**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2020**

**Alaska**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**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 Alaska Department of Health & Social Services (DHSS), Senior and Disabilities Services (SDS), Early Intervention/Infant Learning Program (EI/ILP) Unit serves as the State Lead Agency responsible for administering and overseeing the statewide system of early intervention services in Alaska.   
  
State Lead Agency Staff:   
 A. SDS Leadership – Director and Deputy Director  
 B. Part C Coordinator, Health Program Manager 4  
 C. Early Intervention/Infant Learning Program Unit Manager, Research Analyst 4, Lead Data Manager  
 D. Professional Development/Data Support Coordinator, Health Program Manager II  
 E. Program Support Technical Assistants, two Health Program Manager IIs  
  
Other DHSS Supports:   
The Early Intervention/Infant Learning Program (EI/ILP) Unit maintains a clear line of authority and control over all aspects of the EI/ILP System in Alaska. Additional supports to the EI/ILP Unit are provided by SDS Administrative and Policy teams. Additionally, DHSS Finance and Management Services (FMS) lends support through their Grants and Contacts and Information and Technology units. Health Care Services (HCS) Alaska’s Medicaid agency also provides technical support.   
  
Interagency Coordinating Council: Through the State’s Governor’s Council on Disabilities and Special Education Alaska has an active Early Intervention Committee (EIC) that fulfills the role of the Interagency Coordinating Council (ICC). https://dhss.alaska.gov/gcdse/Pages/committees/icc/default.aspx  
  
Local EI/ILP Programs:   
The State Lead Agency ensures the provision of EI/ILP services through 15 Local EI/ILP Programs that provide early intervention services throughout the state. The Local EI/ILP Program grants are awarded State and Federal funds through a competitive process every 3-5 years. Through the contract process, programs agree to provide all of the required components for Part C IDEA services, that all EI/ILP Program staff have the qualifications and training to provide Part C services, that Part C services follow evidence-based practices. All EI/ILP Programs are Medicaid agents for Targeted Case Management. Many bill both public and private insurers for therapy services. These 15 agencies are required to provide and/or coordinate all necessary early intervention services to infants and toddlers with disabilities and their families within their region. Currently, programs are 1) standalone EI/ILP agencies; 2) programs within community-based nonprofit services agencies; 3) programs within Tribal 638s; or 4) located in an LEA. The EI/ILP Unit monitors fiscal obligations of Local EI/ILP Programs.   
  
Program Description:   
EI/ILP services are available to all families with infants and toddlers, ages birth to three years, who experience developmental delay/disabilities as defined by Alaska Part C Policy. All activities and services are provided in a family-centered manner that addresses the priorities of the family and child. Following are the core values of the EI/ILP Program: relationship-focused; strengths-based; family-centered; outcomes-based; reflective practices; effective team practices; evidence informed; and natural environments.   
  
EI/ILP Models for Service Delivery: Programs are responsible for the coordination and delivery of all required activities and services outlined in the EI/ILP Program Goals & Anticipated Outcomes. To address the various situations in Alaska's vast and sparsely populated geographic regions, the EI/ILP Program allows several different service delivery models:  
1. Agency employs a multidisciplinary team which participates in the evaluation/assessment, IFSP development, and delivery of services in the natural environment (including therapy services when appropriate) to best meet the individual   
needs of children and their families.  
2. A primary provider/coaching model, which can include tele-practices, that encourages the participation of multi-disciplinary therapies or other services as indicated by the child assessment and IFSP team recommendations.   
3. Agency employs primary service providers and contracts with related specialties as appropriate to ensure access to a multidisciplinary team and one which encourages a trans-disciplinary approach.  
ILP Programs must describe how they will integrate low incidence disability services into their service delivery model.  
  
Alaska EI/ILP services are rooted in the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments, developed by the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, March 2008.   
  
Mission: Part C Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.  
  
Key Principles:   
Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.  
All families, with the necessary supports and resources, can enhance their children's learning and development.  
The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.  
The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.  
Individualized Family Service Plan (IFSP) outcomes must be functional and based on children's and families' needs and family-identified priorities.  
The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.  
Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.  
  
Alaska Part C Eligibility Criteria  
Children are eligible for Early Intervention services in Alaska if they have a diagnosed condition or disability, a 50% or greater delay in one or more areas of development, or if the evaluation team finds them eligible based through the Informed Clinical Opinion process.   
  
General Update   
EI/ILP Program providers have worked hard during the COVID-19 Pandemic to continue to provide the best possible EI/ILP services to Alaskan families. When face-to-face EI/ILP services have not been possible, continuity of EI/ILP services to families was maintained through alternative service options via telehealth and telephone consultation. Providers and families adjusted to the changing landscape of service methods, although some families chose to exit from EI/ILP services, preferring to instead access available in-person community services or to forego services altogether. Other challenges resulting from the COVID-19 pandemic included limitations upon EI/ILP programs and providers, including remote work for EI/ILP staff with closure of program offices, limited network and hardware access, implementing new and unfamiliar software platforms, staff working remotely with school aged children at home due to school closures, staff and family member illness or death, and staff turnover.   
  
By working together in partnership with local programs, Alaska has been highly successful in continuing to meet the needs of families in EI/ILP as well as our obligations under IDEA, as reported in the SPP/APR and SSIP. We have improved our results for most indicators and have seen substantial progress in our SiMR. The team in Alaska is carrying forward valuable lessons learned during the pandemic to strengthen our system, including expanded use of telehealth, and an increased flexibility or "ILP Without Walls" concept that allows local programs to support and build on each others' strengths when the need arises.

Additional information related to data collection and reporting

On May 18, 2021, the Department of Health and Social Services (DHSS) announced it had identified the dhss.alaska.gov website as the target of a malware attack. The DHSS website was taken offline the evening of Monday, May 17 while an investigation was conducted. This resulted in the EI/ILP Database going offline permanently while a new database is constructed and the DHSS Grants and Contracts database (GEMS) going offline for an extended amount of time. Local EI/ILP Programs transitioned to manual data collection and reporting for both child and grant data. However, the process has been cumbersome, and we have not been able to collect and analyze all data from May 13, 2021 to June 30, 2021 of this reporting period. DHSS has prioritized the development of a new EI/ILP database on a secure platform, and we are currently in final phases of piloting and testing this system. No previously collected data was lost. We anticipate programs being able to enter all data related to FFY20 by the end of February 2022.   
  
Due to the database outage, Alaska has determined that the data from July 1, 2020, to March 31, 2021 is our most complete and accurate data set. We have utilized this data set for most of our submissions, with the exceptions of data related to Child Count or Exiting Data reports. After examination of data trends in past years and preliminary examination of quarter 4 data, we are confident that this data is representative of the complete fiscal year. It is our intent to continue that examination once quarter 4 data is submitted and make any required changes during the clarification period. This database outage has impacted our ability to analyze data on factors related to COVID.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The Alaska EI/ILP Program has developed a process to monitor Local EI/ILP Programs that is based on the following key principles:  
  
1. A selection of indicators is used to monitor each local EI/ILP’s level of performance including compliance. The indicators are based on the Individuals with Disabilities Education Act (IDEA) and closely align with improving results for children and families. These include the required State Performance Plan (SPP)/Annual Performance Report (APR) indicators and annual selection of other critical priority indicators identified by the state with the assistance of a stakeholder group. In addition, the state ensures implementation of all IDEA requirements through the various components of the state’s general supervision system.  
  
2. Data are reviewed and analyzed throughout the year to identify emerging issues and initiate preventative supports including developing and/or modifying planned training and Technical Assistance (TA) (statewide and program specific).  
  
3. Multiple data sources are used to respond to the monitoring indicators. The data system responds to as many indicators as possible while other data sources (e.g., self-assessment record review, onsite data collections) are more focused in scope and are used to capture indicator data not collected by other means.  
  
4. Data analysis at the state office is used to monitor all programs once annually on their performance with the SPP/APR required indicators and selected other state priority indicators and to track progress in the correction of noncompliance on an ongoing basis and identify targeted training and technical assistance needs to ensure improvement.  
  
5. Monitoring data are used annually to respond to SPP indicators and develop the APR.  
  
6. On-site visits are provided to programs with needs identified through EI/ILP’s data-based decision-making processes. The visits focus on the identified areas of need and are structured to uncover and provide technical assistance related to the underlying issues that contribute to programs’ low performance and/or noncompliance.  
  
7. Verification and technical assistance visits are made to local ILPs in conjunction with on-site visits. The purpose of the verification visits is to ensure that the data collected through the ILP database accurately reflects program practice. Technical assistance is provided based on local EI/ILP requests and state priorities.  
  
8. Steps to ensure timely and accurate data are incorporated into monthly and quarterly activities at the state and program levels.  
  
The Alaska EI/ILP monitoring process is structured to manage the various activities that must be completed throughout the year within specific time frames for both the state office and local programs. This is important since completing activities in accordance with requirements is equally important as completing activities by established timelines. Important steps in the process include data review and verification, annual self-assessment, annual desk audit, annual local determinations of performance, including identification of noncompliance and low performance. Programs must complete a corrective action plan in the EI/ILP database for any indicator at less than 100%. All findings of noncompliance must be corrected within one year of the date of the notification letter from the state to the local program. Timely correction of noncompliance is tracked in the EI/ILP database and 2nd self-assessment and through corrective action plans and tools for submission of evidence that demonstrates correction of noncompliance. The state verifies correction (e.g. that the program is implementing the requirements in accordance to IDEA at 100% and for each individuals’ child’s noncompliance) and may request that local programs submit supporting information to document correction of both programmatic and individual instances of noncompliance.  
  
Data System: The Alaska EI/ILP database is the backbone of Alaska’s compliance monitoring system. The database provides up to date SPP/APR compliance reporting, local program management tools, and allows analysis of statewide data trends. The EI/ILP Unit Manager serves as the Part C Data Manager. Under the direction of the Part C Coordinator, they oversee the system, including: training, technical support, system design, cleaning and assessing data quality, ensuring accurate and reliable data monitoring, safeguarding FERPA and HIPAA compliance. Data is entered in a timely manner by local programs. On a quarterly basis, programs review data reports which analyze compliance with the APR indicators, work with TAs to resolve any identified issues, and verify data accuracy. In addition, programs submit program narrative and revenue reports in the database. The state team reviews and analyzes these reports to identify emerging issues and initiate preventative supports including developing and/or modifying planned/targeted training and Technical Assistance, locally or statewide, as needed. Steps to ensure timely and accurate data are incorporated into data system training, quarterly reporting, local EI management reports and data system checks. Data can be analyzed as a whole or broken down to a specific EI/ILP Program, so that the state may determine strengths and areas of need. The Alaska EI/ILP database is currently under development due to the previously referenced malware attack.   
  
Dispute Resolution:   
The EI/ILP includes procedural safeguards to protect the rights of parents and children. Parents must be informed about these procedural safeguards as defined under federal regulations at 34 CFR 303.400-438, including dispute resolution options at 34 CFR 303.430-438, so that they can be actively involved and have a leadership role in the services provided to their child and family. An initial concern about a child’s early intervention program is directed to the local Family Service Coordinator or IFSP team as soon as possible. The EI/ILP encourages resolution of disagreements at the lowest level possible. However, if a concern cannot be resolved informally, dispute resolution options are available; these dispute resolution processes help to ensure that the requirements of IDEA are being implemented within Alaska:  
  
- The state lead agency has established procedures to offer parents and early intervention service providers that choose not to use the mediation process an opportunity to meet, at a time and location convenient to all; the meeting must include a disinterested party (impartial Mediator), who is under contract with a dispute resolution entity or a parent training and information center or community parent resource center in the State, to explain the benefits of, and encourage the use of, the mediation process.  
- Mediations are scheduled no later 30-calendar days after the lead agency receives a complaint. Mediations are held in a location that is convenient to both parties; a qualified and impartial Mediator, who is trained in effective mediation techniques, meets with both parties to help find a solution to the dispute in an informal, non-adversarial atmosphere.  
- Any party not satisfied with the findings and decision of the impartial due process hearing as the right to bring a civil action in state or federal court.  
In addition to the mediation and due process hearing procedures, an individual or organization including those from another state may file a written, signed complaint against any public agency or private service provider, including any early intervention service provider that is violating a requirement of the Part C program. The state lead agency widely disseminates the State's complaint procedures to parents and other interested individuals, including parent training and information centers, protection and advocacy agencies and other appropriate entities.

