirements. One program remained in noncompliance for timely services and was required to resubmit a CAP.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the 86 children and determined they had received their services although late.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One of the five EI programs that received findings of noncompliance was required to resubmit their CAP to address the noncompliance not corrected. The state reviewed and approved the revised CAP activities and strategies. Records for the individual child noncompliance were reviewed and the state verified that they received their services although late.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019, the remaining five findings identified in FFY 2017, and the remaining one finding identified in FFY 2013 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2019, FFY 2017, and FFY 2013: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2021 data for this indicator reflected less than 100% compliance. The State did not provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021, as required by the Measurement Table.

OSEP is unclear on the status of findings for FFY 2019 and FFY 2017. The State included in its narrative for both FFY 2019 and FFY 2017, "Of the 9 EI programs in the state, one program still had findings of noncompliance remaining. A total of four findings of noncompliance that were identified." This information is not consistent with the number of findings reported in the Correction of Findings of Noncompliance Identified Prior to FFY 2021 table. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

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.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	87.36%

FFY	2017	2018	2019	2020	2021
Target >=	95.00%	95.00%	95.00%	87.40%	88.92%
Data	88.86%	88.19%	87.36%	79.52%	74.81%

Targets

FFY	2022	2023	2024	2025
Target >=	90.44%	91.96%	93.48%	95.00%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,091
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	1,668

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,091	1,668	74.81%	90.44%	65.41%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

The state is continuing to see a large percentage of service being performed in clinic settings. The Local LEIPs are having difficulty finding/recruiting providers who are willing to provider services in the natural environments. The State has increased the rate of reimbursement for services in January 2023.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Data Source

State selected data source.

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 Statements for Each of the Three Outcomes:

Summary Statement 1: 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 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 turned 3 years of age or exited the program.

Measurement for Summary 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) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
A1	84.69%	Data	81.28%	80.37%	89.17%	74.24%	73.93%
A2	2013	Target>=	65.00%	65.00%	65.00%	62.50%	63.00%
A2	64.46%	Data	60.22%	61.60%	62.49%	52.00%	47.29%
B1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
B1	84.18%	Data	80.69%	83.86%	82.06%	76.72%	75.66%
B2	2013	Target>=	64.50%	65.00%	65.00%	50.50%	51.00%
B2	62.65%	Data	53.04%	52.78%	50.04%	47.05%	41.18%
C1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
C1	84.25%	Data	80.98%	80.31%	81.11%	75.09%	71.28%
C2	2013	Target>=	64.00%	64.00%	64.00%	54.00%	55.00%
C2	61.36%	Data	55.43%	55.74%	50.30%	50.11%	44.82%

Targets

FFY	2022	2023	2024	2025
Target A1>=	85.00%	85.00%	85.00%	85.00%
Target A2>=	63.50%	64.00%	64.50%	65.00%
Target B1>=	85.00%	85.00%	85.00%	85.00%
Target B2>=	51.50%	52.00%	52.50%	53.00%
Target C1>=	85.00%	85.00%	85.00%	85.00%
Target C2>=	56.00%	57.00%	58.00%	59.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	14	1.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	194	18.42%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	394	37.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	292	27.73%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	159	15.10%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. 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 turned 3 years of age or exited the program	686	894	73.93%	85.00%	76.73%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	451	1,053	47.29%	63.50%	42.83%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the "progress" question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO with state early learning standards. The lead agency has used the OSEP-funded Early Childhood Technical Assistance Center training materials and resources to ensure quality professional development for ECO occurs statewide within every region (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IFSP teams in the state have access to training on how to implement consistent procedures for gathering, analyzing, and reporting these data.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	1.04%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	211	20.04%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	463	43.97%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	291	27.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	77	7.31%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. 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 turned 3 years of age or exited the program	754	976	75.66%	85.00%	77.25%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	368	1,053	41.18%	51.50%	34.95%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the "progress" question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO with state early learning standards. The lead agency has used the OSEP-funded Early Childhood Technical Assistance Center training materials and resources to ensure quality professional development for ECO occurs statewide within every region (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IFSP teams in the state have access to training on how to implement consistent procedures for gathering, analyzing, and reporting these data.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	17	1.61%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	228	21.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	370	35.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	302	28.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	136	12.92%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. 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 turned 3 years of age or exited the program	672	917	71.28%	85.00%	73.28%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	438	1,053	44.82%	56.00%	41.60%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the "progress" question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO with state early learning standards. The lead agency has used the OSEP-funded Early Childhood Technical Assistance Center training materials and resources to ensure quality professional development for ECO occurs statewide within every region (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IFSP teams in the state have access to training on how to implement consistent procedures for gathering, analyzing, and reporting these data.

