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

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

**For reporting on
FFY 2021**

**Alaska**



**PART C DUE
February 1, 2023**

**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 (DOH), 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 Coordinator, Health Program Manager 2
 E. Program Support Technical Assistants, two Health Program Manager 2

Other DOH 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, DOH 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: The Alaska Governor’s Council on Disabilities and Special Education Alaska houses the Interagency Coordinating Council (ICC). https://health.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. These programs are funded through a competitive process every 3-5 years. Contracted programs agree to provide all required components for Part C IDEA services in their region with program staff who meet requirements, and that Part C services follow evidence-based practices. All EI/ILP Programs are Medicaid agents for Targeted Case Management and most bill 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, along with the Grants and Contracts 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 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:
1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. 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.
5. Individualized Family Service Plan (IFSP) outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. 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 qualifying diagnosed condition or disability, a 50% or greater delay in one or more areas of development, or if the evaluation team finds them eligible 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 is maintained through distance delivery. All programs offer face-to-face services to families. Most ILP programs report significant difficulty in recruiting and retaining highly qualified staff. Pandemic turnover paired with limited educational options to prepare the early intervention workforce of Alaska have added to this challenge. In addition, there has been turnover of seasoned local Program Coordinators as well as leadership at the state level. An additional challenge we face as services have returned to face-to-face is dramatic increases in travel costs, especially for rural programs that rely on air travel. Strengths in our system to help us face these challenges are our strong statewide committee structure and positive working relationships with local programs.

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. During the majority of FFY21 Alaska’s statewide ILP database was offline while a new application was developed to allow us to access it securely. This has led to some gaps and slippage in indicator data, which will be noted in the relevant indicator sections. On a positive note, we continue to see substantial progress on our SiMR. The team in Alaska is working together to strengthen our system, with a focus on data-driven decision-making, defining our hybrid model of service deliver, and continued development of an "ILP Without Walls" model that allows local programs to support and build on each other’s strengths.

Additional information related to data collection and reporting

On May 18, 2021, the Department of Health (DOH) announced it had identified the DOH.alaska.gov website as the target of a malware attack. The DOH website was taken offline the evening of Monday, May 17 while an investigation was conducted. This resulted in the EI/ILP web-based data system going offline while a new application was constructed and the DOH Grants and Contracts database (GEMS) going offline for an extended amount of time.

The GEMS reporting database utilized for tracking fiscal data for DOH Grants & Contracts was back online for all quarters of FFY21, and all fiscal reporting was completed through the online system.

The EI/ILP web-based data system became functional in March of FFY21. Local programs began to access the database in March, establishing user logins and participating in several statewide training sessions. Pilot programs began data entry in March of 2022. The first priority in back data entry was to enter missing child records and other data from FFY20 and close out data reporting for that year, including the entry of child exiting data. The next priority was to create all child records for FFY21, from referral through exit. A simultaneous priority in July of 2022 was for programs to begin real-time data entry for FFY22, with Quarter 1 of FY22 reported fully through the database. Back data entry from FFY21 continued through December 30, 2022, with efforts to clean and analyze data in time for this SPP/APR reporting. All programs were timely in their completion of data entry and this report represents, to the best of our state's ability and knowledge, a complete data set.

One component of our web-based data system that is currently in final stages of development is our reporting system. The Alaska data system has many complex, SQL based reports which allow us to calculate and analyze data and present the information required in these reports. Most data reports were retained from the old data system but have required revisions due to structural changes to our data sets such as new field names and other functionality changes. During this data reporting process, we have been troubleshooting and making necessary updates to the reporting system. We are confident that the data presented is complete and accurate.

Another component of our data system that is still in final stages of development is the automated reporting system from the EI/ILP data system to Part B 619 partners. Our new data system has improved data sharing capabilities for our partners. Opportunities for expanding automated data sharing to local school districts is currently under development. Simultaneously, Part C and Part B 619 have been meeting regularly to make changes to the notification process within our state, addressing systems and data challenges. Our data system is being developed in ways that will ensure that SEA and LEA notifications happen simultaneously, utilizing reports from the data system, which should result in cleaner, more accurate Part C to Part B 619 data. More data will be shared through the automated notification system, and data will be updated and made available when changes occur, such as transfers to a new region of the state. Due to changes in our automated data sharing process, as well as challenges with entering local notification data, our current set of FFY21 Indicator 8B data may be incomplete. It is our intent to continue to examine and clarify this data and report any changes during the clarification period.

**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 a process in place to monitor Local EI/ILP Programs that is based on the following key steps:

1. A selection of indicators is used annually 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 other critical priority indicators identified by the state with the assistance of stakeholders. In addition, the state ensures implementation of all IDEA requirements through components of the state’s general supervision system.

2. Multiple data sources are used to respond to the monitoring indicators. The EI/ILP web-based data system collects data on all IDEA Indicators. Other data sources, such as program self-assessment, program record review, and onsite data verification are used to ensure the integrity of local data. 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 quality indicators and to identify noncompliance.

3. On a quarterly basis, programs are required to ensure that their data is up to date and correct in the web-based data system and are provided feedback and assistance from Technical Assistant staff to identify any training or procedural updates that may be needed.

4. Annual monitoring data is used to respond to SPP indicators, including the SSIP and SiMR, to develop the APR, and to update the SSIP.

5. 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.

6. Data 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.

7. 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 which is found to have non-compliance. 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, through corrective action plans, and by submission of evidence that demonstrates correction of noncompliance. The state verifies correction (e.g., that the program is implementing the requirements in accordance with IDEA at 100% and that each individuals’ child’s noncompliance has been corrected) 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 web-based 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 ensure that data is current and accurate, work with Technical Assistants to resolve any data entry issues and identify any training or supports needed. In addition, programs submit quarterly 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.

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, evidence-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 and correction 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 virtual and biennial in-person 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. TA staff support programs in ensuring that correction of noncompliance is corrected at a child level as soon as possible upon identification of noncompliance.