**Technical Assistance System:**

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

Alaska's technical assistance system is designed to support identification of state and local challenges/strengths related to implementing IDEA. The goals of this system are high quality service delivery, prevention of non-compliance and timely identification of non-compliance, and improved child and family outcomes. Alaska Part C EI/ILP Program Specialists (Health Program Manager II), provide technical assistance (TA) to the 15 Local EI/ILP Programs.   
  
Statewide Technical Assistance:   
Monthly and biennial EI/ILP Coordinator meetings are hosted and recorded, exploring topics related to Part C requirements such as timely services, parental consent, System of Payment, 45-day timeline, transition, accurate and timely data. Other training topics may relate to the database use, systems improvements and training, eligibility and service guidelines updates, natural environment specifics, child outcome process improvement, local transition successes and challenges, maintaining highly qualified staff, fiscal system design and compliance data trends. Child Outcome Summary rating process, evidence-based practice, home visiting practices, effective transitions or other service delivery practices. Information and resources are emailed to ILP Coordinators regularly, including webinar announcements and training resources to support program improvement. Part C staff provide written guidance to clarify procedural and service delivery requirements.   
  
Local Technical Assistance: TA staff meet with each program monthly by phone or video conferencing to discuss program successes, challenges and needs, review and analyze program data and provide regulatory guidance when questions arise. They assist with the orientation of new program coordinators, support programs in implementing quality improvement plans and corrective action plans, and oversee program monitoring on the local level. Program Coordinators work with TA staff to ensure the quality of quarterly data submittals, facilitate work with the grants and contracts unit, and plan for personnel development. Local EI/ILP providers are supported to implement recommended practices, identify internal quality assurance concerns and utilize their program data to ensure IDEA compliance and improved child and family outcomes.   
  
Targeted Technical Assistance: When Local EI/ILP Programs have findings of noncompliance they complete and submit a corrective action plan, working closely with their Technical Assistant. ILP Coordinators meet regularly with TA staff to complete activities identified on the corrective action plan. TA staff review evidence submitted by the program that demonstrates correction of noncompliance and ensure that findings of noncompliance are corrected within one year.   
  
EI/ILP Committee Structure:   
Part C staff coordinate an EI/ILP committee structure, which includes ILP Coordinators and other stakeholders to ensure effective continuous quality improvement in the EI/ILP system. Committees work to include representation of different sized programs, geographic locations and tenure in the state EI/ILP system (i.e.' perspectives from both new and experienced staff). Current committees include: Finance, Professional Development/Workforce, Service Delivery, Policy and Procedure Development, Public Information and Data. In addition, the chair of each committee, along with state staff, form the Leadership/Governance committee. Individual committees give input on' and complete activities related to their identified systems area, and may make recommendations to the Leadership/Governance committee. The Leadership/Governance committee makes recommendations to the Part C Coordinator and state staff, who ultimately make decisions regarding program practices and policies.   
  
Federal Technical Assistance:   
Alaska Part C state staff also participate in specialized technical assistance projects and activities from national experts. Alaska has a standing TA meeting every second Monday of the month with Anne Lucas of ECTA/DaSy/CIFR and has occasional access to data consultant, Robin Nelson of DaSy as well. Part C staff are active participants in regularly scheduled meetings with OSEP, the DaSy Center, the ECTA Center, and ITCA. Topics discussed in Federal meetings and webinars may be related to the SPP/APR and SSIP, Systems of Payment, Federal monitoring, and Child Outcome Summary ratings.

**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 Alaska EI/ILP system develops, implements, and maintains a comprehensive system of personnel development for early intervention practitioners, addressing both in-service and pre-service training, personnel qualifications, and recruitment and retention. This system includes the implementation of the Part C Credential and Alaska System for Early Education Development (SEED) Registry process to train Early Intervention Service Providers in the basic program requirements and ensure they are fully and appropriately qualified to provide early intervention services in the Part C Program. The EI/ILP Professional Development Coordinator works with the Professional Development committee to support personnel development activities, including:   
  
Part C Credential Modules:   
Providers must complete the Part C Credential within 6 months of hire. The credential is a multi-step process and includes online learning modules, a study guide and demonstration of competencies. There are three salient aspects of the Part C Credential: knowledge, understanding and skills. To address the knowledge component, the nine online modules contain general information about early intervention practices in Alaska, approaches to working with families, and a detailed explanation of the Early Intervention process. The first four modules cover general topics in the field, modules five through nine address procedures and processes while working with family.  
  
SEED Registry:  
Providers must register with the Alaska System for Early Education Development (SEED) Registry, within 30 days of hire. They can be assigned a provisional Early Intervention credential while completing the Part C Competency modules. The SEED career ladder provides a list of accepted education and credentials for each SEED level which then correlates to the EI/ILP Roles and Responsibilities chart, which describe the activities that provider is authorized to provide within the Part C System.   
  
Child Outcome Summary Process Modules:   
Alaska has integrated the ECTA Center and DaSy Center COS Process online learning module into our Learning Management System (LMS). This provides key information about the COS process, and the practices that contribute to consistent and meaningful COS decision-making. Over the course of multiple sessions, participants learn about the following topics:   
Why child outcomes data are collected; The key features of the COS process; The essential knowledge needed to complete the COS process; How the three child outcomes are measured through the process; How to identify accurate COS ratings using a team-based process; The importance of comparing children’s current functional performance to age-expected functioning; When and how to measure progress in the three child outcome areas; and how to document ratings and evidence to support those ratings in COS documentation.  
  
Ongoing Evidence Based Practice Training:   
These trainings expand access to providers through related disciplines being provided access to a variety of in-service and/or certification training opportunities necessary to maintain their licensure, topics of interest among providers and their connection to Part C competencies to support additional trainings, ongoing participation in collaborative planning efforts with partner programs and parents in an effort to support cross-sector professional development and developing reflective supervision activities in Alaska EI/ILP.  
  
Pre-service training:  
Through student scholarships and partnerships with systems such as the University of Alaska, EI/ILP supports providers in attaining educational goals which will move them to higher levels on the SEED registry. Supporting advancements in education ensures that provider agencies have a pool of qualified providers to draw from and allows us input on academic programs and endorsements that are appropriate to meet the specialized needs for early intervention providers.   
Statewide training and conferences:   
  
The EI/ILP Program enjoys partnering with other providers in the state to provide training and conferences for attendees across service delivery systems. Examples include the annual Infant Early Childhood Mental Health Conference, training with MIECVH, and the Alaska Association on Education of Young Children.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

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

YES

**Number of Parent Members:**

11

**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 Alaska Part C Program used a variety of mechanisms to reach out to and engage parent stakeholders in setting targets, analyzing data, developing improvement strategies' and evaluating progress in FFY 2020. Because the COVID-19 pandemic prevented in-person meetings and activities, virtual platforms were used instead. Alaska hosted two public stakeholder meetings designed to fit the needs of parents who may not be familiar with SPP/APR and SSIP terminology and content. The EI/ILP Statewide staff were introduced, system described, and links made to local EI/ILP Programs which would be familiar to parents. The presentation defined acronyms and terminology, and presented data in straightforward, manageable sections which were easy to follow. The meeting facilitators actively solicited questions and comments, both verbally and in the chat. Links were provided for more information, including previous SPP/APR and SSIP reporting, and contact information was provided for follow up discussions or private comments. Although there were fewer parent stakeholders in attendance than we had anticipated, we had good feedback from parents. Several Local EI/ILP Programs shared feedback from families in early intervention that they were interested in participating but were overwhelmed due to COVID-related stressors.   
  
Also in attendance at the public stakeholder meetings were representatives from the Interagency Coordinating Council. In FFY20, the Governor’s Council on Disabilities and Special Education (GCDSE) coordinated an Early Intervention Committee (EIC) and the Interagency Coordinating Council (ICC). These two groups have members who are parents of children with disabilities who previously or currently access EI/ILP services. Included as members of these committees are staff from Stone Soup Group Parent Training and Information Center (SSG), LINKS Mat-Su Community Parent Resource Center, and the Disability Law Center of Alaska. Several of these program staff are parents of children who experience disabilities. Staff from these parent centers work closely with parents of children who experience disabilities around the state and support parents to advocate and find solutions to challenges within state service systems. They are tuned in to the specific concerns and needs of parents in our state.

**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.**

Efforts to engage families include strengthening relationships with our partners at the Division of Education and Early Development (DEED), our statewide Parent Information and Training Center (Stone Soup Group), and encouraging local Early Intervention/Infant Learning Programs (EI/ILP) to invite and engage families from their communities and attend together. We are working closely with the Governor's Council on Disabilities and Special Education (GCDSE) to restructure the Interagency Coordinating Council, integrating information about EI/ILP into their committee structures.

**Soliciting Public Input:**

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

Alaska uses a variety of strategies to solicit public input for setting targets, analyzing data, developing improvement strategies' and evaluating progress. These include regular monthly meetings with community partners throughout the year to collaborate on related activities, monthly meetings with EI/ILP Data, Finance, Service Delivery, Policy, and Professional Development committees, and quarterly EI/ILP Leadership committee meetings. Specific public input was solicited at the December and January meetings of the Interagency Coordinating Council. Additional public stakeholder meetings were held in December and January, with broad representation from community partners, parents and EI/ILP service providers. In December and January EI/ILP leadership solicited input from Senior and Disabilities Services leadership. The draft SPP/APR and SSIP was distributed for review and feedback to the EI/ILP Leadership team in January, along with the Interagency Coordinating Council and SDS Leadership.

**Making Results Available to the Public:**

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

The final submitted SPP/APR, including the SSIP, are made available to the public and to OSEP on the EI/ILP website by the submission due date of February 1, for review by OSEP, the public and stakeholders. In addition, updates to the SSIP Theory of Action, Logic Model and Action Plan are made available for public review on the EI/ILP website by February 1. The SSIP Action Plan outlines the SSIP Leadership Team, the State Identified Measurable Result Statement, SSIP Improvement Strategies, identification of Infrastructure and/or practice strategies, intended outcomes, improvement plan activities, and evaluation of both improvement strategies and intended outcomes.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 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 2019 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 revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

A complete copy of the State's findings regarding the performance of each EIS program and the targets in the SPP/APR can be found at the following website: http://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx. In addition to the target outcomes, the State reports the results of the child and family outcomes surveys, federal and state updates' and operations manuals.

## Intro - Prior FFY Required Actions

**Response to actions required in FFY 2019 SPP/APR**

## Intro - OSEP Response

OSEP notes the State reported its Department of Health and Social Services (DHSS) website had experienced a malware attack. Further, the State reported, "Due to the database outage, Alaska has determined that the data from July 1, 2020, to March 31, 2021 is our most complete and accurate data set" and "we are confident that this data is representative of the complete fiscal year."

## Intro - Required Actions

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.

# 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 noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table 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 2020 SPP/APR, the data for FFY 2019), 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 | 84.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.51% | 99.72% | 100.00% | 99.47% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 617 | 674 | 100.00% | 100% | 100.00% | Met 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.***

57

**Provide reasons for delay, if applicable.**

57 infants and toddlers had documented delays attributable to exceptional family circumstances. Exceptional family circumstances included the family exiting the program before the service start date, not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit for the service prior to the service start date due to family schedules, travel, illness, preferences, or other reasons related to family circumstances. Some appointments were missed by families for reasons related to the COVID-19 Pandemic.

**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).**

The data compiled for Indicator 1 reflects the actual number of days between the date the IFSP was signed and when the first day of services began. Alaska's criteria for "timely receipt of early intervention services" is intended to reflect the requirement that all IFSP services are started before or on the IFSP service start date listed within the IFSP.

**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).**

July 1, 2020' to March 31, 2021

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

Indicator 1 data is collected through the use of a database, in which all data is entered regarding children referred and enrolled into agencies under the Part C Program. Data regarding timely services is collected comparing the date that is listed on the IFSP and the first dates of service for each infant/toddler enrolled during FFY20. This data is reviewed and verified by agencies and State Technical Assistants on a quarterly basis for timeliness and accuracy. Agencies self-monitor and plan improvement activities to correct non-compliance on an ongoing basis. State technical assistance is provided when correction is not demonstrated the following quarter.  
  
In addition, the ILP database includes automated data checks and management reports for EIS agencies and Part C State Staff. These reports includes automated data cleaning and reminders reports for EIS agencies and Part C State Staff to ensure there are no missing or inaccurate data. Desk audits are completed by the Part C Data Manager and record reviews are conducted by Part C Program Specialists when deemed necessary to further ensure data accuracy.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 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, 2020 - June 30, 2021). 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.