FFY 2022 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,789
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	612
Number of infants and toddlers with IFSPs assessed	1,053

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life." These data are entered into the MITI data system to be included on the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected as close to but no more than 6 months prior to exit to determine child outcomes ratings again using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and

exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations, d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers). (4) If a child who has exited the program and does not fall into the above-mentioned category they will still be included in the overall number of infants and toddlers who exited the Part C program during the reporting period.

Provide additional information about this indicator (optional).

The State used the 2013 Baseline data for Indicator 3, Summary Statement 1 and 2.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State revised the baseline for this indicator in its FFY 2021 SPP/APR submission, using data from FFY 2020, but OSEP could not accept that revision because the State did not provide an explanation for the revision that was inclusive of both summary statements across the three outcomes areas. The State only provided, in its FFY 2021 SPP/APR, an explanation for the revision for summary statement two. OSEP would expect that a State's baseline year is consistent for both summary statements and across the three outcome areas. The State reported in its FFY 2021 SPP/APR, "During the October 22, 2021, the SICC and stakeholders, recommended that the State reset the baseline to FFY 2020 for all Summary Statement 2 outcomes. The reason for the reset would allow the state to increase the target over time as new evidence-based methods are introduced into the program." Additionally, OSEP could not accept the State's targets through FFY 2025 for this indicator, because of the discrepancy with the baseline data.

The State did not provide an explanation for the revision to baseline in its FFY 2022 SPP/APR.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

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.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
A	84.00%	Data	91.85%	90.12%	81.77%	95.21%	92.55%
B	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
B	87.00%	Data	93.01%	90.29%	74.88%	95.20%	92.79%
C	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
C	88.00%	Data	89.80%	89.08%	90.05%	93.49%	93.27%

Targets

FFY	2022	2023	2024	2025
Target A>=	92.00%	92.00%	92.00%	92.00%
Target B>=	92.00%	92.00%	92.00%	92.00%
Target C>=	92.00%	92.00%	92.00%	92.00%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,300
Number of respondent families participating in Part C	453
Survey Response Rate	34.85%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	422
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	453
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	423
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	453
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	420
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	453

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	92.55%	92.00%	93.16%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.79%	92.00%	93.38%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	93.27%	92.00%	92.72%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2021	2022
Survey Response Rate	29.17%	34.85%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The State uses the ECTA Center Representativeness calculator which uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). Differences that are statistically significant are marked as "No" in the row labeled "Are your data representative?" and highlighted pink.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

The State disaggregated the data by race/ethnicity and geographic locations in its analysis for family survey representativeness as approved by the stakeholders. There is no significant difference between the race/ethnicity or geographic locations.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

YES

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State has moved towards sending out the family survey twice a fiscal year once in the fall and once in the spring. This allowed the state to be able collect more family surveys though out the fiscal year. The survey has an accompanying letter with contact information for assistance in completing the survey, including the state parent resource center, translation services, and tribal contacts. One month after the distribution of the family surveys, Service Coordinators make follow-up contacts with families to encourage them to return their survey. The state office monitors the response rate and reports to Program Coordinators if their program is underrepresented in the responses gathered. Surveys are collected over a six-month time frame to ensure ample time for participation. The State will do analysis to see if sending out surveys twice a fiscal year increases the response rate year over year. The State is also considering sourcing out the collection family survey responses to an outside agency, the State will do cost analysis to see if it is feasible for the program. To increase the response rate for the Hispanic population, the State will work with the Service Coordinators to ensure that the interpret will be available when the Service Coordinator hand delivers the family surveys to ensure that understand why they need to complete the survey.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The state had a response rate of 34.85% which is an increase from the previous year of 29.73%, for the overall response for the family survey that was sent out. When disaggregated by race, all races had a response rate of 33% or more. The state did not identify any notable nonresponse bias between races. When disaggregated by geographic location, all Local Programs had a response rate of 25% or higher. The state will continue to analyze data to better identify different ways for families to return the family survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