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. Three additional workgroups are currently meeting: Database, IFSP, and Low Incidence Disabilities. 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 a standing monthly meeting with OSEP, and regularly scheduled meetings with the DaSy Center, the ECTA Center, and ITCA as needed. 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 nine 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. Understanding is evaluated through successful completion of evaluations scored in the online system. Once the online modules are completed with passing grades, a highly qualified supervisor must sign off on the provider’s competency in each of the nine areas, as well as review a completed IFSP and two visit notes for quality. Upon completion of these steps, with supervisor recommendation, Alaska will award the candidate a Part C Credential.

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. Alaska is currently participating as an Early Adopter in the COS: Knowledge Check project through the ECTA and DaSy Centers.

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, East Carolina University, and Creighton University, 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 partners 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. Statewide training and conferences are designed to support SSIP goals.

**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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

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

YES

**Number of Parent Members:**

6

**Parent Members Engagement:**

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

The 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 this fiscal year. We found that online stakeholder meetings we utilized during COVID continue to be the best way to engage stakeholders in our extremely rural state. Alaska hosted two public stakeholder meetings designed to fit the needs of parents and community members 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.

Also in attendance at the public stakeholder meetings were representatives from the Interagency Coordinating Council, the Governor’s Council on Disabilities and Special Education, and other partner groups. 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.**

Alaska works with community partners and local EI/ILP Programs to engage with families who currently or previously have received services from ILP, to encourage families to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. We have worked to strengthen our relationship with our partner at the Parent Information and Training Center (Stone Soup Group) by participating in community events and training opportunities focused on connecting parents with community resources, including Part C services. Through this work, we are connecting with more parents of children with disabilities and building an understanding of their knowledge of the EI/ILP Program. We have developed a plan for quarterly virtual meetings of ILP parent, to be provided through an agency partnership. By offering these in a virtual manner, we can support participation of families from all areas of our rural state.

Local Early Intervention/Infant Learning Programs (EI/ILP) often have the best opportunities to successfully engage families in opportunities to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. Local programs often offer playgroups and training for enrolled families. Through these relationships, local programs invite and encourage families to attend stakeholder engagement opportunities offered by the state ILP office. We are working with local programs to increase our connection with families. Working with local programs to expand their awareness of the importance of diversity is an important step in increasing our ability to connect with diverse groups. During this fiscal period, we hosted a Statewide ILP Conference with an emphasis on Diversity, Equity, and Inclusion in Part C. In addition, local programs assist the Part C Interagency Coordinating Council (ICC) in recruiting members.

The Governor's Council on Disabilities and Special Education (GCDSE), which houses the ICC in Alaska, has initiated activities to gather more information about the representativeness of members of the ICC. Information collected through voluntary survey will assist the ICC in targeting recruitment of members who are representative of diverse racial and ethnic groups, regions, communities and other groups in our state. Next steps will include the development of a membership plan and an ICC member orientation, which will be used to ensure that new members have foundational understanding of EI/ILP that supports their participation in activities designed to improve outcomes for infants and toddlers with disabilities and their families.

**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 meetings of the Interagency Coordinating Council. Additional public stakeholder meetings were held with broad representation from community partners, parents and EI/ILP service providers. 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 2020 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 2020 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 2020 APR in 2022, 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://DOH.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

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.

**Response to actions required in FFY 2020 SPP/APR**

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.72% | 100.00% | 99.47% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 952 | 1,100 | 100.00% | 100% | 98.18% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Indicator 1 slippage can be attributed to several reasons. Some services were late due to provider training needs related to service start dates on the IFSP, others were late due to provider cancellation of services due to unforeseen circumstances such as illness, weather impacts on travel, and distance technology failures. In addition, the lack of availability of database reports which remind providers of service start dates impacted this indicator data. Without the database functioning during most of the reporting period, quarterly data cleaning and review resulted in delayed identification of training issues.

Providers in some programs utilized the date of the IFSP as the service start date for all services, rather than the date the service was actually scheduled to begin. This resulted in late start of service for many children. Due to the unavailability of the EI/ILP Data System during the reporting period, and the reminders report which helps providers and supervisor track service start dates, this training need was not identified until after the reporting period ended.

**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.***

128

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

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, 2021 to June 30, 2022

**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.

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

Individual programs have been provided Technical Assistance related to Indicator 1, and statewide training will be provided in the spring, specific to the importance of determining correct start dates and differentiating between IFSP date and service start date.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

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

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

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 96.75% | 97.00% | 97.00% | 97.00% | 97.00% |
| Data | 99.54% | 99.07% | 99.53% | 99.46% | 99.88% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Stakeholders were presented with specific information related to Indicator 2, Services in Natural Environments, including targes, results for this reporting period, whether targets were me, and whether slippage occurred. Discussions focused especially on the role of distance delivered services in the State of Alaska, and a hybrid model of service delivery. Stakeholders had questions about the choices given to families regarding service environments and what natural environments look like in various communities.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 725 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 730 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 725 | 730 | 99.88% | 97.00% | 99.32% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