## 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 (E*MAPS*)).

**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** |
| --- | --- |
| 2005 | 94.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 96.50% | 96.75% | 97.00% | 97.00% | 97.00% |
| Data | 99.54% | 99.54% | 99.07% | 99.53% | 99.46% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% |

**Targets: Description of Stakeholder Input**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 801 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 802 |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 801 | 802 | 99.46% | 97.00% | 99.88% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
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 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

Indicator 3 Summary  
The Alaska Part C System has been working with stakeholders to monitor and discuss Indicator 3 with special interest since 2013 because Indicator 3A1 is the state’s SiMR and the target of the SSIP. We have engaged in ongoing work with stakeholders to understand Indicator 3 trends in relation to statewide data methodology, data quality, and professional development initiatives. The ILP Data Committee, Professional Development, Service Delivery and Leadership committees have worked on projects related to understanding and improving our data related to Indicator 3.   
  
In 2017 we conducted analysis of Child Outcome Summary rating process across programs and providers in Alaska as part of the ENHANCE Project provider survey. Analysis of our data with our stakeholders showed that there was variability in knowledge of COS processes across programs and providers in the state. This resulted in lack of consistency in the implementation of the COS process, impacting the quality of our COS data. Working through stakeholder committees, it was determined that all programs and providers should participate in training focused on implementation of the COS process. Additional specific areas were identified for improvement including understanding of the meaning of each of the 3 outcomes, the importance of utilization of age-anchoring through use of state approved anchor tools, and how to apply the criteria for each of the 7 rating points.   
  
In 2019 the online COS Process Modules developed by the ECTA Center and DaSy were rolled out to all programs on a state Learning Management System (LMS) platform. Providers at all programs completed the 8 modules and a knowledge quiz for each module. These comprehensive modules provided providers with foundational knowledge about the COS Process and its importance, the importance of team-based decision-making, understanding of each of the three outcome areas, age-anchoring, correct application of the 7-point scale through use of the decision tree, and how to effectively document COS ratings. Discussions with providers and stakeholders revealed that this statewide training initiative resulted in a fundamental shift in the methodology for collection of data on Child Outcomes in our state and resulted in substantial improvements to our data quality.   
  
In 2021, with input from stakeholders and our federal Technical Assistants, we recognized that our original baselines were no longer reflective of current practices in our state. Changes in our data impacted the comparability of our current COS data to the data of past years. To remedy this, the decision was made to reset our Indicator 3 baselines to align with FFY19 data and the new data collection methodology. This decision was based on the following specific justifications:   
  
Changes to the methodology of data collection: The state data collection methods for child outcome summary process changed when we completed in-depth training for all providers through the COS Process training modules. This significantly altered COS practice patterns around the state and set clear expectations for programs and providers. Two specific foundational changes included use of state-approved anchor tools for age-anchoring, especially at child exit, and use of the decision tree to ensure accurate assignment of the 7-point scale.   
  
Substantial improvements to the state’s data quality: The COS Process training modules have resulted in substantial improvements in the state’s data quality. We are seeing increases in the number of children who have entry and exit ratings, and improved accuracy of documentation of COS data in our statewide ILP Database, leading to better data quality.   
  
Target Setting: In working through the resetting of baselines with stakeholders, we also considered updates to COS targets for FFY20-26. In meetings with the ICC, public stakeholders, ILP Coordinators from local programs, and the Data and Leadership committees, input was solicited on the setting of new targets for Indicator 3. Stakeholders were presented with Indicator 3 Data from 2013 to 2020 in all 3 Child Outcome Areas for Summary Statements 1 & 2. The history of the baseline, targets, activities, and previous discussions was reviewed. Progress was reviewed, including results, whether targets were met and whether there was slippage. We considered trend data, looking at trendlines from our original baseline, reviewing previous stakeholder discussions of these trendlines. Decisions related to the resetting of baselines were discussed.   
  
Other considerations highlighted by stakeholders in choosing targets included questions about whether FFY20 results were skewed due to virtual service delivery and COVID-19, and concerns that there continues to be turnover in staff and program leadership at the program level due to COVID-19. Also discussed were changes in methodology with our data collection tool resulting from the state COS Process Module training initiative and resulting improvements in data quality. We looked at state initiatives, including the impact of the past 7 years of state training for our workforce.   
  
When choosing targets, the use of Meaningful Difference Calculator was explained as a valuable methodology, especially when there is not a stable trend line to work from in target setting. Specific potential targets were presented, with meaningful differences calculated from both FFY19 and FFY20 Indicator 3 results. Stakeholders gave opinions regarding potential target choices balancing the requirements that targets be both rigorous and attainable. Universally, stakeholder input was to set attainable targets based on meaningful differences from the baseline (FFY19). The need for continued training and support for programs to sustain these changes and ensure training for new providers were discussed and has been built into our revised SSIP plan.   
  
Database outage: The Alaska DHSS cyberattack, which resulted in the outage of the EI/ILP database, has impacted our ability to present and analyze data for the full year. The database outage also resulted in a 6-month period where we were unable to access data to conduct analysis. Additional data analysis will be conducted when our data system is once again fully functional.   
  
Covid-19 Considerations:   
The Alaska Part C system has discussed real and potential impacts of COVID-19 on our data. We are working to measure and understand data trends and will have more capacity for analysis when our database is fully functional and up to date on data. For most of the reporting period, both assessment and intervention services were provided virtually. For some families with limited connectivity in extremely rural areas of the state, services were provided by phone when connectivity in the home was limited, and families were not able to enter the village health clinic due to COVID-19 restrictions. Programs saw an increase in cancellations and missed appointments, difficulty locating families, families who had difficulty engaging in services when school-age siblings were home, and families who opted out of services due to concerns about COVID-19 and/or virtual services. Several programs experienced staffing shortages, including turnover of leadership positions at the local level.   
  
Summary:   
Overall, Alaska is pleased to see our trendlines moving upward again, we believe as a result of changes to COS rating methodology and improved data. Our child outcomes are moving toward national trends, even though we are a state with more restrictive eligibility criteria. However, in the past 2 years there have been extraordinary stressors to our system and changes to our service delivery. Therefore, with strong and unified input from stakeholders, we have been conservative in setting targets for the 6-year period and will revisit targets as necessary if our trendlines hold through the course of the COVID-19 pandemic and after.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2019 | Target>= | 65.00% | 65.00% | 65.14% | 65.20% | 65.10% |
| **A1** | 51.69% | Data | 60.30% | 58.04% | 55.40% | NVR | 51.69% |
| **A2** | 2019 | Target>= | 54.50% | 55.00% | 57.00% | 59.00% | 54.00% |
| **A2** | 40.00% | Data | 54.91% | 57.46% | 52.96% | NVR | 40.00% |
| **B1** | 2019 | Target>= | 70.00% | 73.00% | 75.00% | 79.00% | 67.40% |
| **B1** | 55.02% | Data | 65.23% | 63.34% | 58.33% | NVR | 55.02% |
| **B2** | 2019 | Target>= | 50.00% | 54.00% | 59.00% | 62.00% | 54.00% |
| **B2** | 29.15% | Data | 46.82% | 43.05% | 38.24% | NVR | 29.15% |
| **C1** | 2019 | Target>= | 71.50% | 73.00% | 74.00% | 75.00% | 67.90% |
| **C1** | 61.30% | Data | 71.85% | 69.72% | 64.81% | NVR | 61.30% |
| **C2** | 2019 | Target>= | 53.00% | 54.00% | 54.50% | 56.00% | 48.90% |
| **C2** | 42.96% | Data | 57.49% | 56.71% | 53.30% | NVR | 42.96% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 52.61% | 53.53% | 54.45% | 55.36% | 56.28% | 57.20% |
| Target A2>= | 40.80% | 41.60% | 42.40% | 43.20% | 44.00% | 44.80% |
| Target B1>= | 55.87% | 56.71% | 57.56% | 58.41% | 59.25% | 60.10% |
| Target B2>= | 29.91% | 30.67% | 31.43% | 32.18% | 32.94% | 33.70% |
| Target C1>= | 62.15% | 63.00% | 63.85% | 64.70% | 65.55% | 66.40% |
| Target C2>= | 43.77% | 44.57% | 45.38% | 46.19% | 46.99% | 47.80% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

555

**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 | 2 | 0.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 160 | 32.85% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 107 | 21.97% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 104 | 21.36% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 114 | 23.41% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 211 | 373 | 51.69% | 52.61% | 56.57% | Met 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 | 218 | 487 | 40.00% | 40.80% | 44.76% | Met target | No Slippage |

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 182 | 37.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 133 | 27.25% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 130 | 26.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 43 | 8.81% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 263 | 445 | 55.02% | 55.87% | 59.10% | Met 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 | 173 | 488 | 29.15% | 29.91% | 35.45% | Met target | No Slippage |

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 154 | 31.62% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 116 | 23.82% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 142 | 29.16% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 75 | 15.40% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 258 | 412 | 61.30% | 62.15% | 62.62% | Met 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 | 217 | 487 | 42.96% | 43.77% | 44.56% | Met target | No Slippage |

**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 | 850 |
| 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. | 261 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

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

YES

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

The Alaska Part C System utilizes the ECO Center COS process, collecting COS information the 15 Local Early Intervention programs. Local programs submit demographic and assessment information at child entry and exit in the ILP Database. The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale.   
  
Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile, Infant Toddler Developmental Assessment, Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).   
  
Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), Koontz Child Development Program, Vineland Adaptive Behavior Scales and Walker Problem Behavior Identification Checklist. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.   
  
Impact measurement is based upon the child’s progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. In completing the exit rating, the rating team not only rates the child on the seven-point rating scale, but also answer the question with a “yes” or “no” about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the “new skill” questions are all required. If the child’s record is missing any of this information, the progress category data and results will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child’s status has changed between the time he or she entered and exited EI/ILP.

**Provide additional information about this indicator (optional).**

Data for 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 is an estimate based on percentage of children Q1-Q3 who were not enrolled 6 months, applied to 850 children from exit data.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 and 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| A | 92.00% | Data | 94.03% | 89.86% | 91.57% | 91.78% | 91.25% |
| B | 2006 | Target>= | 97.00% | 97.25% | 97.50% | 98.00% | 98.00% |
| B | 97.00% | Data | 92.54% | 94.20% | 92.77% | 90.41% | 93.75% |
| C | 2006 | Target>= | 95.25% | 95.50% | 95.75% | 96.25% | 96.25% |
| C | 96.00% | Data | 92.54% | 95.65% | 95.18% | 90.41% | 90.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Target B>= | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |
| Target C>= | 96.25% | 96.25% | 96.25% | 96.25% | 96.25% | 96.25% |

**Targets: Description of Stakeholder Input**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

Stakeholders were presented with specific information regarding indicators 4 A, B and C including baselines, targets, FFY20 results, whether targets were met, and whether slippage occurred. Discussions focused especially on Indicator 4B, where slippage occurred (Families are able to communicate child needs). Stakeholders had questions about whether this indicator may have been impacted by virtual service delivery methods during the COVID-19 Pandemic.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 143 |
| Number of respondent families participating in Part C | 79 |
| Survey Response Rate | 55.24% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 72 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 79 |
| 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 | 73 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 79 |
| 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 | 73 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 79 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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) | 91.25% | 100.00% | 91.14% | Did not meet 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) | 93.75% | 98.00% | 92.41% | Did not meet target | 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) | 90.00% | 96.25% | 92.41% | Did not meet target | No Slippage |

**Provide reasons for part B slippage, if applicable**

Survey Item 16-2: Our ILP provider has done an excellent job helping us effectively communicate our child’s needs had a mean response of 3.62, SD = .666. About 92% of responding families indicated the ILP had done an excellent job helping them communicate their children’s needs most (22%) or all (71%) of the time. About 8% were less satisfied and indicated that ILP had done an excellent job some of the time (6%) and none of the time (1%).   
  
This item was analyzed for differences on regional or program levels, although these results are less reliable due to small sample sizes. Satisfaction in the Northern region was 93%, in the Anchorage region 93%, in the Southcentral region 89% and in the Southeast region 95%. The Southcentral region consists of four programs serving primarily rural and remote communities, which may be more prone to poor phone and internet connectivity issues.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | YES |
| If yes, has your previously approved sampling plan changed? | NO |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

Alaska works with a third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD) to design and implement the family outcomes survey. The methodology selected is a cross-sectional study design with a randomly distributed questionnaire. Participant selection and survey procedures are designed and analyzed to ensure that the survey will yield valid and reliable results.   
  