Response to actions required in FFY 2021 SPP/APR

4 - OSEP Response

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported, "Analyses were conducted to determine the representatives of the responses. When disaggregated by race and geographic, as followed[s]...", which includes percentages by "race" and "geographic". OSEP is unclear what the percentages represent and whether the response group was representative of the population. OSEP notes that the State did not include strategies or improvement activities to address this issue in the future.

In its analysis of the response rate, the State reported, "To increase the response rate for the Hispanic population, the State will work with the Service Coordinators to ensure that the interpret will be available..."; however, under the analysis of the response rate including any nonresponse bias that was identified, the State indicated, "When disaggregated by race, all races had a response rate of 33% or more. The state did not identify any notable nonresponse bias between races." Therefore, it is unclear if the State analyzed the response rate to identify potential nonresponse bias, particularly for the Hispanic population. OSEP notes that the State did not include the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.53%

FFY	2017	2018	2019	2020	2021
Target >=	0.64%	0.65%	0.66%	0.73%	0.83%
Data	0.85%	0.92%	0.73%	0.67%	0.61%

Targets

FFY	2022	2023	2024	2025
Target >=	0.93%	1.03%	1.13%	1.23%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	216
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	34,735

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
216	34,735	0.61%	0.93%	0.62%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.36%

FFY	2017	2018	2019	2020	2021
Target >=	1.78%	1.80%	1.82%	1.98%	2.06%
Data	1.85%	1.95%	1.98%	1.50%	1.52%

Targets

FFY	2022	2023	2024	2025
Target >=	2.09%	2.12%	2.15%	2.18%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	1,668
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	103,852

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,668	103,852	1.52%	2.09%	1.61%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.18%	89.73%	88.81%	91.51%	86.45%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
320	437	86.45%	100%	94.51%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

93

Provide reasons for delay, if applicable.

The State had 24 instances of missed timelines due to system-based issues. Due to a server Service Coordinator shortage and provider shortage to conduct evaluations in certain programs during this time frame. Families also cancelled evaluation and IFSP meetings which led to Service Coordinators having to rework theirs and the provider schedule to accommodate the family cancellation.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2022 through October 31, 2022

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

The MSFSEIP was divided into 8 programs until FFY2021. Since FFY2021 the MSFSEIP is comprised of 9 programs.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 9 EI programs in the state, four programs had findings of noncompliance for 45-day. The state reviewed two weeks of subsequent data from the state's data system on all children with 45-day. Based on the review of data, the state determined that all programs were at 100% compliance and correctly implementing the timely services requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the 42 children and determined they had received the evaluations and IFSP meeting, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State reported it identified four (4) findings of noncompliance in FFY 2021 in the Correction of Findings of Noncompliance Identified in FFY 2021 table. However, in the State's description of how it verified that each individual case of noncompliance was corrected, the State reported, "The state verified correction of noncompliance for each of the four EI programs prior to issuing findings (pre-correction)." OSEP is unclear if the State identified four findings of noncompliance in FFY 2021 or ensured correction prior to the issuance of a written finding of noncompliance. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.73%	96.01%	90.19%	91.58%	83.85%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
193	253	83.85%	100%	84.19%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

20

Provide reasons for delay, if applicable.

The reasons for delay were primarily due to extensive EI personnel shortage across all local FSEIPs and agencies in multiple locations experienced difficulty with recruitment as there were little to no potential applicants.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2022 - October 31, 2022

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional)

The MSFSEIP was divided into 8 programs until FFY2021. Since FFY2021 the MSFSEIP is comprised of 9 programs.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 9 EI programs in the state, five programs had findings of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for each of the five programs to determine if timely transition plans were provided. Based on the review of data, the state determined that the five programs were at 100% compliance and correctly implementing the timely transition plan requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the 15 children and determined they had received their transition plan, although late or they were no longer in the jurisdiction of the program.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	2	2	0
FFY 2017	1	1	0

FFY 2019

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 8 EI programs in the state, two programs had findings of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for each of the two programs to determine if timely transition plans were provided. Based on the review of data, the state determined that the programs were at 100% compliance and correctly implementing the timely transition plan requirements.