 B. Acquisition and use of knowledge and skills (including early language/communication); and

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

The 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Results of Indicator 3 data, including specific results from A, B and C Summary Statements 1 and 2 were presented to stakeholders at meetings including ILP Coordinators, ILP Data Committee, the Interagency Coordinating Council, and community stakeholders. Results patterns were discussed and stakeholders gave feedback on potential reasons for results. We specifically discussed the changes in Indicator 3A and 3C Summary Statement 2, which showed fewer children exiting at age level. Specific suggested reasons for these changes in results included the impact of COVID on families, including limited social and learning opportunities in the community.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2019 | Target>= | 65.00% | 65.14% | 65.20% | 65.10% | 52.61% |
| **A1** | 51.69% | Data | 58.04% | 55.40% | NVR | 51.69% | 56.57% |
| **A2** | 2019 | Target>= | 55.00% | 57.00% | 59.00% | 54.00% | 40.80% |
| **A2** | 40.00% | Data | 57.46% | 52.96% | NVR | 40.00% | 44.76% |
| **B1** | 2019 | Target>= | 73.00% | 75.00% | 79.00% | 67.40% | 55.87% |
| **B1** | 55.02% | Data | 63.34% | 58.33% | NVR | 55.02% | 59.10% |
| **B2** | 2019 | Target>= | 54.00% | 59.00% | 62.00% | 54.00% | 29.91% |
| **B2** | 29.15% | Data | 43.05% | 38.24% | NVR | 29.15% | 35.45% |
| **C1** | 2019 | Target>= | 73.00% | 74.00% | 75.00% | 67.90% | 62.15% |
| **C1** | 61.30% | Data | 69.72% | 64.81% | NVR | 61.30% | 62.62% |
| **C2** | 2019 | Target>= | 54.00% | 54.50% | 56.00% | 48.90% | 43.77% |
| **C2** | 42.96% | Data | 56.71% | 53.30% | NVR | 42.96% | 44.56% |

**Targets**

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

 **FFY 2021 SPP/APR Data**

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

485

**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 | 3 | 0.62% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 168 | 34.64% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 119 | 24.54% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 113 | 23.30% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 82 | 16.91% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 232 | 403 | 56.57% | 53.53% | 57.57% | 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 | 195 | 485 | 44.76% | 41.60% | 40.21% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

Stakeholder input and state staff considered may factors which may be impacting Indicator A2. Primary factors are related to the impact of the COVID Pandemic on child development and child enrollment patterns, as well as impacts on service delivery, including reduced travel during COVID and the delivery of services through distance methods. Stakeholder input from direct service providers indicates families were more socially isolated, had higher levels of stress, and provided fewer socialization experiences for children during this period. Children likely had fewer opportunities to attend to other people in a variety of settings, interact with peers, participate in social games, practice following social norms and adapting to changes in routine, and learn to express and respond to others' feelings. Similarly, parents had fewer opportunities to learn and practice developmental guidance skills they have learned through coaching across a variety of settings. These changed experiences were likely to have an impact on children's positive social emotional development.

**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 | 3 | 0.62% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 162 | 33.40% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 164 | 33.81% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 122 | 25.15% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 34 | 7.01% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 286 | 451 | 59.10% | 56.71% | 63.41% | 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 | 156 | 485 | 35.45% | 30.67% | 32.16% | 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 | 3 | 0.62% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 158 | 32.58% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 137 | 28.25% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 138 | 28.45% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 49 | 10.10% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 275 | 436 | 62.62% | 63.00% | 63.07% | 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 | 187 | 485 | 44.56% | 44.57% | 38.56% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

Stakeholder input and state staff considered may factors which may be impacting Indicator C2. Primary factors are related to the impact of the COVID Pandemic on child development and child enrollment patterns, as well as impacts on service delivery, including reduced travel during COVID and the delivery of services through distance methods. Stakeholder input from direct service providers indicates families were more socially isolated, had higher levels of stress, and provided fewer experiences in the community and other settings during this period. Children likely had fewer opportunities to practice some behaviors to meet their own needs, without the daily routines of coming and going from the house, participating in a group setting such as childcare or play groups, and learning safety rules across a variety of settings. These changed experiences were likely to have an impact on children's independence and use of behaviors to meet their own needs.

**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 | 831 |
| 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. | 256 |

| **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).**

Alaska is participating as an "Early Adopter" of the COS Knowledge Check developed by the ECTA Center and DaSy Center. We are working toward integrating the COS Process Modules into our new Learning Management System in the coming 6 months.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| A | 92.00% | Data | 89.86% | 91.57% | 91.78% | 91.25% | 91.14% |
| B | 2006 | Target>= | 97.25% | 97.50% | 98.00% | 98.00% | 98.00% |
| B | ###C04BBASEDATA### | Data | 94.20% | 92.77% | 90.41% | 93.75% | 92.41% |
| C | 2006 | Target>= | 95.50% | 95.75% | 96.25% | 96.25% | 96.25% |
| C | 96.00% | Data | 95.65% | 95.18% | 90.41% | 90.00% | 92.41% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Target B>= | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |
| Target C>= | 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Stakeholders gave input on Indicator 4 through ILP Coordinator meetings, ICC meetings, ILP committee meetings, and community stakeholder meetings. The Center for Human Development at the University of Alaska Anchorage presented results of the full survey to the ICC. The ICC in particular discussed results related to this Indicator and plans to continue to work on activities related to this.

For Indicator 4A, stakeholder input related to reasons for slippage include the difficulty of helping parents understand their rights via virtual services, staffing shortages and turnover, and more late referrals with families who are immediately starting the transition process, resulting in more information sharing at the time of enrollment.

For Indicator 4B, stakeholder input related to reasons for slippage include the difficulty of providing evaluation and assessment services and building family relationships via virtual services.

For Indicator 4C, stakeholder input related to reasons for slippage include the difficulty of providing intervention services and coaching via virtual services. This includes limitations on parent's opportunities to receive coaching and implement intervention strategies across a variety of community settings, outside of the home. Children also had more limited life experiences during this time and may have entered and exited the program with lower developmental skills.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 139 |
| Number of respondent families participating in Part C  | 56 |
| Survey Response Rate | 40.29% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 49 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 55 |
| 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 | 50 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 55 |
| 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 | 50 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 55 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 91.14% | 100.00% | 89.09% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 92.41% | 98.00% | 90.91% | 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) | 92.41% | 96.25% | 90.91% | Did not meet target | Slippage |

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

This indicator is reported utilizing Item 16-1 of the Alaska Family Outcomes survey: Our ILP provider has done an excellent job helping us know our rights.
The mean response on Item 16-1 was 3.58, n = 55, SD = .686. About 89% of responding families indicated the ILP had done an excellent job helping them know their rights most (20%) or all (68%) of the time. About 11% were less satisfied. The mean was slightly lower than the previous year (3.62, n = 79), but not significantly. 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 94%, in the Anchorage region 90%, in the Southcentral region 100% and in the Southeast region 95%.