Participants & Selection Procedures:   
To be eligible for the survey, families needed to have at least one child eligible for Part C services enrolled during the previous calendar year for at least 6 months duration. Data about potentially eligible children and families is pulled from the Alaska ILP statewide database. Families are removed from the population if there is insufficient information to send them a survey packet by mail. This includes families with no address, families without enough of an address to be recognized by the USPS, and families whose only address is a child protection office. Deliverable mail serves as informed consent, as well as providing an opportunity to respond by mail or online. The eligible population for the 2021 survey consisted of 724 children in 710 families.   
  
A target group comprised of 143 families was randomly selected from eligible families to receive the survey by mail. Random numbers are assigned to all families in the eligible population. In order to stratify by geography and by race of children, families are sorted by ILP grantees and again by up to 6 race categories. Within each resulting ILP/race category, the 20% of families with the highest random numbers are selected.   
Children with any Native heritage are defined as Native for stratification and analyses by race. This matches the culture in Alaska where people with partial Native heritage are recognized as members of Tribes or other indigenous groups. Thus, about 32.9% of the children in the eligible population and 33.8% in the selected target group had Native heritage by this definition.   
  
Small differences in demographic proportions between the eligible population and the selected target group are most likely an artifact of selection procedures that avoided systematically excluding families in low incidence race categories or with missing race data. Specifically, in the 2021 eligible population, there were eight ILP areas where race/ethnic categories had only one or two families in each, failing to meet a minimum threshold to include one family of that race/ethnicity in the target group. As much as possible, these families were grouped together within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group. For selection purposes, families with missing race data are treated as an additional stratification category to avoid systematically excluding them. Typically, Hispanic/Latino is indicated for these children. In the 2021 eligible survey population, there were 21 cases across six ILP grantee areas where this occurred.  
  
Survey Procedures:   
A third-party evaluator, the University of Alaska Anchorage (UAA) Center for Human Development (CHD), is contracted to implement the Family Outcomes Survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the selected target group families on March 5, 2021.   
The invitational letter (in Appendix A) introduces the survey and invites families to complete it by mail, online, or by using a toll-free phone number, and informs them a CHD evaluator will call in about two weeks if a survey is not yet completed. This letter includes informed consent language approved by the UAA Institutional Review Board.   
If a survey packet is returned as undeliverable in time to send a new one, the procedure is to replace the selected family using the next highest random number within the same ILP/race category. This procedure resulted in 2 replacement families in the 2021 target group. The final target group was comprised of 143 families with 148 children. The given deadline for responding was April 23, and the survey was closed on April 26.   
  
When an evaluator reaches families by phone, caregivers are invited to complete the survey over the phone. Requests to call at another time, opt out, or send information in the mail are honored with courtesy. Due to Covid-19 conditions, the evaluator was set up at home to make and receive phone calls and retrieve voicemail through a UAA computer interfacing with a UAA office phone. Phone calls appeared to participants with the UAA caller ID.   
  
Having a working phone number is not required for inclusion in the target group. When non-responding families cannot be reached by phone, a postcard reminder is sent by mail. It includes phone numbers to reach the evaluator and an online address to access the survey. As the survey deadline approaches, the postcard may also be sent as a reminder to any remaining non-responders in the target group.

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 53.33% | 55.24% |

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

EI/ILP and the CHD continually update survey methodologies to increase response rates for groups who may be underrepresented. One strategy implemented recently is making online responses available for the survey. We are discussing options for texting the survey link to families. Another strategy we intend to implement is to increase our efforts to ensure that local programs have updated contact information in the ILP Database in the month prior to generating the contact list.

**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.**

Alaska takes a number of steps to mitigate nonresponse bias and promote survey responses from a broad cross- section of families who have received EI/ILP services. The survey sample is carefully designed to ensure representative sampling from across the regions of the state and racial/ethnic groups. Survey response strategies include providing multiple methods for distributing and returning the survey, including paper or online and conducting follow up with phone calls to gather survey information. These strategies are designed to increase representation from all areas of Alaska. As Part C staff work with the Center for Human Development (CHD) to review and possibly update the family survey tool and process, continued attention will be given to addressing potential nonresponse bias and strategies to promote equitable survey access and response rates from the full cross-section of families served.  
  
In analyzing the 2021 Family Outcome Survey results, CHD reviewed characteristics of both respondents and non-respondents. 75% of families surveyed completed responses through phone interview. Among the 64 families in the target group who did not respond to the survey, 42 could not be reached by phone and 8 declined to participate. There were 3 wrong numbers and 11 out-of-service, not connecting, or not accepting calls. In another 19 cases, calls always went to voicemail, and 9 more always went to voicemail after someone was reached and asked for a call back. A brief message was left the first time a call went to voicemail. Combined, these 50 cases represented 35% of target group families, slightly lower than what has been most typical in previous years. Of the 50 families who could not be reached by phone or declined to participate, 29 or 58% were rural families, which is about the same as the proportion of rural families in the target group (57%). Of the 53 children in these families about 34% (n = 18) had Native heritage, which was the same as the proportion of Native children in the target group (n = 50 or 34%). No pattern in these non-response factors by urban/rural residence or by race is additional evidence the responding sample was representative. The remaining non-responding families are typically those who were reached by phone and expressed an intent to complete the survey by mail or online, but ultimately failed to do so. Attempts to reach them again before the survey deadline were unsuccessful.  
  
Based on the data collected by the Alaska ILP, characteristics of children were fairly similar across responding families, the selected target group, and the total eligible population. There were no differences that might be of concern regarding representativeness of the responding sample. Within 2021 results, there were no meaningful differences in responses across the four regions. There were also no meaningful differences in responses by race.

**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.**

The representativeness of families responding to the survey is addressed in the sample selection process and evaluated by the CHD. The CHD analyzed the representativeness of the data by race and found no meaningful differences. In addition, representativeness was analyzed through the ECTA Center Representativeness Calculator, looking at race and Hispanic ethnicity. Each racial category, race overall and Hispanic ethnicity were all found to be representative based on the meaningful differences calculator:   
African American or Black: 6% in target population / 5% in survey response  
American Indian or Alaska Native: 29% in target population / 29% in survey response  
Asian: 4% in target population / 3% in survey response  
Native Hawaiian or Pacific Islander: 2% in target population / 3% in survey response  
White: 2% in target population / 1% in survey response  
Unknown: 6% in target population / 5% in survey response  
Hispanic: 5% in target population / 2% in survey response

**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 representativeness calculator 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 identified as "No" in the calculator row labeled "Are your data representative?" and highlighted pink. No statistically significant differences were identified in representativeness.

**Provide additional information about this indicator (optional).**

Alaska is considering an update to the survey for FFY22 and is working with the CHD to review surveys being used by other states. We are especially interested in looking at the revisions made to the ECO Center Family Outcome Survey in 2010, with more detailed questions related to families' knowing their rights, communicating their child's needs, and helping their child develop and learn. The current Alaska survey has only one question for each of these, which may not be picking up on nuances of these important areas. This year we will add a preamble to each of these questions in order to provide clarity. Follow up interviews will be conducted with a segment of respondents to help us understand their thought process in answering those questions. In addition, we are reviewing our use of a 4-point scale rather than a 5-point scale as utilized on the revised ECO Center Family Outcome Survey.   
  
Alaska has reviewed targets and results and has determined that targets should remain steady at this time. If significant revisions are made to the survey in the future, Alaska may need to reset baselines and targets at that time.

## 4 - Prior FFY Required Actions

OSEP notes that one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

Per communication with OSEP, this issue was successfully resolved within the 120 day period. In addition, Alaska verifies that the attachments included in the State’s FFY 2019 SPP/APR submission which were not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), were made available to the public on the State of Alaska website no later than 120 days after the date of the determination letter. (Family Outcome Survey Report)

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State submitted its sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

## 4 - Required Actions

## 4 – State Attachments



# 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 E*DFacts* Metadata and Process System (E*MAPS*)) 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 | 0.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.75% | 1.79% | 1.84% | 1.89% | 1.89% |
| Data | 1.91% | 1.88% | 1.71% | 1.71% | 1.73% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.89% | 1.89% | 1.89% | 1.89% | 1.89% | 1.89% |

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

Stakeholders were presented with specific information regarding indicators 5 including baselines, targets, FFY20 results, whether targets were met, and whether slippage occurred. Discussions focused especially on Indicator 5, where slippage occurred (Child count ages birth to one year). Stakeholders had questions about whether this indicator may have been impacted by the COVID-19 Pandemic. Stakeholders reported fewer infants receiving well child and routine medical care during the reporting period and expressed concern that parents may have been less likely not only to seek medical care, but to receive services from the ILP system if there child had developmental concerns. Stakeholders expressed concern that there may be increased referrals in the future of children who have more significant concerns because they did not receive services as early as they might have.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 156 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 9,706 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 156 | 9,706 | 1.73% | 1.89% | 1.61% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Decreases of child count for infants and toddlers ages birth to one year were analyzed to determine potential reasons for slippage.   
  
We examined whether a decrease in referrals from a particular referral source, such as medical providers, could explain the slippage. An analysis of referral sources did not reveal any changes in referral patterns from various sources as compared to previous years. It appears that referrals were decreased somewhat evenly across referral sources.   
  
We examined the percent of referrals by age range for FY21 Child Count compared to FY20 Child Count This revealed the following:   
FY20 - 25% age birth to 1; 45% age 1 to 2; 30% age 2 to 3  
FY21 - 18% age birth to 1; 42% age 1 to 2; 41% age 2 to 3  
  
It remains difficult to know exactly what caused this shift in age of referral. Anecdotally, families are expressing to local ILP Programs the following reasons for delayed referral, related to the COVID-19 Pandemic:   
1. Children did not have regular well-child care with developmental checks, therefore developmental concerns were not identified.   
2. Physicians referred families to private therapy clinics for in-person services rather than to ILP when ILP Programs were only providing telehealth services.   
3. Families did not feel comfortable having contact with outside providers due to COVID-19.   
4. Families did not want to participate in telehealth services and so delayed the start of services.

**Provide additional information about this indicator (optional)**

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 (E*MAPS*)) 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 | 2.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.48% | 2.52% | 2.56% | 3.00% | 2.70% |
| Data | 2.59% | 2.64% | 2.66% | 2.66% | 3.06% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.70% | 2.70% | 2.70% | 2.70% | 2.70% | 2.70% |

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 802 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 29,163 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 802 | 29,163 | 3.06% | 2.70% | 2.75% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.89% | 99.68% | 99.89% | 99.81% | 99.67% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 458 | 620 | 99.67% | 100% | 100.00% | Met 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.**

162

**Provide reasons for delay, if applicable.**

162 infants and toddlers had documented delays attributable to exceptional family circumstances. Exceptional family circumstances included the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to participate in an evaluation and/or initial IFSP meeting prior to the 45 day timeline due to family schedules, travel, illness, preferences, or other reasons related to family circumstances. Some appointments were missed by families for reasons related to the COVID-19 Pandemic.

**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).**

July 1, 2020, to March 31, 2021

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

This data represents all eligible Part C children for the reporting period described. Alaska Part C uses a statewide data system that calculates initial non-compliance based on the actual number of days from the time a referral was received to the time an initial IFSP meeting occurred. The data reflects all newly referred and enrolled children in the reporting period. Contact records are compared with the ILP database to ensure enrollment for eligible children is timely and compliant. This data is reviewed and verified by agencies and State Technical Assistants on a quarterly basis for timeliness and accuracy. In addition, the ILP database includes automated data checks and management reports for EIS agencies and Part C State Staff. These reports include automated data cleaning and reminders reports for EIS agencies and Part C State Staff to ensure there are no missing or inaccurate data. Desk audits are completed by the Part C Data Manager and record reviews are conducted by Part C Program Specialists to further ensure data accuracy.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 3 |  | 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.***

Prior to considering the findings of noncompliance from FFY 2019 corrected, the Alaska Part C Office verified that the regional site with incidents of noncompliance was correctly implementing the regulatory requirements specific to the timeliness of an initial evaluation and initial IFSP meeting.   
  
After the finding was issued to the program, the Part C Office reviewed subsequent data from the state-wide database, quarterly compliance reports and program self-assessments. Program data for all newly enrolled children were reviewed in the following quarter to assess compliance. In addition, each instance of non-compliance was reviewed at a child record level, and it was found that each child’s non-compliance was corrected.  
  
After it was found that the program had reached 100% compliance in the subsequent quarter and for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for Indicator 7 and no further findings or corrective actions were issued.

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

The Alaska Part C Office verified through child record and data review that the 3 individual cases of noncompliance at one regional site which occurred in FFY 2019 had been corrected. All of the children that had not had an initial evaluation and IFSP meeting in a timely manner were found to have had an initial IFSP meeting, although outside of the appropriate timeline.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The number of findings and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2019.