Describe how the State verified that each *individual case of noncompliance was corrected.*

To verify this correction, the state reviewed individual child records for each of the 7 children and determined they had received their transition plan, although late or they were no longer in the jurisdiction of the program.

FFY 2017

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.*

Of the 8 EI programs in the state, one program had a finding of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for the program to determine if timely transition plans were provided. Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely transition plan requirements.

Describe how the State verified that each *individual case of noncompliance was corrected.*

To verify this correction, the state reviewed individual child records for each of the 25 children and determined they had received their transition plan, although late or they were no longer in the jurisdiction of the program.

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2019, and one uncorrected finding identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2019 and FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State included in its narrative for FFY 2017, "Of the 9 EI programs in the State, one program had findings of noncompliance. A total of 25 findings of noncompliance was identified across the two EI programs." This information is inconsistent with the number of findings reported in the Correction of Findings of Noncompliance Identified Prior to FFY 2021 table or within the included sentence. OSEP is unclear if one or two findings of noncompliance were issued and corrected in FFY 2017. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.65%	99.09%	97.20%	95.79%	98.44%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
251	253	98.44%	100%	99.21%	Did not meet target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

The main cause for transition notification delays were due to the letter to the LEA was not sent or documented being sent.

Describe the method used to collect these data.

The following criteria is used to collect Transition 8B; (1) Child has IFSP; (2) Excludes Children with Late Referral (after 34.5 months); (3) Excludes Children Exiting Before 33 months.

Do you have a written opt-out policy? (yes/no)

NO

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2022 - October 31, 2022

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

There were no new findings issued for FFY 2021, due to Program 5 being on a previous uncleared finding from FFY2020.

The MSFSEIP was divided into 8 programs until FFY2021. Since FFY2021 the MSFSEIP is comprised of 9 programs.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	2	2	0

FFY 2020

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*.

Of the 9 EI programs in the state, two programs had findings of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for each of the two EI programs to determine if LEA notification were sent. Based on the review of data, the state determined that both of the programs were at 100% compliance and correctly implementing the LEA notification requirements.

Describe how the State verified that each *individual case of noncompliance was corrected*.

To verify this correction, the state reviewed individual child records for each of the 7 children and determined that the LEA notifications were sent, although late.

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2021 data for this indicator reflected less than 100% compliance. The State did not provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021, as required by the Measurement Table.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	45.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	91.24%	93.93%	90.19%	91.58%	83.85%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
193	253	83.85%	100%	84.19%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

20

Provide reasons for delay, if applicable.

The main cause for transition plan delays were due to Service Coordinator (SC) shortages, and large caseloads.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2022 - October 31, 2022

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

The MSFSEIP was divided into 8 programs until FFY2021. Since FFY2021 the MSFSEIP is comprised of 9 programs.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 9 EI programs in the state, five programs had findings of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for each of the five EI programs to determine if timely transition conference were provided. Based on the review of data, the state determined that all programs were at 100% compliance and correctly implementing the timely transition conference requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the 15 children and determined they had received their transition conference, although late, or they were no longer in the jurisdiction of the program.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	1	1	0
FFY 2018	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	1	1	0

FFY 2020

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 8 EI programs in the state, one program had a finding of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for the program to determine if timely transition conferences were provided. Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely transition conferences requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the four children and determined they had received their transition conference, although late, or they were no longer in the jurisdiction of the program.

FFY 2018

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 8 EI programs in the state, one program had a finding of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for the one EI program to determine if timely transition conference were provided. Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely transition conference requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed the individual child record and determined that the transition conference took place although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Of the 8 EI programs in the state, one program had a finding of noncompliance. The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for the one EI program to determine if timely transition conference were provided. Based on the review of data, the state determined that the program was at 100% compliance and correctly implementing the timely transition conference requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

To verify this correction, the state reviewed individual child records for each of the 25 children and determined they had received their transition conference, although late, or they were no longer in the jurisdiction of the program.