Stakeholder input related to reasons for slippage include the difficulty of helping parents understand their rights via virtual services, staffing shortages and turnover, and more late referrals with families who are immediately starting the transition process, resulting in more information sharing at the time of enrollment.

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

This indicator is reported utilizing Item 16-2 of the Alaska Family Outcomes survey: Our ILP provider has done an excellent job helping us effectively communicate our child’s needs. The mean response on Item 16-2 was 3.71, n = 55, SD = .629. About 91% of responding families indicated the ILP had done an excellent job helping them communicate their children’s needs most (11%) or all (79%) of the time. About 9% were less satisfied. Response on this item is typically a very strong result and tied as the strongest item on the survey. The mean was higher than the previous year (3.62, n = 79), but not significantly. 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 94%, in the Anchorage region 85%, in the Southcentral region 100% and in the Southeast region 95%.

Stakeholder input related to reasons for slippage include the difficulty of providing evaluation and assessment services and building family relationships via virtual services.

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

This indicator is reported utilizing Item 16-3 of the Alaska Family Outcomes survey: Our ILP provider has done an excellent job helping us help our child develop and learn. The mean response on Item 16-3 was 3.64, n = 55, SD = .649. About 91% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn most (18%) or all (71%) of the time. About 9% were less satisfied. Response on this item is typically a very strong result. The mean was slightly lower than the previous year (3.65, n = 79), but not significantly. Satisfaction in the Northern region was 94%, in the Anchorage region 95%, in the Southcentral region 86% and in the Southeast region 86%.

Stakeholder input related to reasons for slippage include the difficulty of providing intervention services and coaching via virtual services. This includes limitations on parent's opportunities to receive coaching and implement intervention strategies across a variety of community settings, outside of the home. Children also had more limited life experiences during this time and may have entered and exited the program with lower developmental skills.

| **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 2022 survey consisted of 715 children in 697 families.

A target group comprised of 139 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 Alaska Native heritage are defined as “Alaska Native” for stratification and analyses by race. Children with multiple races are defined as the race that is noted in addition to Caucasian/White (e.g., for a child with race= Bi-racial with multirace= Black/African American + White/Caucasian the child would be recoded as “Black/African” for the purpose of stratification). Race data was missing for only 1 family.

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 2022 eligible population, there were eight ILP areas where race/ethnic categories had only one or two families, 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.

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 28, 2022.

The invitational letter (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 if a survey is not yet completed.

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 or via email are honored with courtesy. Having a working phone number is not required for inclusion in the target group.
As the survey deadline approached, a reminder email with the online survey link and unique participant identifier was sent to any remaining non-responders in the target group. Emails were sent on April 27, 2022, May 6, 2022, and May 13, 2022.

The survey was closed on May 23, 2022.

| **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** | **2020** | **2021** |
| Survey Response Rate | 55.24% | 40.29% |

**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 this year is making online responses available for the survey. Many families requested survey links to be completed online. We are exploring texting the survey link to families. An important strategy to increase response rates, especially for families who move around the state more frequently, and may be underrepresented, 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. This effort is underway currently, in January 2022. we also are moving the distribution of surveys to earlier in the year, so that we don't overlap with spring and summer subsistence activities in rural parts of our state.

**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 2022 Family Outcome Survey results, CHD reviewed characteristics of both respondents and non-respondents.

Within ILP regions and sometimes within grantee service areas, both urban and rural populations are served. If children in families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as more urban, 51.1% in the responding sample were more urban and the remaining 48.9% more rural. This was very close to the urban/rural proportions in the target group, and compares to 52.9% urban, 47.1% rural in the eligible population. There was very little difference in response rates based on urban/rural residence.

Seventeen (30.4%) of this year’s responses were completed over the phone. Calls to target group families who had not yet responded began on April 20. Calls were conducted weekdays, evenings, and on weekends in attempts to reach people when they were available. However, having a working phone number was not a requirement for being in the target group.

Of the 19 families who could not be reached by phone or declined to participate, 7 or 36.8% were rural families, which is smaller than the proportion of rural families in the target group (47.1%). Of the 19 children in these families about 35% (n = 9) had American Indian/Alaska Native heritage, which was slightly larger than the proportion of American Indian/Alaska Native children in the target group 30.1% (n = 43). The pattern in these non-response factors by urban/rural residence or by race indicates a possible concern with the representativeness of the small sample.

The remaining 25.3% non-responding families are typically those who were reached by phone who requested an email link with the intent to complete the survey online, but ultimately failed to do so. Attempts to reach them again before the survey deadline were unsuccessful.

Demographics of Responding Families
A proportion of caregivers in this population are not the biological parents of the children in the family. Caregivers can be grandparents, foster parents, and legal guardians. Thus, the race/ethnicity of families cannot be entirely assumed from the race/ethnicity of children in data collected by the Alaska ILP.

Among the 56 families who responded to the survey, there were 56 children who met the criteria for their families to be included in this sample. Children with American Indian/Alaska Native heritage (as a single race or one of two or more races) accounted for 17 children (30.4%). White as a single race accounted for 30 children (53.6%). Together this was most of the children in the responding sample of families: 47 of 56 children, or 83.9%.

The proportion of children with American Indian/Alaska Native heritage in responding families (34.6%) compared to 30.8% of target and 29.6% of eligible families. The proportion of children with white as a single race in responding families (53.6%) compared to 53.6% of target and 53.2% of eligible families. It was clear that families with American Indian/Alaska Native children were not under-represented in the responding sample.

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. The only difference that may indicate a potential issue regarding representativeness of the responding sample was among the race of nonresponding families. Of the 19 nonresponding families, about 35% (n = 9) had American Indian/Alaska Native heritage, which was slightly larger than the proportion of American Indian/Alaska Native children in the target group 30.1% (n = 43).