## 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, 2020 - June 30, 2021). 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.

## 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), 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 | 94.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.89% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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)**

NO

**If no, please explain.**

Data includes all children exiting during the reporting period who were age 33 months or less when referred and determined eligible.

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 439 | 674 | 100.00% | 100% | 100.00% | Met 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.**

235

**Provide reasons for delay, if applicable.**

235 children had documented delays attributable to exceptional family circumstances. Exceptional family circumstances included exiting the program before the transition plan due date, the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to develop the transition plan due to family schedules, travel, illness, preferences, or other reasons related to family circumstances. Some appointments were missed by families for reasons related to the COVID-19 Pandemic.

**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).**

July 1, 2020, to March 31, 2021

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

This data represents all eligible Part C children for this reporting period who were age 33 months or less when referred and determined eligible; the data counts infants and toddlers 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 during the reporting period. Contact records are compared with the ILP database to ensure transition plans for eligible children are timely and compliant. This data is reviewed and verified by early intervention agencies quarterly for timeliness and accuracy. Early intervention agencies self-monitor and plan improvement activities to correct non-compliance. State Technical Assistance is provided when clarification is required on any quarterly reporting.  
  
The EI/ILP data system includes automated data checks and management reports for early intervention agencies and state staff to ensure there are no missing data fields, dates out of expected range; data drop down fields are used for SPP/APR reporting requirements. Annual desk audits are completed by the Part C Data Manager and onsite record reviews are completed during monitoring visits and by State Program Specialists during technical assistance site visits to further ensure data accuracy. Technical Assistance is designed based on Early intervention local needs and statewide data trends in addition to agency specific needs. All non-compliance must be corrected within 12 months of finding by the agency where the non-compliance was identified.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 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, 2020 - June 30, 2021). 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.

## 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:

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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), 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 | 86.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 82.71% | 99.81% | 100.00% | 97.52% | 98.76% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 288 | 321 | 98.76% | 100% | 96.00% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Timely notification to the LEA did not occur for 12 children during the reporting period. Technical Assistants worked with each program who had noncompliance to understand the reasons for noncompliance and to discuss corrections. Slippage occurred due to the following reasons, which were primarily related to the COVID-19 Pandemic:   
\* Changes in local program/LEA transition procedures such as movement to virtual meeting platforms, and changes to communication methods where notification occurs, such as phone, fax and email.   
\* Changes in local program staff, including illness and death, which impacted implementation of correct transition procedures and accurate data entry.   
\* Family delays in the transition process related to family illness, reticence about LEA services, and scheduling difficulties.

**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.**

21

**Provide reasons for delay, if applicable.**

Two programs each had 1 instance of noncompliance.   
\* One program had 1 instance where late notification occurred when family circumstances delayed the normal sequence of transition steps, including invitation to the 90-day transition conference, which is usually used as notification in that program.   
\* One program worked extensively with the family during the last 3 months of enrollment, trying to convince them to work with the LEA in the transition process; the family did not feel comfortable accessing school-based services due to COVID and notification never occurred.  
  
One program, (the state's largest), had 10 instances of noncompliance. This program reports that nearly all instances were impacted by the COVID-19 pandemic. Changes in transition procedures and staffing during the COVID-19 pandemic contributed to noncompliance. One key employee responsible for data entry passed away during this period.   
\*Three families chose not to transition to the school district. The program did not have families sign an opt-out form to decline notification, and notification did not occur.  
\*Six families had delayed transition processes due to family circumstances, including illness, scheduling difficulties, and uncertainty about transition decisions. 90-day transition meetings did not occur in a timely way with the LEA. Although the program coordinated with the LEA, the dates that notification occurred were not clearly documented.   
\*One child had late notification, although that child was eventually determined Part B eligible by the third birthday.

**Describe the method used to collect these data.**

Under 34 CFR §303.401(e), Alaska has adopted 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 Alaska includes in the calculation under 8B, 20 children for whom the parents have opted out. Alaska's written opt-out policy is on file with the Department 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).   
  
The SEA notification data represent automated notification from the Part C data system to a shared secure server for all toddlers with disabilities exiting Part C where notification to the SEA occurred at least 90 days prior to their third birthday for those toddlers eligible for Part B services. Alaska Part B can access this data which is updated weekly as Part C children turn 27 months of age unless a parent opts out of notification. SEA notification target and data are 100% for SEA notification.   
  
The Part C data system creates an individualized notification letter for any child transitioning to Part B. Local EIS providers print and send the child notification letter to the LEA for each potentially Part B eligible toddler exiting Part C unless the parent opted out. Each EIS agency verifies date notification was sent at the individual child level in the statewide EI/ILP database. Alaska Part C and Part B initiated a new agreement for LEA monitoring in FFY15 to include all children for the fiscal year. Alaska Part C reported NVR data for FFY13 due to this system and staffing change. Current data indicates this system is fully functioning.   
Alaska Part C LEA notification compliance is monitored through the Alaska Part C Monitoring/General Supervision System; each early intervention agencies is required to document LEA notification for each child in the Alaska Part C database. This data should match the referrals sent to the Part B office. Further efforts are being made to continually monitor and improve the communication between Part B and Part C on a state and local level.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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).**

July 1, 2020, to March 31, 2021

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

This data represents Part C children for the period described above who were age 33 months or less when referred and determined eligible. The data counts infants and toddlers 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 during the reporting period. Contact records are compared with the ILP database to ensure that notification for eligible children was timely and compliant.   
  
The EI/ILP data system includes automated data checks and management reports for early intervention agencies and state staff to ensure there are no missing data fields, dates out of expected range; data drop down fields are used for SPP/APR reporting requirements. Desk audits are completed by the Part C Data Manager and TA Staff and onsite record reviews are completed during monitoring visits and by TA staff during technical assistance site visits to further ensure data accuracy. Technical Assistance is designed based on Early intervention local needs and statewide data trends in addition to agency specific needs. All non-compliance must be corrected within 12 months of finding by the agency where the non-compliance was identified.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 2019 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2019 corrected, the Alaska Part C Office verified that the regional site with incidents of noncompliance was correctly implementing the regulatory requirements specific to the timeliness of notification of potentially eligible toddlers to the LEA. After the finding was issued to the program, the Part C Office reviewed subsequent data from the state-wide database and program self-assessments. Program data for all newly exited children were reviewed to assess compliance. In addition, each instance of non-compliance was reviewed at a child record level, and it was found that each child’s non-compliance was corrected. After it was found that the program had reached 100% compliance in the subsequent quarter and for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for Indicator 8B and no further findings or corrective actions were issued.

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

The Alaska Part C Office verified through child record and data review that the 4 individual cases of noncompliance which occurred in FFY 2019 had been corrected. All of the children that had not had notification in a timely manner were found to have had notification to the LEA or had chosen to opt out of notification, although some notification occurred outside of the appropriate timelines.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The number of findings and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2019. .

## 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, 2020 - June 30, 2021). 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.

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# 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 = [(# 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), 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 | 85.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.82% | 99.81% | 100.00% | 99.73% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 194 | 234 | 99.73% | 100% | 100.00% | Met 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.**

40

**Provide reasons for delay, if applicable.**

40 children had documented delays attributable to exceptional family circumstances. Exceptional family circumstances included exiting the program before the transition conference due date, the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to develop the transition plan due to family schedules, travel, illness, preferences, or other reasons related to family circumstances. Some appointments were missed by families for reasons related to the COVID-19 Pandemic.

**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).**

July 1, 2020, to March 31, 2021

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

This data represents all eligible Part C children who were age 33 months or less when referred and determined eligible that exited the program during the period of July 1, 2020, to March 31, 2021, and were potentially eligible for Part B services. This period can be considered representative of the full reporting period due to the stability of Alaska's compliance with this indicator over many years. From the pool of exiting children, the data counts all infants and toddlers exiting Part C who have had a 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. It is important to note that children who exited due to having a status of deceased, moved, out of contact or parent withdrawal were not included in the denominator because they were no longer in the jurisdiction of the program.   
  
Contact records are compared with the EI/ILP database to ensure transition conferences for eligible children are timely and compliant. This data is reviewed and verified by early intervention agencies quarterly for timeliness and accuracy. The EI/ILP data system includes automated data checks and management reports for early intervention and state staff to ensure there are no missing data fields or dates out of expected range. Data drop down fields are used for SPP/APR reporting requirements. Desk audits are completed by the Part C Data Manager and Part C Program Specialists as needed. Onsite record reviews are completed during monitoring visits and during technical assistance site visits by Part C Program Specialists to ensure data accuracy. Technical Assistance is designed based on early intervention local needs and statewide data trends.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 | 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.***

Prior to considering the findings of noncompliance from FFY 2019 corrected, the Alaska Part C Office verified that the regional site with an incident of noncompliance was correctly implementing the regulatory requirements specific to transition processes.   
  
After the finding was issued to the program, the Part C Office reviewed subsequent data from the state-wide database, quarterly compliance reports and program self-assessments. Program data for all newly exited children were reviewed in the following quarter to assess compliance. In addition, the instance of noncompliance was reviewed at a child record level and it was found that the child’s non-compliance was corrected.   
  
After it was found that the program had reached 100% compliance in the subsequent quarter and for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for Indicator 8C and no further findings or corrective actions were issued.

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

The Alaska Part C Office verified through child record and data review that the individual case of noncompliance in 1 regional site which occurred in FFY 2019 had been corrected. All infants and toddlers that had not received a transition conference in a timely manner were found to have eventually received a 90-day meeting, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The number of findings and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2019

## 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, 2020 - June 30, 2021). 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.

## 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 (E*MAPS*)).

**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.**

Alaska does not use Part B Due Process procedures, but instead uses Part C due process procedures, therefore this indicator is not applicable.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 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 (E*MAPS*)).

**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 targets 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

Because Alaska had no mediation requests, we did not provide targets for this indicator.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 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 that must be 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., 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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?**

“Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from baseline of 51.69% to 57.20% by Federal Fiscal Year 2025.”

**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)**

YES

**Please provide a description of the changes and updates to the theory of action.**

Summary of changes to Theory of Action:   
Updates to the Theory of Action began with the removal and reorganization of action statements that have been completed, no longer fit with the planned activities of the state system, or fit better in a different strand of action. The remaining actions were prioritized, wording was updated to fit current practices, and outcome statements were updated to guide current system outcome statements. This update of the Theory of Action served as a foundation for development of a updated logic model, improvement strategies, implementation activities and associated steps, and evaluation plan. Changes to the Theory of Action and related documents were based on feedback from TA staff, stakeholder input and Part C staff planning processes. These streamlined and updated documents serve as our guide for the current 6-year SSIP cycle.   
  
Professional Development and Technical Assistance (PD/TA) Theory of Action:   
\* If the EI Lead Agency:   
1.1 Supports ILPs in implementing high- quality Child Outcome Summary (COS) rating processes in partnership with families  
1.2 Identifies and develops training activities focused on evidence-based practices which support infants and toddler’s progress in Outcome Area 1: Positive Social Emotional Skills   
1.3 Conducts training activities focused on evidence-based practices which support infants and toddler’s progress in Outcome Area 1: Positive Social Emotional Skills   
  
\* Then:   
\* ILP providers will understand the COS process  
\* ILP will have a high-quality in-service professional development system in place that supports implementation of practices related to related to Outcome Area 1: Positive Social Emotional Skills  
\* ILP providers will have increased knowledge of practices which support development related to Outcome Area 1: Positive Social Emotional Skills  
  
\* Then:   
\* ILP Providers will meet implementation standards in COS rating practices.   
\* Infants and toddlers with developmental needs related to Outcome Area 1: Positive Social Emotional Skills will meet their IFSP goals related to this area.   
\* ILP providers will use evidence-based practices with fidelity to support development related to Outcome Area 1: Positive Social Emotional Skills with infants & toddlers and their parents  
  
\* Then:   
Infants and toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit.  
  
Data System and Accountability/ Quality Improvement Strand Theory of Action:   
\* If the EI Lead Agency:   
2.1 Work with DHSS IT team to create and roll out new database with new user interface  
2.2 Builds local program capacity to report accurate data by improving understanding of data and data collection methods.  
2.3 Integrates SSIP activities and data into program monitoring system.   
2.4 Implements framework for data driven decision making related to program accountability with diverse stakeholder input.   
  