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2020, one remaining finding of noncompliance identified in FFY 2018, and the one remaining finding of noncompliance identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020, FFY 2018, and FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

Although the State provided the reasons for delay, as required by the Measurement Table, OSEP was unclear if these delays were attributable to the transition conference. The State references transition plans rather than the transition conference in its narrative, "The main cause for transition plan delays were due to Service Coordinator (SC) shortages, and large caseloads."

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2021 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01 or the measurement. The State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

Specifically, the State's narrative does not make clear that a transition conference, although late, had occurred.

OSEP is unclear on the status of correction of the FFY 2020, FFY 2018 and FFY 2017 findings of noncompliance. The State included in its narrative for FFY 2020, "Of the 9 EI programs in the state, one program had a finding of noncompliance...The state reviewed two weeks of updated subsequent data from the state's data system on all children exiting Part C for each of the two EI programs to determine if timely transition conference were provided." This information is not consistent with the number of findings reported in the Correction of Findings of Noncompliance Identified Prior to FFY 2021 table or within the included sentence. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The Mississippi First Steps Early Intervention Program does not include Resolution Sessions in its Dispute Resolution policies and procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=				.00%	0.00%
Data				0.00%	

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State's FFY 2022 SPP/APR data are not reported in this indicator because the State did not indicate whether: 1) a target range was used, and 2) if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA, as required. The State must report the required information in order for the SPP/APR submission tool to populate the FFY 2022 SPP/APR data and data table.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The percentage of infants and toddlers who exit the MSFSEIP at or near age expectations on the acquisition and use of knowledge and skills, including early language/communication (i.e., Indicator 3: Outcome B - Summary Statement 2)

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://msdh.ms.gov/page/41,0,74,63.html>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2020	47.05%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	51.50%	52.00%	52.50%	53.00%

FFY 2022 SPP/APR Data

# of infants and toddlers who were functioning within age expectations in Outcome B	# of infants and toddlers exiting not comparable to same-aged peers	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
368	1,053	41.18%	51.50%	34.95%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the “progress” question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO

with state early learning standards. The lead agency has used the OSEP-funded Early Childhood Technical Assistance Center training materials and resources to ensure quality professional development for ECO occurs statewide within every region (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IFSP teams in the state have access to training on how to implement consistent procedures for gathering, analyzing, and reporting these data.

Provide the data source for the FFY 2022 data.

The data for this indicator comes from data collected for summary statement 2 for indicator 3B, i.e., the percent of infants and toddlers who were functioning within age expectations in their acquisition and use of knowledge and skills (including early language/ communication) by the time they turned 3 years of age or exited the program. At the start of FFY2020, the MSFSEIP implemented a new comprehensive data system, Mississippi Infant Toddler Intervention (MITI) data system, which contained early childhood outcomes entry and exit ratings for all infants and toddlers exiting the MSFSEIP.

Please describe how data are collected and analyzed for the SiMR.

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life." These data are entered into the MITI data system to be included on the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected as close to but no more than 6 months prior to exit to determine child outcomes ratings again using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations, d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers). (4) If a child who has exited the program and does not fall into the above-mentioned category they will still be included in the overall number of infants and toddlers who exited the Part C program during the reporting period.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

<https://msdh.ms.gov/page/41,0,74,63.html> - Title: Mississippi Part C SSIP Improvement Plan 2022

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Accountability and Quality Improvement:

Participated in DaSy/ECTA TA, DMS 2.0 Accountability and Improvement Working Series. Participated in individual targeted state TA through DaSy and ECTA to address longstanding noncompliance and monitoring.

Personnel:

Continued implementation of the State CSPD Plan and ensure cohorts of existing and new EI personnel (including both LEIP staff and participating providers) enroll in and obtain the Early Intervention Credential aligned to the new personnel standards.

Data System

Joined 4 states in the DaSy/ECTA TA, Using Data Processes and Systems Thinking to Drive Impactful, Sustainable Systems Improvement with a focus on Child Outcomes data. Worked with data system vendor on revising reports.