**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: 7.2% in target population / 7.1% in survey response
American Indian or Alaska Native: 30.9% in target population / 34.6% in survey response
Asian or Pacific Islander: 9.4% in target population / 3.6% in survey response
White: 43.2% in target population / 53.6% in survey response
Hispanic: 9.4% in target population / 5.3% 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).**

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

OSEP’s response to the State’s initial FFY 2021 SPP/APR submission required the State to submit a revised sampling plan for this indicator by June 1, 2023. The State has submitted a revised plan and OSEP will respond under separate cover regarding the submission.

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.79% | 1.84% | 1.89% | 1.89% | 1.89% |
| Data | 1.88% | 1.71% | 1.71% | 1.73% | 1.61% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Stakeholder input specifically related to this Indicator related to referral and family engagement challenges during the COVID Pandemic. Children are anecdotally reported to continue to have had fewer well child care visits during the reporting period to identify potentially eligible infants. In addition, program providers report that families continued to be hesitant to engage in services either in home or through distance delivery during the period.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 170 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 9,236 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 170 | 9,236 | 1.61% | 1.89% | 1.84% | Did not meet target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.52% | 2.56% | 3.00% | 2.70% | 2.70% |
| Data | 2.64% | 2.66% | 2.66% | 3.06% | 2.75% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Stakeholder input specifically related to this Indicator related to referral and family engagement challenges during the COVID Pandemic. Children are anecdotally reported to continue to have had fewer well child care visits during the reporting period to identify potentially eligible infants. In addition, program providers report that families continued to be hesitant to engage in services either in home or through distance delivery during the period.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 730 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 28,208 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 730 | 28,208 | 2.75% | 2.70% | 2.59% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Referral and enrollment data were analyzed to examine the potential reasons for slippage. Referral source patterns were largely unchanged from previous years, with the exception of approximately 2% decreases of referrals from Child Protective Services (CPS) and the Neonatal Intensive Care Unit (NICU). There were an increased number of referrals in FFY21 over FFY20, and an increased percentage of those referrals enrolled in services. Overall, both referrals and enrollments continue to increase as families become more comfortable engaging in services during COVID.

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. Families did not feel comfortable having contact with outside providers due to COVID-19.
3. Families did not want to participate in telehealth services and so refused or delayed the start of services.

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.68% | 99.89% | 99.81% | 99.67% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 741 | 930 | 100.00% | 100% | 99.46% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

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

184

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

184 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, 2021 to June 30, 2022

**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.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

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

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

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.89% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 549 | 881 | 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.**

332

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

332 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.

**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, 2021 to June 30, 2022

**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 represents each applicable child for the entirety of the reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.81% | 100.00% | 97.52% | 98.76% | 96.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 461 | 96.00% | 100% | 0.00% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

SEA Notification normally occurs through an automated process from our database. Due to the Alaska DHSS Cyber Incident, our database was unavailable during this reporting period. Notifications to the SEA for 100% of potentially eligible children were made in a complete set after the completion of the reporting period, rather than on an ongoing basis during the reporting period.

LEA Notifications continued to be made on an ongoing basis during the reporting period. However, local programs did not have access to the program notification reports and child notification/transition conference letters they have utilized in previous years to track due dates. Based on final data, 426 timely LEA notifications were made, 21 notifications were late, and 1 notification did not occur. 13 parents opted out of notification. The Indicator 8B components of our database are now functional, and this data reported is now finalized and complete.

Alaska Part C and Alaska Part B 619 have been meeting regularly for more than a year to discuss and clarify notification procedures, as outlined in an updated and revised MOA, which has been finalized and is submitted to OSEP for review. We are working to align SEA and LEA notification dates and reports and have moved the notification date closer to the Transition Conference (from 27 months to 30 months) in order to improve the transition process. We provided training to local Part C and Part B Special Education Directors in November 2022. A Local MOA template for use between EIS Programs and LEA Districts has been developed and is being implemented at the local level. Ongoing Technical Assistance is now being provided regionally to support implementation.

**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.**

13

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

Seven EIS Programs had instances of noncompliance with LEA Notifications, with 21 late LEA Notifications and 1 LEA Notification that did not occur. In reviewing noncompliant child records with EIS Programs, in order to verify correction, a variety of reasons were described for lateness and failure to notify. Most EIS Programs reported that notifications were late or missing because they did not have access to the State data system report which generates a report of notifications due, reminders of notifications due, and a letter which can be sent to the LEA for each notification due. Not having these tools made it difficult for programs to track notifications due. Three EIS Programs had new EIS Program Coordinators who needed additional training and technical assistance regarding the LEA Notification requirement, including clarification that the parent does not need to sign a release of information for notification data to be provided to the LEA. Two children enrolled in the EIS Program very close to the due date for notification (90 days prior to the 3rd birthday) and programs did not provide notification quickly enough after enrollment to be timely. Specific training and Technical Assistance has addressed procedures related to children who enroll close to 90 days before the third birthday.

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

The SEA notification data represents 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 potentially eligible for Part B services. The date this automated notification occurs is recorded in each child's database record and is aggregated for reporting. 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. During this reporting period, due to an ILP database outage, SEA notification was provided for 100% of potentially eligible toddlers, however this notification occurred after the end of FFY21 and was not timely.

The LEA notification data represents the date a local program provided notification to the LEA, which is entered into the Part C data system by EIS Programs. The data system is utilized to create a report of child notifications and individual child letters to the LEA for every child potentially eligible for Part B. Local EIS providers send the notification report, and the child notification letters to the LEA unless the parent opted out. EIS Programs enter the date notification was provided for each individual child into the child's record in the statewide EI/ILP database. Reminders are provided in the database to distribute LEA notifications in a timely way. During the ILP database outage, local programs generated notification lists and individualized notification letters for any potentially eligible child manually, and tracked the date the notification was sent manually. Now that the ILP database is functional, programs have entered notification dates for this reporting period into the database, and these dates were used for this reporting. Programs are now utilizing database generated reminders, notification reports, and/or individualized notification letters to provide LEA Notification and are entering each child's LEA notification date as it occurs. Reports which allow us to analyze and report on this data are now fully functional, and the data reporting and analysis is complete and reliable.