\* Then:  
\* ILP will have a new database user interface that is successfully adopted by all ILP Programs.   
\* State and local ILP programs will enter accurate child data, quarterly indicator data, and annual self-assessment data related to child progress toward Outcome Area 1: Positive Social Emotional Skills   
\* ILP will incorporate SSIP measures and program performance data into a revised annual program self-assessment and new program improvement plans.   
\* Stakeholders will be partners in decision making related to selection of targets and engaged with identification of critical questions and related analyses   
  
\* Then:   
\* ILP will have a secure, functional database which is responsive to the program’s need for accurate and robust collection, analysis and reporting of ILP data.  
\* ILP programs will use data collection, management and reports to analyze data in order to assess program strengths and needs, track progress and identify areas for growth.   
\* ILP will demonstrate a coordinated system of diverse, representative stakeholders, committees and state staff who are key partners in utilizing data to make decisions about improvements across the ILP system.   
  
\* Then:   
Infants and toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit.

**Please provide a link to the current theory of action.**

https://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx

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** |
| --- | --- |
| 2019 | 51.69% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 52.61% | 53.53% | 54.45% | 55.36% | 56.28% | 57.20% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicator 3A SS1 # Progress | Indicator 3A SS1 # Total | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 211 | 373 | 51.69% | 52.61% | 56.57% | Met target | No Slippage |

**Provide the data source for the FFY 2020 data.**

Child Outcome Summary rating data is collected from local ILP Programs in the Alaska EI/ILP Database.

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

Alaska’s SiMR is the same as Indicator 3A, summary statement 1. To measure this indicator, the Alaska Part C System utilizes the ECO Center COS process, collecting COS information from the 15 Local Early Intervention programs. Local programs submit demographic and assessment information at child entry and exit in the ILP Database. The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale.   
  
Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile, Infant Toddler Developmental Assessment, Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).   
  
Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), Koontz Child Development Program, Vineland Adaptive Behavior Scales and Walker Problem Behavior Identification Checklist. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.   
  
Impact measurement is based upon the child’s progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service team not only rates the child on the seven-point rating scale, but also answer the question with a “yes” or “no” about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the “new skill” questions are all required. If the child’s record is missing any of this information, the progress data will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child’s status has changed between the time he or she entered and exited EI/ILP.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

In 2020, the state began collecting data related to social-emotional development through a survey question in the annual Family Outcomes Survey. The relevant item is Item 16-4: Our ILP provider has done an excellent job helping us enjoy our relationship with our child. The mean response on Item 16-4 was 3.70, SD = .627. A high 94% of responding families indicated the ILP had done an excellent job helping them enjoy relationships with their children most (17%) or all (77%) of the time. This was an exceptionally strong result, similar to the previous year (M = 3.73, n = 80). Results of this data were strong in all regions: Northern region (M= 3.64), Anchorage region (M= 3.78), Southcentral region (M=3.67), Southeast region (M=3.65).

**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)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

Cyber incident:  
As reported in the Executive Summary section of this report, on May 18, 2021, the Department of Health and Social Services (DHSS) announced it had identified the dhss.alaska.gov website as the target of a malware attack. This resulted in the EI/ILP Database going offline permanently while a new database is constructed. Local ILP Programs transitioned to manual data collection and reporting for both child and grant data. However, the process has been cumbersome, and we have not been able to collect and analyze all data from May 13, 2021, to June 30, 2021, of this reporting period. No previously collected data was lost. We anticipate programs being able to enter all data related to FFY20 by the end of February 2022.   
  
Due to the database outage, we have determined that the data from July 1, 2020, to March 31, 2021, is our most complete and accurate data set and this has been used to evaluate the SiMR. After examination of data trends in past years and preliminary examination of quarter 4 data, we are confident that this data is representative of the complete fiscal year. It is our intent to continue that examination once quarter 4 data is submitted and make any required changes during the clarification period.   
  
New database:   
The creation of a new database has been in process for several years, and it is anticipated to roll out in the next 1-2 months. The new database will create additional variables and reports which will allow for both programs and State staff to run better, more complete analyses on the Part C population. The ability to better understand the Part C population would lead to a stronger understanding of outcomes, and to explain possible differences in outcomes within those utilizing early intervention services.

**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

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

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

Alaska utilizes an integrated Action Plan for planning and evaluating outcomes and activities across areas of infrastructure and practice improvements. With a review of the previous 5-year SSIP cycle and planning for the current 6-year SSIP cycle, this document was updated. Changes to the State's Theory of Action, Logic Model, and integrated Action Plan, including the evaluation plan were made with stakeholder input. The documents were reorganized in order to ensure all sections align with current needs and priorities of the state system. Completed activities that are now integrated into ongoing operating procedures at the state and/or program level were removed from the plan. Improvement strategies were reworded to better describe strategies for the upcoming cycle.   
  
Intended outcomes were updated and reworded to reflect current language used by the state related to practices and strategies. Outcome language was broadened from use of the terms "social emotional skills" or "social emotional development," to "skills related to Outcome Area 1: Positive Social Emotional Skills" in order to support the link between Child Outcomes information in evaluations, IFSP goals, and intervention, as supporting COS ratings. This shift supports our state's broadening of strategies from a primary focus on Infant/Early Childhood Mental Health strategies, to incorporate strategies related to autism spectrum disorders and social communication, self-regulation including sensory strategies, and strategies for supporting positive social emotional skills in children who have diagnosed Part C disabilities or who are medically fragile. Children with these developmental needs encompass a large portion of children in our state who are not making progress in gaining positive social emotional skills, which we learned in a pilot data analysis at the second largest program in our state. All activities related to COS were consolidated into the PD/TA strand.   
  
The Data strand was broadened to focus on increasing the quality of data and integrating SSIP goals and activities into ongoing program monitoring activities. This supports our efforts to streamline and improve monitoring and data collection activities, helping local ILP Programs with tools that focus on the quality of quarterly and annual data processes and allowing the state staff to utilize data more efficiently for decision-making. Local programs and stakeholder engagement in data driven decision making will be emphasized. An enhanced database will support us in utilizing data in order to continue to move our plan forward.   
  
Updates to the Evaluation Plan specifically were made to align with the new activities and the outcomes we hope to achieve to support our ability to meet the SiMR. Data collection methods are organized in a way that allows timely collection and analysis. Whenever possible, evaluation activities were incorporated into existing structures such as quarterly reports, the database, annual program self-assessment and other components of our integrated monitoring system.   
  
https://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx

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

Professional Development and Technical Assistance (PD/TA) Summary:   
Professional development and TA activities focused on supporting local programs and providers in gaining the skills needed to support children with social emotional skills that are below age level. Provider completion of Child Outcome Process modules, with quizzes to accompany each module, has significantly improved the quality of our COS data. Improving COS rating practices through better quality evaluations at entry and exit has also increased provider capacity to identify children with social emotional concerns.   
Analysis of patterns of development related to lack of improvement in COS entry and outcome ratings in Outcome Area 1 was piloted at one local ILP Program. This has given us valuable insight into the needs of children who are not making progress This information, along with TA staff and PD Coordinator communication with local programs informed our PD planning for the year. Some activities were difficult to plan due to constraints related to COVID-19.   
  
Professional development activities were entirely online this year. A group of providers who have completed the Wonder Babies PreSteps Learning Collaborative received in-depth training in Joy Brown’s Adaptive Behavior Inventory (BABI), targeting early identification of fragile infants who are at risk of social emotional concerns related to self-regulation. EI/ILP was a partner in organizing the Alaska Infant and Early Childhood Mental Health Institute Virtual Conference, and supported attendance of ILP Providers statewide. Entry level providers were provided access to Start Early (formerly Achieve on Demand) self-paced online learning modules, which provides foundational knowledge in home visiting, trauma and Infant Mental Health. Scholarships were also provided to support continuing education for current ILP Providers to expand their provider roles in ILP and for difficult to recruit therapists. A new Learning Management System (LMS) was purchased, and the Alaska Part C Credential has been moved to this platform. When edits are complete, the system will be rolled out to users as the first step in the building of a comprehensive LMS to support ongoing training of ILP Providers and Coordinators.   
  
Data and Accountability (DA) Summary:   
Significant progress was made in the Data and Accountability strand in FFY20, although we also experienced setbacks related to our database. While the ILP database went offline due to the cyberattack, significant progress has been made in the rollout of the ILP Database on a new platform. DHSS has prioritized the ILP database project. A database workgroup subcommittee was formed in order to focus solely on functionality, testing and rollout of the new database. Updates to the new database system aimed at increasing data quality and availability include additional required fields including risk factors, exit outcome reasons, complete contact information, race, and consent to bill insurance. Comprehensive data will allow us to accurately analyze data in order to understand the characteristics of children who are and are not making progress in Child Outcome Area 1. The data governance committee has been an active group of stakeholders engaged in understanding SSIP data and development of data collection methods for the SSIP evaluation plan.   
  
An unexpected consequence of the database outage is increased local program appreciation for and engagement with the ILP data system through the database workgroup and data committee. During the first 6 months or more of COVID-19 it was difficult to engage stakeholders in regular committee work due to stressors related to COVID-19 and COVID-19 response. As programs have somewhat stabilized, we increased our focus on engaging stakeholders with our ILP and SSIP data through the stakeholder structure. Work with committees including Service Delivery, Finance, Data, Database, Policy and Leadership have focused on work related to the SPP and SSIP, integrating SSIP activities and data driven decision making into the committee work.

**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.**

Progress toward short and intermediate term outcomes for PD/TA and DA infrastructure improvement strategies were reviewed by the State and stakeholders with a summary of achievements, evaluation measures and consideration future steps during the revision of the SSIP Action Plan.   
  
Professional Development/Technical Assistance (PD/TA) progress:   
New ILP Providers completed the COS Process Modules this year, with passing scores of 80% or higher on all quizzes. Significant progress was made in understanding developmental patterns of children who did not make progress in Child Outcome A. A pilot study was conducted in one local ILP Program, with a presentation and report made to statewide ILP stakeholders. Significant finding showed that only 11% of children who did not make progress were involved with child protection. 20% of children were medically fragile, 13% had global developmental delays, and 30% were diagnosed or suspected of experiencing Autism Spectrum Disorders. Diagnoses associated with the children in this group include Alagille Syndrome, Bilateral Club Feet, Bronchopulmonary dysplasia, Cleft Lip/Palate, Congenital Hypotonia, Cri Du Chat, Down Syndrome, Failure to Thrive, Gabrb2, Hemihyperplasia, Hydrocephalus, Lymphangiectasia, Meningitis, Micropreemie, and Vision Impairment. Other lessons learned from this analysis is identification of variances by service providers, and ruling out of variances based on evaluation tool used and insurance eligibility status. This information has shifted our perspective on training needs for ILP Providers across the state.   
  
There are 140 staff and contract ILP Providers in Alaska EI/ILP system. Of these, 10 participated in the BABI training, 60 attended the IECMH Conference, 10 participated in Start Early, and 5 received scholarships with a total award amount of $77,000. Other specific professional development supports provided by the Part C Program this year include Online Part C Credential Modules, Online Child Outcome Summary Process Modules, and provision of Reflective Supervision.   
  
Progress is being made in increasing ILP Provider capacity to support children’s progress in Social-Emotional skills through the provision of professional development activities described above. Measurement of progress toward this outcome was piloted through the use of the Social Emotional Practices Rating Scale (SEPRS) across 5 pilot sites. Please refer to the Evidence Based Practice section for more discussion of the SEPRS. Progress continues to be made in supporting staff on their path to endorsement as IECMH Practitioners. This year, 8 individuals who serve the EI/ILP system across the state gained endorsement or moved to a new endorsement level of IECMH Competency through the Alaska Association of Infant Mental Health   
  
These outcomes related to Professional Development and Technical Assistance are moving our system forward with accurate COS ratings, improved COS data, and training activities that are effectively implemented to target the needs of specific children who are not making progress, impacting our achievement of the SiMR.   
   
Data and Accountability (DA) progress:   
  
Development of the ILP database has met significant milestones, including passing all new security scans, establishing new user agreements with increased security measures, moving to a public facing platform and establishing a pool of test users with logins to access live data. ILP Leadership and DHSS IT Leadership have sustained twice weekly meetings with the IT Development team. The database workgroup has met twice monthly with ILP Leadership to discuss testing and provide design input. State staff and the database workgroup have developed a new ILP Database manual and updated ILP Database trainings. The ILP Database was utilized for the pilot analysis of children who did not make progress in Outcome Area 1, giving us valuable information about database design and reporting needs. Nine meetings with the public and committees with a total of 64 attendees were conducted to discuss ILP SPP/APR and SSIP data.