Finance

Participated in CIFR/ECTA/DaSy TA, DMS 2.0 Fiscal Management Working Series.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Accountability and Quality Improvement

Outcomes: Began updates to written general supervision and monitoring manual. Completed DMS 2.0 protocols. Identified gaps in accountability system

and plan for addressing the gaps. Addressed long standing noncompliance.

Personnel/Workforce

Outcomes: ## cohorts, comprised of ## service coordinators, enrolled in credentialing training. ## completed the training and received their credentials. Trained service coordinators increased their knowledge of family-centered practice, IDEA Part C law and regulations, evidence-based intervention and instruction, coordination and collaboration practices, and professional practices. This knowledge will enable them to meet personnel standards and to support children and families in achieving improved outcomes.

Data System

Outcomes: Created and convened a state team of local service coordinator, program coordinators, regional coordinator, and two state staff to address using data and systems thinking to improve child outcomes. Increased knowledge on applying data systems processes/tools and systems thinking processes/tools to support improving use of data related to child outcomes. This work will continue into next year. Created revised data reports to better meet state needs for monitoring and reporting.

Finance

Outcomes: Increased knowledge on the working series topics which were State Structure and Current Fiscal System; DMS Protocol/ Discussion of Challenge Areas; and Gap Analysis and Plan for Next Steps. Identified gaps in procedures and policies. Began revising written policies and procedures.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The MSFSEIP will continue to (a) improve program-level data-driven decision making by building effective regional data teams to use program and financial data to enhance program management, (b) revise and implement accountability system procedures and tools to ensure program met standards, and (c) ensure cohorts of existing and new personnel enroll in and obtain the EI Credential aligned to the new personnel standards. These changes are expected to ensure programs are continuously evaluating their performance relative to quality standards and identify targets for local improvement activities. In 2022-2023, the MSFSEIP will publicly report on Local EIP performance relative to these quality program standards to ensure EI personnel and families have a shared understanding of what constitutes a high-quality EIP and to what extent their Local EIP meets and/or are improving on those standards.

List the selected evidence-based practices implemented in the reporting period:

The MSFSEIP continued efforts to implement:

- (1) ongoing monitoring with the Individual Growth and Development Indicator - Early Communication Indicator (IGDI-ECI) developed by Juniper Garden at the University of Kansas; and
- (2) the Routines-Based Model from the Evidence-based International Early Intervention Office at the University of Alabama

Provide a summary of each evidence-based practice.

Early Language Development - IGDI-ECI:

The IGDI-ECI is a progress monitoring tool that is used to assess language development. According to the developers, "The ECI is a brief, repeatable, play-based, observational measure of a child's communicative performance during a 6-minute play period with a familiar adult. The play session is standardized around one of two toys – either the Fisher-Price House or Farm." The IGDI-ECI provides counts of the use of gestures, vocalizations, single words, and multiple words which are combined to provide a total communication score. Performance on the IGDI-ECI can be plotted to show progress over time and development from prelinguistic communication (i.e., gestures and vocalizations) to spoken language (i.e., single words and multiple words). In addition, the individual subskills and the overall communication score can be compared to norms to determine if children are performing similar or dissimilar to typical-developing children.

Routines-Based Model:

The Routines-Based Model for Early Intervention developed by Robin McWilliam is a comprehensive model for the delivery of early intervention services that is family-focused, routines-based, and uses transdisciplinary approaches. The model consists of six key practices: assessing family systems using Ecomaps, gathering individual family information through the Routines-Based Interview (RBI), development of participation-based functional child and family goals, use of transdisciplinary practices for service delivery, procedures for conducting supportive home visits, and use of collaborative consultation in child care settings. This intervention is grounded in decades of research on assessment and intervention planning, home- and community-based supports, and the engagement classroom model as well as aligned to the DEC Recommended Practices.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

Early Language Development - IGDI-ECI:

The IGDI-ECI data are used to monitor language development, evaluate the impact of language interventions, and inform IFSP goal development. The IGDI-ECI is administered quarterly with all infants and toddlers enrolled in early intervention. Continued implementation will support efforts to ensure children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. The adoption of the RBM is expected to promote family engagement and improve outcomes for children and families by having families actively participate in service delivery and consistently use interventions in their daily routines. If implemented with fidelity, an increased percentage of the children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Early Language Development - IGDI-ECI:

To monitor fidelity of implementation, personnel are provided a certification assessment to ensure they are administering the assessment and coding the results consistent with standard procedures. Certification must be maintained annually; however, personnel are checked at least every six months or

more frequently, if needed, to ensure interrater reliability.