**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, 2021 to June 30, 2022

**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 data submitted for this indicator is complete and accurate.

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

As reported in the Introduction section, the component of our data system which provided automated reporting from the EI/ILP Data system to Part B 619 SEA partners was not functional for this reporting period. This system has been fully functional for all of FFY2022 and provides improved data sharing capabilities for our partners. Alaska Part C and Part B 619 continue to meet regularly to address challenges in the notification process within our state, including Indicator 8B SEA and LEA notifications. The Part C Data System is now fully developed, with reports from the data system resulting in improved SEA and LEA Notifications. Moving forward, programs will continue to utilize database reports, reminders and individualized letters to provide LEA Notification. Training related to SEA and LEA Notifications was provided to all Part C and Part B 619 programs in November. We are currently providing Technical Assistance to EIS Programs and LEA Districts on implementation of LEA Notification, including clarification of roles and responsibilities for Part C and Part B 619 programs. A new Local MOA Template has supported this Technical Assistance work. With improvements to the Data System, training, and Technical Assistance, we are confident that we can timely complete and report the transition notification to both the SEA and LEA for FFY2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 12 | 12 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The Alaska Part C office has completed our review of correction of noncompliance. There were 12 instances of non-compliance identified in FFY2020. In each of these instances, SEA notification was completed in a timely manner and LEA notification was completed but was late. Alaska continues to work with EIS Programs to correctly implement Indicator 8B LEA Notification and achieve 100% compliance. One EIS Program that had noncompliance in FFY2020 has demonstrated correction of noncompliance and has shown through updated data in the State data system that it has achieved 100% compliance. Two EIS Programs that had noncompliance in FFY2020 have not demonstrated correction of noncompliance and have not shown through updated data in the State data system that they have achieved 100% compliance. Alaska provided guidance to these programs related to correct implementation of Indicator 8B and has provided individualized Technical Assistance to support correction. In addition, Technical Assistance is being provided to ensure that these regions have signed and are implementing the new local MOA with each LEA in their region. The completion of the Alaska Part C Data System is a key tool which will support programs in assuring timely LEA Notification.

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

The Alaska Part C office has completed our review of correction of noncompliance. There were 12 instances of non-compliance identified in FFY2020. In each of these instances, SEA notification was completed in a timely manner and LEA notification was completed but was late. Specific actions taken to verify correction of noncompliance with Indicator 8B LEA Notification included reviewing each non-compliant child record with the EIS Programs to discuss the non-compliant record and to assure that correct information was entered into the State data system. In every instance, it was found that the child’s non-compliance was corrected (notification was provided to the LEA), but that the notification occurred late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 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.

**Response to actions required in FFY 2020 SPP/APR**

## 8B - OSEP Response

The State reported 0% as its FFY 2021 data for this indicator because "the component of our data system which provided automated reporting from the EI/ILP Data system to Part B 619 SEA partners was not functional for this reporting period." The State also reported "this system has been fully functional for all of FFY2022 and provides improved data sharing capabilities for our partners. Alaska Part C and Part B 619 continue to meet regularly to address challenges in the notification process within our state, including Indicator 8B SEA and LEA notifications. The Part C Data System is now fully developed, with reports from the data system resulting in improved SEA and LEA Notifications."

The State reported in the data field that 12 findings of noncompliance were identified in FFY 2020 and 12 findings of noncompliance were verified as corrected within one year. However, in its narrative, the State reported "One EIS Program that had noncompliance in FFY 2020 has demonstrated correction of noncompliance and has shown through updated data in the State data system that it has achieved 100% compliance. Two EIS Programs that had noncompliance in FFY 2020 have not demonstrated correction of noncompliance and have not shown through updated data in the State data system that they have achieved 100% compliance." Because of this discrepancy, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020 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.

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the 12 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.82% | 99.81% | 100.00% | 99.73% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 379 | 450 | 100.00% | 100% | 99.56% | Did not meet target | No Slippage |

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

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

0

**Number of documented delays attributable to exceptional family circumstances**

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

69

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

69 children had documented delays attributable to exceptional family circumstances. These families participated in a transition conference that was delayed due to exceptional family circumstances which included 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, 2021 to June 30, 2022

**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 reporting period and were potentially eligible for Part B services. 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 represents each applicable child for the entirety of the reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

## 8C - Required Actions

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

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

# 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

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)**

NO

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

https://health.alaska.gov/dsds/Documents/InfantLearning/reports/AKLogicModelTheoryOfActionPART-C-FFY20.pdf

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

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicator 3A SS1 # Progress | Indicator 3A SS1 # Total | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 231 | 400 | 56.57% | 53.53% | 57.75% | Met target | No Slippage |

**Provide the data source for the FFY 2021 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.**

Alaska collects 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 3.64, n = 55, SD = .729. 89% of responding families indicated the ILP had done an excellent job helping them enjoy relationships with their children most (12.7%) or all (76.4%) of the time. Results of this data were strong in all regions: Northern region (M= 3.78), Anchorage region (M= 3.55), Southcentral region (M=3.71), Southeast region (M=3.50).

**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.**

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 existing database application going offline permanently while a new application was constructed. Local ILP Programs utilized manual data collection for child data during the outage.

The new database came online in February of 2022, with programs completing data entry for this reporting period on December 30, 2022. The quality of the data entry is high, however, with late data entry, there have been some missing data points for some children, due to the challenges of manual data collection and late data entry. A specific item which may have affected SiMR data is challenges we had with a check box which documented progress on an indicator, even when the rating remained the same. This check box was not initially saving correctly, and some programs did not remember to check it consistently when the rating remained the same. This data was checked manually for corrections; however some remaining errors are possible.