**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.**

Professional Development and Technical Assistance (PD/TA):  
Now that ILP Providers have received consistent training in the COS rating process, we have begun to review and develop program and provider level standards of practice for the COS process. Our state system progress in this area was delayed waiting for the finalization of national tools, therefore we will shifting the focus of our efforts into clear guidance to local ILP Programs of our expectations around implementation of the COS process on a program and provider level.  
  
This cycle we will expand our analysis of children who are not making progress in Outcome Area 1 to additional ILP Programs. Implementation of the Social Emotional Practices Rating Scale will help us understand the capacity and training needs of providers in those programs. Additional data analysis and expanded engagement of local programs regarding their specific staff training needs will allow us to create a training plan which is responsive to the developmental concerns of those children who are not progressing.   
  
Based on preliminary data and discussions with programs, we anticipate expanding our training beyond IECMH into other areas such as Autism, self-regulation, and strategies for supporting children with diagnosed conditions or who are medically fragile. In addition, we are looking at focusing professional development activities on core practices such as evaluation and IFSP goal writing, with an emphasis on these activities in relation to Outcome Area 1 and the COS Process.   
  
These next steps will allow us to meet our PD/TA outcomes related to improving COS ratings, implementing a high-quality professional development system, and ensuring ILP Providers use evidence based practices with fidelity to support infants and toddlers and their families.   
  
Data and Accountability (DA):   
The most important next step in this strand is completion and rollout of the ILP Database on a new, secure platform. Once all programs have access and can enter data, we will focus on supporting the entry, cleaning and analysis of all FY21 data. Programs will then focus on getting back data for FY22 quarters 1 and 2 entered. The State is working closely with local programs to assist in this process. Updated Database training will be provided for all database users. We will work with the database workgroup to create and implement a required data quality checklist for quarterly reporting. Work with the IT Development team will continue as we troubleshoot any unanticipated problems, rebuild report functions, and begin work on new reporting functions.   
  
The ILP Data committee and ILP Leadership will begin a review and update of tools which are part of the EI/ILP Monitoring System, working to ensure that all SSIP reporting is incorporated into TA, Quarterly Reporting, the Annual Self-Assessment and the site visit process. Integration of data driven decision making processes into the stakeholder process will continue with the development of a coordinated plan for data collection, analysis and reporting detailing the role of each committee. Work with the ICC will continue, with expanded efforts to engage in data discussions with additional committees which are part of the Alaska Governor’s Council on Disabilities and Special Education. In addition, we will begin working more closely with our Parent Training and Information Center (Stone Soup Group) as an avenue for increased engagements with parents.

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

Evidence Based Practice Models implemented:   
Circle of Security® Parenting™  
Conscious Discipline®   
Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model   
Facilitating Attuned Interactions (FAN)   
More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties)   
Neurorelational Framework (NRF)   
WONDERbabies (Ways of Nurturing Development through Enhancing Relationships)

**Provide a summary of each evidence-based practice.**

ILP Provider are trained to deliver the following evidence-based practices to families who are enrolled in Early Intervention services.   
  
Circle of Security® Parenting™ – ILP Programs with providers trained in this model provide this 8-week parenting program to ILP enrolled families. This program is founded on the core elements of secure attachment to parents and professionals. The Circle of Security® protocol is based upon the following principles: 1. The quality of parent/child relationship shapes child behavior 2. Parents have innate wisdom and a desire for their children to be secure 3. Parents struggle without a coherent roadmap of their children’s needs. 4. Supporting parent reflection on their strengths and struggles, allows them to make new choices in the direction of security. ILP Programs who provide this parenting program work with families in their home and community settings to implement principles of Circle of Security® in ways which help children meet their IFSP goals and improve social emotional outcomes.   
  
Conscious Discipline® – ILP Providers trained in this model provide this social-emotional learning program to families enrolled in ILP during their home and community-based visits. Strategies from this program support first teaching parents about their own self-control and self-regulation, and then helping them teach self-regulation to their children. In helping parents see how they respond to upset and understand their emotions, providers support them in learning how to regulate themselves when they are triggered. In short, providers trained in this evidence-based practice teach parents how to be conscious as adults of what they are saying to children, and what behaviors they are modeling. ILP Providers use this evidence-based practice to improve social emotional outcomes and achieve IFSP goals.   
   
Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – ILP Providers trained in this model utilize this evidence based intervention framework to support families in addressing the unique challenges and strengths of children with autism spectrum disorders (ASD) and similar developmental challenges. The DIR®/Floortime™ framework helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the child’s unique needs. Utilizing DIR®/Floortime™ practices, providers teach families evidence based strategies for interacting with their child to build healthy foundations for social, emotional, and intellectual capacities. Strategies implemented are linked to IFSP goals and individual child social emotional needs.   
  
Facilitating Attuned Interactions (FAN) – This model was developed by the Erikson Institute. ILP Providers trained in this model utilize this evidence-based intervention with ILP families to enhances the “attunement” between providers and parents on home and community-based visits. Providers who can model attunement on visits with families are able to strengthen the provider-parent relationship. In doing so, FAN practices allow providers to experience and reflect on attunement, leading to parents who are attuned to their children and ready to try new ways of relating to them. By supporting parent-child attunement through FAN practices on visit, providers help address IFSP goals and improve social emotional outcomes.   
  
More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties) – ILP Programs with providers trained in this model provide this 8 week parent program to families who are enrolled in early intervention services. More Than Words® is a family-focused, social pragmatic intervention program for young children with autism spectrum disorders. The goal of More Than Words®, is to empower parents to become the primary facilitator of their child’s communication and language development, thereby maximizing the child’s opportunities to develop communication skills in everyday situations. ILP Programs who provide this parenting program also work with families in their home and community settings to implement More Than Words® strategies in order to improve social emotional outcomes and meet IFSP goals.   
  
Neurorelational Framework (NRF) – This model was developed by Dr. Connie Lillas, PhD, MFT, RN. ILP Providers trained in this model implement NRF strategies with enrolled ILP families to assist caregivers in supporting healthy early development in their child. Based upon the architecture of the brain, NRF provides assessment strategies and practices which support healthy development. NRF is based on three relevant features of brain development and growth influenced by early lived experiences: 1. Stress and stress recovery thresholds 2. Early onset of what is referred to as “procedural memories” that refer to the quality of experiences 3. Early expansion of brain networks and circuits that are experience dependent. ILP Providers utilize NRF strategies on home and community-based visits with families to work toward improved social emotional outcomes.   
  
WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) – This model was developed by Dr. Joy Brown, PhD, PCNS-BC, IMH-E®. ILP Providers trained in this model use this evidence-based framework designed to support newborns and young infants with health care needs, developmental disabilities and with those babies who have been deemed categorically eligible for Part C services. Components of WONDERbabies include the Presteps Model and the Babies Adaptive Behavior Inventory (BABI). ILP Providers use the BABI Observation Template to develop a comprehensive view of the adaptive functioning of the newborn and young infant. They apply practices from this evidence-based model in early intervention sessions with families to support the progression of the caregiver-infant relationship as the infant develops. Supporting these early relationships helps parents and their infants make progress toward IFSP goals and improved social emotional outcomes.

**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.**

The following Evidence Based Practices are implemented in various local ILP Programs in Alaska and are intended to impact the SiMR by changing provider practices utilized during the delivery of early intervention services, resulting in changes in parenting behaviors and improvements in the social emotional outcomes of infants and toddlers.   
  
The state Part C system has supported programs in accessing introductory and advanced trainings in these models, in order to improve child outcomes. As a result of these trainings, ILP Providers have changed their practices in ways which support positive parent-child relationships, increase parents' capacity to respond to their child's social emotional and developmental needs, and result in improved Child Outcome Area 1: Positive Social Emotional Skills progress for children.   
  
ILP Providers in local programs draw on their individual and varied disciplines, backgrounds and training when providing Early Intervention services to families. Interventions are selected for individual families based on provider capacity, family preferences and child developmental needs. Provider's ability to support children's social emotional development is measured through the Social Emotional Practices Rating Scale (SEPRS), which has been developed to assess an ILP Provider's capacity to support infant and toddler's social emotional development through a variety of evidence-based models.   
  
Circle of Security® Parenting™ - ILP Providers trained in this model learn to facilitate the participation of parents and other caregivers in 8 weeks of group learning sessions which systematically leads parents to learn and reflect on the principles of the Circle of Security®. Providers work with parents in class and during early intervention home visits to support the parent's capacity to respond to their child's social emotional needs. Principles and practices of this model are also taught to parents directly in a home visiting setting. This program results in changes in the parent-child relationship, impacting both parent and child outcomes and supporting improved social emotional outcomes for infants and toddlers.   
  
Conscious Discipline® - Training in this model teaches ILP Providers to provide Conscious Discipline® strategies to parents and caregivers on early intervention home visits and/or in group classes with parents. Providers use strategies they learned through the Conscious Discipline® framework to support parents' reflective capacity, improve parenting knowledge and skills, increase parents’ ability to manage their own emotions and respond to children’s challenging behaviors. By supporting the parent-child relationship and teaching parents concrete skills, providers impact both parent and child outcomes, resulting in improved social emotional outcomes for children.   
  
Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – Providers trained in this model learn to assess the functional emotional capacities of young children across 6 areas. They learn to look at the whole child and all of their individual differences. Providers work closely with the parents and other team members to develop a Floortime™ program which is individualized to the child and family’s needs and capacity. Providers utilize parent coaching strategies to help parents strategically promote their child’s development. This comprehensive approach addresses the unique challenges and strengths of children with Autism Spectrum Disorders (ASD) and other developmental challenges. The objectives are to build healthy foundations for social, emotional, and intellectual capacities, resulting in improved social emotional outcomes for children.   
  
Facilitating Attuned Interactions (FAN) – Providers trained in the FAN model learn to facilitate attuned interactions utilizing the strategies of self-regulation, empathic listening, collaborative exploration, capacity building and reflection. They are able to move through these strategies on any home visit to support increased parental confidence, strengthen the parent/child relationship and promote health development of the parent and child. FAN model interventions work by strengthening the provider-parent relationship. This creates a foundation for parents to be attuned to their child, support the child's self-regulation and social emotional learning, and improve social emotional outcomes. This model lays a foundation for effective home visits which result in improved parent and child outcomes.   
  
More Than Words®, The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties – This program teaches Speech Language Pathologists to facilitate a program consisting of a pre-program consultation, 8 small group training sessions, and 3 individualized video feedback sessions. In class sessions and on Early Intervention home visits providers teach parents specific strategies to help their child reach the following three goals: 1. Improved social communication and back-and-forth interactions 2. Improved play skills 3. Improved imitation skills. Providers help parents learn what motivates their child, how increase the length of their interactions, and how to adapt their speech to support child understanding. Parents gain new skills in this program, supporting the successful completion of IFSP goals and improved social emotional outcomes.   
  
Neurorelational Framework (NRF) –ILP Providers trained in NRF framework learn to view early childhood development through a new framework of understanding. Through the concepts of stress and stress recovery thresholds, procedural memories, and experience-dependent brain development, providers trained in this model are able to assess stress and recovery responses, observe the quality of parent-child engagement, and support parent and child regulation. Providers help caregivers learn to recognize and respond to stressors, engage with their child in supportive ways, and individualize supports for their child's sensory and self-regulation needs. These targeted strategies support parent and child outcomes and lead to improved social emotional skills in children.   
  
WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) Model – Training in this model gives ILP Providers the skills to assess and support the adaptive functioning of newborns and young infants. Providers learn to train parents to understand and respond to the unique developmental needs of premature, medially fragile, developmentally disabled, or other high-risk newborns and young infants. First, caregivers learn to observe body functions, arousal and sleep, interactions, eating and soothing behaviors, then they learn to support their child by providing predictability, sleep organization, timing and pacing, environmental modifications, positioning, and soothing supports. When ILP Providers support parents in caring for their infant they build responsive attachment relationships which support positive social emotional outcomes.

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

The Alaska EI/ILP Program has developed the Early Intervention Service Provider Self-Assessment and the Social Emotional Practices Rating Scale (SEPRS) to gather information about provider's strengths and needs related to the provision of early intervention services. The Self-Assessment is 2 years into a pilot phase with the largest program in the state. The SEPRS has been piloted at 5 Local ILP Programs. Recommendations for phased statewide implementation of these 2 tools is currently being developed by the Service Delivery Committee.   
  