The IGDI-ECI data itself is used to monitor the outcome of interventions to promote the child's development of language. The tool helps service providers determine if the child is making sufficient progress in overall communication and to determine which subskills the child has mastered and which have not yet emerged. Results are collected and shared with families and providers during IFSP review and revision meetings and may be used to inform language development goals.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. Each module in the training series has reflective practice submissions, assignments, and an assessment. In addition to the formal assessment, each reflective practice and assignment has a scoring rubric to identify if personnel are mastering the material. The model has explicit fidelity measures for rating performance on each key component. After personnel demonstrate initial fidelity in a practice, they will be observed quarterly and receive ongoing coaching to ensure they are maintaining fidelity. After two consecutive quarters of maintaining fidelity, personnel will be moved to a schedule of biannual monitoring.

File reviews of assessments, communication logs, and service logs as well as virtual or in-person observations are conducted with fidelity measures to ensure changes are being consistently implemented with families. In addition, annual monitoring procedures, including family interviews, have been revised to include elements to determine consistent implementation across local EIPs.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

N/A

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

Early Language Development:

Over the next reporting period, personnel will be monitored to ensure they are implementing the IGDI-ECI with fidelity. In addition, EI personnel will be provided training, guidance, and coaching on the implementation of interventions to promote early language development. The impact of this training will be measured by changes in the IGDI-ECI scores for children whose service providers participate in the training.

In addition, annual monitoring procedures, including file reviews, have been revised to include elements to determine consistent implementation of the IGDI-ECI and early language interventions within participating local EIPs.

Routines-Based Model:

After all Service Coordinators complete the RBM modules and have moved into the monitoring and coaching phase, EI Service Providers are given access to the module series and receive ongoing coaching and monitoring.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The State, feels that it would be premature to revise the SSIP due to the state is making progress on the identified infrastructure improvement strategies and evidence-based practices.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The MSFSEIP engaged stakeholders through State Interagency Coordinating Council public meetings, specific hybrid (in-person and virtual) SSIP meetings, surveys, and development of a Padlet site of resources. The stakeholders were engaged in large and small group discussions, provided resources and data collection tools, and provided multiple methods, including synchronous and asynchronous opportunities, for contribution to decision-making.

To support broad stakeholder engagement in the development of implementation activities, the state facilitated a series of stakeholder meetings to review progress from the initial plan and to determine next steps. To prepare families to participate in these meetings, the state constructed a Padlet site, posting links to articles, tools, infographics, videos, and websites organized around the child outcomes, infrastructure assessment/improvements, evidence-based practices, and documents related to our initial State Systemic Improvement Plan (SSIP). During the stakeholder meeting, these materials were reviewed using several rounds of small group discussion/large group report out activities to ensure they were understood and could be used to inform group decisions. Additional resources to be used during the stakeholder meetings were also uploaded, including self-assessment tools, discussion questions, and surveys. Results of these assessments, discussions, and surveys were uploaded on the site after their completion to prepare for subsequent stakeholder meetings.

Once consensus was achieved in selecting improvement activities, the selected strategies were reviewed by the stakeholders with a focus on their implementation with diverse families to ensure they were appropriate. For example, when considering progress monitoring assessments, the Early Communication Indicator was selected to monitor progress in language development due to its ability to be used with any native language, including American Sign Language. When reviewing models to support family-centered approaches, the Routines-Based Model by Robin McWilliam was selected as it has been demonstrated to be used effectively with diverse populations nationally and internationally.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A

Describe any newly identified barriers and include steps to address these barriers.

N/A

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State did not indicate if the evaluation plan is new or revised.

11 - Required Actions