In addition, the state database is utilized to track provider participation in training and continuing education. These aspects of the database continue to be under development and do not have complete data. Data has been collected outside of the database, but the dataset may be less complete than we would like to see in the future.

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://health.alaska.gov/dsds/Documents/InfantLearning/reports/AK%20SSIP%20PART%20C%20FFY%2021%20Accessible.pdf

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

Updated progress on plan.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

Keeping plan current.

**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. New providers continue completion of Child Outcome Process modules, with quizzes to accompany each module. We have continued analysis of patterns of development related to lack of improvement in COS entry and outcome ratings in Outcome Area 1, looking at statewide data. This has given us new insights into the needs of children who are not making progress, although there is more work to be done. This year we focused analysis on whether children were enrolled with a Part C Diagnosis, Developmental Delay, or Informed Clinical Opinion. We looked at the list of diagnoses children experienced when eligible by diagnosis. We separately analyzed children who experienced a delay of less than 50% and saw that their outcomes were much better than those with delays greater than 50% We have begun to use this information, along with TA staff and PD Coordinator communication with local programs, to inform our PD planning for the year. Some activities have continued to be difficult to plan due to constraints related to COVID-19.

Professional development activities were still primarily online this year, with some local and regional training happening face to face. We continued working with Joy Brown, who provided training in the Adaptive Behavior Inventory (BABI), targeting early identification of fragile infants who are at risk of social emotional concerns related to self-regulation. In addition, a new cohort was formed to start Joy Brown’s Wonder Babies Pre-Step Learning Collaborative. EI/ILP was again a partner in organizing the Alaska Infant and Early Childhood Mental Health Institute Virtual Conference, and supported attendance of ILP Providers statewide. 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 implemented, with the Alaska Part C Credential rolled out to new providers on this new. The Universal Online Part C Curriculum was also added to the new LMS and is currently starting to be rolled out to new providers.

Data and Accountability (DA) Summary:
Significant progress was made in the Data and Accountability strand in FFY21. The ILP Database has been rolled out on a new platform which has more modern capabilities and increased security. The database workgroup subcommittee worked to help design functionality, assist with testing, and give guidance on rollout of the new database. Updates to the new database system will result in increased data quality and availability, including additional required fields including risk factors, exit outcome reasons, complete contact information, race, and consent to bill insurance. Comprehensive data will assist us in accurately analyzing 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. ILP Programs were heroic in their efforts to collect data through alternative methods during the database outage as well as in entering all back data from the outage period and learning data entry on a new platform. Unexpectedly, new functionality was able to be developed to strengthen the notification process from Part C to Part B 619 programs, through a shared, limited dataset across departments.

All ILP stakeholder committees have become active and busy again this year, after struggling somewhat last year during the COVID pandemic. Work with committees including Service Delivery, Finance, Policy, Professional Development and Leadership have worked on projects related to improving the ILP system statewide, the SPP/APR and the SSIP, integrating SSIP activities and data driven decision making into the committee work. Three new committees have formed, the Data Committee to assist with planning and evaluating data collection and analysis, Database Workgroup to assist with development, testing, implementation and improvement of the EI/ILP Data System, and the IFSP Workgroup to assist with development of a more responsive IFSP form.

**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, with a summary of achievements, evaluation measures and consideration of future steps during the revision of the SSIP Action Plan.

Professional Development/Technical Assistance (PD/TA) progress:
Understanding COS: ILP providers understand the COS rating process: new ILP Providers completed the COS Process Modules this year, with passing scores of 80% or higher on all quizzes. We have worked with the ECTA Center and DaSy to import the COS Process Modules into our new Learning Management System, which will be more easily accessed by ILP Providers for these modules as well as our ILP Credential. Final formatting revisions are underway in order to allow us to roll this out to new providers this spring.

Strong PD System: Significant progress was made in understanding developmental patterns of children who did not make progress in Child Outcome A. A statewide analysis was conducted looking at differences in outcomes for children eligible based on Diagnosis, Developmental Delay of 50% or more, Developmental Delay of less than 50%, with a presentation and report made to ILP Programs. Part C Diagnoses occurring in the highest numbers include Down Syndrome, Multiple Health Concerns, Hearing Impairment, Cleft Lip and Palate, Autism, Congenital Heart Disease, and Spina Bifida. We found that children who were enrolled with a Diagnosed condition were more likely to have an exit rating that is lower at exit than at entry compared to children enrolled with Developmental Delay or Informed Clinical Opinion. Children enrolled through Informed Clinical Opinion were more likely to have an exit rating that is higher at exit than at entry compared to those enrolled with Diagnosed conditions or Developmental Delay. This information has informed the development of our new multi-year professional development plan, which is still in process with the Professional Development Committee.

Social Emotional Practices: There were 154 staff and contract ILP Providers in Alaska EI/ILP system. Of these, 20 participated in the BABI training, 80 attended the IECMH Conference, 50 participated in the Virtual Statewide ILP Conference, and 6 received scholarships with a total award amount of $91,453. Additional local training opportunities this year implemented through EI/ILP funding included FAN Training, Circle of Security, Perinatal Issues, Reflective Parenting, DIR Floortime, Autism Navigator, Certified Lactation Consultant training, IDA-2, Newborn Observation Pre-training, 9 Core Messages, Clinical Approaches to Reflective Parenting, and Hanen 4 I's to Socialize. Other specific professional development supports provided by the Part C Program this year include Online Part C Credential Modules (which were migrated to our new Learning Management System platform) and Online Child Outcome Summary Process Modules.

COS Implementation Standards: 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. We have integrated expanded questions on our annual program Self-Assessment to look more in-depth at best practice ratings. Alaska is an early adopter of the COS-Knowledge Check, which will be completed by 59 ILP Providers who have completed the COS Process Modules a year or more ago. This will provide a refresher for those providers as well as valuable data to help us guide our COS training requirements.