The Provider Self-Assessment is a professional development tool for use by Early Intervention Service (EIS) providers at local Infant Learning Programs (ILP.) It’s intent is to increase provider competencies related to infant mental health by identifying competency areas which are training priorities and guiding the development of the provider’s Individualized Professional Development Plan. The Self-Assessment is completed by the Early Intervention Service providers who have completed their Part C Credential and their first year in the Infant Learning Program then annually thereafter. The self-assessment is intended to identify competency indicators which require additional training to use as a base for their professional development plan each year. The Provider Self-Assessment incorporates AK-AIMH competencies to advance the training needs of providers while completing the requirements for AK-AIMH endorsement.  
  
The Alaska EI/ILP Social Emotional Practices Rating Scale is designed to target specific practices related to a provider's ability to support young children's social emotional development. It documents strengths and areas for growth in provider ‘s utilization of evidence-based practices targeting infant/toddler social emotional development. The assessment framework is based on research related to the effects of early relationships on development. Specific practices based on important principles in infant/toddler social development are explored in this reflective process. Fidelity to these evidence-based practices during service delivery are considered. This tool is not intended to measure the fidelity of implementation of one specific evidence-based practice model, but rather are core practice areas that are addressed by the various evidence-based practices used in Alaska. These practices were defined in collaboration between Professional Development Committee, Alaska State ILP Office, Karen Finello and the Early Childhood Technical Assistance Center, and the IDEA Early Childhood Data Center.

**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.**

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

The state ILP office and local programs plan to continue to provider training and implementation of these evidence-based practice models and frameworks during the next reporting period. The evidence-based practices highlighted here have been selected to increase provider’s knowledge of practices which support children’s development related to Child Outcome Area 1 and to support providers in implementing those practices with fidelity. Skills providers implement from these evidence-based practices will support their ability to demonstrate evidence-based practice on the Social Emotional Practices Rating Scale (SEPRS). Introductory and advanced trainings will help us achieve PD/TA outcomes of increasing providers knowledge of practices which support social emotional development and implementing these practices with fidelity, so that we can increase the rate of growth of infants and toddler’s social emotional skill by the time they exit EI/ILP.   
  
Evidence Based Practice Models implemented:   
  
Circle of Security® Parenting™- Local ILP Programs who have been trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. Additional providers may receive training on a local level with funding from their approved budgets. One local program is in its final year of fidelity coaching with Circle of Security® developers. Once these 2 ILP Providers finalize their fidelity coaching they will be authorized to provide fidelity coaching for other providers in the state.   
  
Conscious Discipline® - Local ILP Programs who have providers trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. One local program implements this model across their organization and plan to train any new providers on a local level.   
  
Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. Two local ILP Programs are committed to intensive training of program staff in this model and are continuing staff training during this reporting period utilizing approved funds from their ILP budgets.   
  
Facilitating Attuned Interactions (FAN) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. Statewide, ILP Programs have expressed a strong interest in this model as a foundation to successful relationship-building in home visiting. The state is actively exploring providing this training for statewide ILP Programs. There are currently two individuals in Alaska training to be FAN trainers, we are working with them to plan training once they are fully authorized trainers.   
  
More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties) - Local ILP Programs who have been trained in this model will continue to provide online group classes and utilize More Than Words® concepts when providing virtual and in-person home visits. Local ILP Programs have expressed a strong interest in this model as an intervention for children with social communication difficulties. In addition, one regional program utilizes the companion training, 4 “I”s to Socialize™: Coaching Parent of Children with Autism and Social Communication Difficulties. This adjunct model is designed for Early Interventionists from all disciplines. The state is actively exploring providing this training for ILP Programs statewide.   
  
Neurorelational Framework (NRF) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. No further state sponsored training is planned in this model.   
  
WONDERbabies (Ways Of Nurturing Development through Enhancing Relationships) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. The state plans to support a training in the BABI tool as another cohort to participate in a Learning Collaborative for this model.

**Describe any changes to the activities, strategies, or timelines described in the previous submission 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.**

Updates to the activities, strategies and timelines began with the removal and reorganization of activities that have been completed, no longer fit with the planned activities of the state system, or fit better in a different strand of action. The remaining activities were prioritized, wording was updated to fit current practices, and timelines were adjusted to fit into the timeframe of the next 5 year cycle. This update of the Improvement Plan is designed to align with the updated evaluation of activities and outcomes. Changes to the Action Plan, including activities, strategies and timelines were based on feedback from TA staff, stakeholder input and Part C staff planning processes. These streamlined and updated documents will serve as our guide for the current year SSIP cycle.   
  
Current PD/TA activities to meet outcomes and steps to implement activities:   
1.1 Support ILPs in implementing high- quality Child Outcome Summary (COS) rating processes in partnership with families  
A. Implement COS Process Modules and final quiz to determine individual provider COS Process understanding and training needs  
B. Integrate COS implementation standard measures into Annual Program Self-Assessment   
  
1.2 Identify and plan training activities focused on evidence-based practices which support infants and toddler’s progress in Outcome Area 1: Positive Social Emotional Skills  
A. Analyze data on statewide and local levels in order to understand developmental patterns and needs of children who are not making progress in Outcome Area 1.   
B. Inventory the capacity of local programs to provide evidence-based interventions which support children with these developmental patterns and needs.   
C. Create annual professional development plan for evidence-based practices which support children with the identified developmental patterns and needs.   
  
1.3 Conduct training activities focused on evidence-based practices which support infants and toddler’s progress in Outcome Area 1: Positive Social Emotional Skills  
A. Provide evidence-based practice trainings for ILP providers, as identified on professional development plan.   
B. Implement Learning Management System to support statewide ILP training.   
  
Current DA activities to meet outcomes and steps to implement activities:   
2.1 Work with DHSS IT team to create and roll out improved database with new user interface and enhanced reports.   
A. Work with DHSS IT team to move existing database structure to new, secure platform with new user interface.   
B. Increase database field options and required fields for better quality data collection.  
C. Develop additional reports in the database which support detailed tracking and analysis of child level data.   
  
2.2 Build local program capacity to report accurate data by improving understanding of data and data collection methods.  
A. Review and update Database Trainings  
B. Conduct database trainings for ILP providers.   
C. Work with programs to create and implement a data quality checklist for quarterly and annual reporting submittal, utilizing new database reports.  
  
2.3 Integrate SSIP activities and data into program monitoring system.   
A. SSIP goals and measures will be incorporated into program monitoring processes, including quarterly reporting, self-assessment and on-site or virtual visits, and ongoing Technical Assistance.   
B. Updated monitoring system will be implemented as new phases are developed  
  
2.4 Implement framework for data driven decision making related to program accountability with diverse stakeholder input.   
A. Data Committee will work with State ILP committees, Leadership Team and other Stakeholders to implement coordinated plan for data collection, analysis and reporting in areas committees identify as priorities.   
B. Stakeholder groups will work as partners with state staff to make decisions related to data, outcomes, targets and improvement strategies.   
  
https://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout FFY20, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. During meetings with stakeholders we presented information on data trends and made decisions related to indicator targets and baselines. Stakeholders worked to select improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes was reviewed, and next steps chosen with stakeholders as partners in decision-making. During FFY20, the following community partners participated in ongoing partnership meetings:  
  
 Governor’s Council on Disabilities and Special Education Early Intervention Committee (GCDSE EIC)  
 Part C Interagency Coordinating Council (ICC)   
 All Alaska Pediatric Partnership (A2P2), including Help Me Grow Alaska initiative  
 Local EI/ILP Program Providers  
 Alaska Infant Learning Program Association (AILPA)   
 Department of Education and Early Development Part B 619 (DEED)   
 Alaska Early Childhood Coordinating Council (AECCC)  
 Alaska Association for Infant Mental Health (AK-AIMH)   
 Alaska Mental Health Trust Authority (AMHTA)  
 Universal Developmental Screening Advisory Committee (UDSAC)   
  
In addition to these ongoing collaborative meetings, specific meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated in these public stakeholder meetings, but also assisted EI/ILP in inviting and encouraging community member participation in the meetings. Each stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of each of the SPP/APR Indicators, and an explanation of baselines and targets. For each indicator we reviewed and discussed performance results for FFY20, trends over time, and gave clear information about whether targets were met and whether there was slippage. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Stakeholders helped to select revised baselines and targets and gave specific input on choices presented. Specific meetings held to discuss FFY20 SPP/APR and SSIP included:   
   
 EI/ILP Data Committee meeting   
 Part C Interagency Coordinating Council (ICC)   
 Public stakeholder meetings on Zoom (held twice)  
 EI/ILP Leadership Team meeting  
 Division of Senior and Disabilities Services leadership meeting  
   
Representation on the ICC includes stakeholders from the close community partners listed above, as well as:   
  
 Parents of children who experience disabilities  
 Self-advocates  
 Early Intervention Service Providers  
 Disability Law Center of Alaska  
 Stone Soup Group Parent Training and Information Center (SSG)   
 LINKS Mat-Su Community Parent Resource Center   
 Private practice service providers  
 Early Hearing Detection and Intervention Program  
 Child Care Program Office, Child Care Assistance, Child Care Quality Rating Improvement System  
 Division of Behavioral Health   
 University of Alaska  
 Public Health  
 Child Protection  
 Military

Stakeholders have been monitoring and discussing Indicator 3A1 as the state’s SiMR and the target of the SSIP. Beginning in 2015 it was noted by stakeholders that factors including the impact of increased CAPTA referrals, lack of understanding and standardization of the COS process during the baseline period, and lack of consistency in age-anchoring through use of state approved anchor tools have impacted our state’s ability to have accurate statewide data on child progress to inform this indicator.   
  
Over the past 2 years the EI/ILP office has kept stakeholders informed of our efforts to address these foundational barriers to accurate measures with an increased focus on children referred through CAPTA, use of state approved anchor tools and, most recently, statewide training to standardize implementation of the COS rating process. These activities have fundamentally shifted the collection of data on Child Outcomes in our state. Stakeholders have consistently expressed concern for many years that the original baselines are restricting our capacity to set meaningful targets. With the shift in data collection methods related to these activities, it has become apparent that the original baselines no longer reflect what is happening in our state.   
  
Last year stakeholders requested that the EI/ILP office analyze data and progress on this indicator and discuss with Federal Technical Assistants the allowable reasons and process for resetting baselines and adjusting targets. Based on this ongoing process of stakeholder discussion and data analysis, with input from the Federal TA Center, we have made the decision to reset our Indicator 3 baselines to reflect FFY19 data. With the resetting of baselines, stakeholder input was solicited on the setting of new targets. Stakeholders were presented with Indicator 3 Data from 2013 to 2020 in all 3 Child Outcome Areas for Summary Statements 1 & 2. Indicator 3A1 is the SiMR Statement measured for Indicator 11. The history of the baseline, targets, activities, and previous discussions was reviewed. Progress was reviewed, including results, whether targets were met and whether there was slippage. Decisions related to the resetting of baselines were discussed, including recommendations and feedback from Federal Technical Assistants. Meaningful difference calculations were explained, and potential target setting processes presented. Stakeholders discussed target choices balancing the requirements of rigorous and attainable. Universally, stakeholder input was to set attainable targets based on meaningful differences from the baseline, especially after so many years of feeling that the targets were not meaningful because they did not appear to be attainable.

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

The Alaska Part C System works on an ongoing basis with community partners to collaborate on the development and implementation of key improvement activities related to the SSIP. During ongoing meetings with key partners including the ILP Service Delivery Committee, Alaska Association for Infant Mental Health (AK-AIMH), ILP Coordinators, ILP Leadership Team, and the IECMH Conference Planning Committee, we reviewed activities outlined on the SSIP Action plan and our progress in completing them. Partners provided information about the regional and statewide needs of infants and toddlers and their families. Conversations and feedback from stakeholders were considered in the revision of the Theory of Action, Logic Model and SSIP Action Plan for the current 6-year cycle. Draft changes to these documents were reviewed by stakeholder partners, including the ILP Leadership Team, with discussions of activities, outcomes, and evaluation methodology. Ongoing, continuous feedback and communication occurs in meetings through our committee structure and monthly ILP Coordinator meetings.

**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.**

See Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. https://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx

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

See Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. https://dhss.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx

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

The COVID-19 pandemic has presented barriers to the EI/ILP system in Alaska and may present new barriers as it progresses. Local and statewide responses to the pandemic create additional burdens to state and local staff, taking time and attention away from planned activities. Alaska will work closely with EI/ILP Providers, partners and stakeholders to address any impacts and will continue to maintain close communication with OSEP if adjustments become necessary.

**Provide additional information about this indicator (optional).**

N/A

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

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**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

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**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

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04/25/22 5:45:17 PM

# ED Attachments

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