Practice Knowledge and Implementation: 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 sites. The Service Delivery Committee, representing these 5 sites, has continued to develop and revise this form and is implementing it with a limited number of providers. 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, 4 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

Meeting IFSP Goals: Measurement of this outcome has been integrated into our updated program self-assessment which will be completed toward the end of FFY22. (June 2023)

Data and Accountability (DA) progress:
New ILP Database: 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 database has been effectively adopted by all ILP programs. We are still working to finalize all database reports.

Data Entry: All programs have entered data for FFY21, and data entry is now happening in real time. Data is reviewed, cleaned and reported quarterly. The annual self-assessment was completed in the database for FFY21, and data is being used to help inform Local Determinations. The ILP Database was utilized for analysis of children who did not make progress in Outcome Area 1 on a statewide basis, giving us valuable information about database design and reporting needs.

SSIP Measures and Program Performance: There were updates to the Program Self-Assessment this year, including expanded questions related to Child Outcome rating processes.

Stakeholder Engagement and Coordinated Stakeholder System: Our stakeholder system is strong and continues to move forward with completion of the restructuring of the ICC this year. Efforts to increase stakeholder engagement this year included closer work with the Parent Information and Training Center, Stone Soup Group, renewed recruitment and engagement efforts with the ICC. Throughout the year, several different presentations were made to stakeholder groups expanding the data and analysis presented to include COS analysis, discussion of policy changes, general overview of EI/ILP Data.

Responsive Database and ILP Program Data Use: The ILP database is currently responsive to the basic needs of the ILP Program. All quarterly reports and self-assessments have been submitted via the database for FFY21. Improvements have been made to many program reports, however most effort has been to restore core reporting functionality in order to collect required data for this report. Through work with the ILP Database Workgroup and the ILP Data Committee, we are developing additional local reporting capacity.

**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):
Ensure Early Intervention provider’s capacity to accurately assign Child Outcome ratings: We are continuing our work in setting standards for quality provider training and practices for the COS rating process. The COS Process training modules will become a required component of the Alaska Part C Credential this year. All providers previously trained will take the COS Knowledge Check, and all new providers will take the COS Process modules. After the first round of COS-KC, we will decide whether to require that it be taken annually by service providers. On the program level, this year programs will complete additional questions related to high quality COS processes on their annual program Self-Assessment.

Ensure that Alaska has a coordinated, high quality professional development system that is responsive to training needs related to Outcome Area 1: Positive Social Emotional Skills: This cycle we will expand our statewide analysis of children who are not making progress in Outcome Area 1 to the local program level, providing data for each program on the characteristics of children who are not making progress. 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 and the training needs of each program. The Professional Development Committee is also planning a survey of program linked to these findings, in order to ensure we are meeting the needs of local programs.

Support Early Intervention provider’s learning and implementation of evidence-based practices: Professional development training will continue to expand beyond IECMH into areas such as Autism, self-regulation, and strategies for supporting children with diagnosed conditions or who are medically fragile. We will also continue to focus 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. This year we will partner with the Alaska Home Visiting network to sponsor a virtual Home Visiting Conference, as well as continuing our partnership to develop and support the Alaska Infant Early Childhood Mental Health Conference.

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):
Support State and Local ILP programs by enhancing the monitoring system and providing data tools which better guide decision making: The most important next step in this strand is to finalize the reporting functionalities of the ILP Database on its new, secure platform. Database training that was rolled out this year will be moved into our Learning Management system for new Coordinators and new Providers to access. We are continuing to 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 Manager, Data Committee, and other committees have begun but not completed the 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 continue 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 continues to be piloted by 5 of the programs in the state. Several revisions have been made based on feedback of this group of programs represented on the Service Delivery Committee. The committee has recommended that the next steps for the SEPRS are to identify 5 additional programs this year to begin SEPRS implementation. They recommend including at least 1 small rural program that would require support from an IECMH Specialist or Program Coordinator with more experience in the field to complete the SEPRS process. Barriers to increased implementation include turnover of leadership as well as staffing in several ILP programs as a result of the COVID pandemic.

The Provider Self-Assessment is a professional development tool for use by Early Intervention Service (EIS) providers at local Infant Learning Programs (ILP.) Its 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 will continue to receive training on a local level with funding from their approved budgets. One local program has completed fidelity coaching with Circle of Security® developers and we are exploring their capacity to provide fidelity coaching in the state. Participation in fidelity coaching will be expanded to more programs.

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 plans 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 have staff who have progressed into the DIR Floortime Advanced Certificate program and will continue this work.

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. Several local programs now utilize the companion training, 4 “I”s to Socialize™: Coaching Parent of Children with Autism and Social Communication Difficulties, and the state plans to make this training available to all interested program statewide. This adjunct model is designed for Early Interventionists from all disciplines.

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 is committed to supporting one BABIES Learning Collaborative per year and one training in the BABI tool for graduates of the collaborative.

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

YES

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

Alaska continues an upward trajectory of progress toward the SiMR.

**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 this fiscal year, 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. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.
During this fiscal year, the following community partners participated in ongoing partnership meetings: Governor’s Council on Disabilities and Special Education (GCDSE); 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 stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, 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. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and 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; State legislator; Senior and Disabilities Services, 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; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Stakeholders have been monitoring and discussing Indicator 3A1 as the state’s SiMR and the target of the SSIP. Discussions and reflections on data with stakeholders including the Alaska Mental Health Trust Authority (AMHTA), ILP Providers, Child Protective Services, Public Health, MIECVH, and other state level partners, have helped us develop strategies for improving progress toward our SiMR. Through the stakeholder engagement process we have moved forward a new, AMHTA funded project to increase engagement of families with involvement in the Child Protection system.

Five meetings with the public and committees with a total of 78 attendees were conducted to discuss ILP SPP/APR and SSIP data.

**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, ILP Coordinators, ILP Leadership Team, Alaska Early Childhood Coordinating Council, MIECVH, and the IECMH Conference Planning Committee, we engage in work supporting the SSIP Action plan and provide updates on 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. 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.**

Newly identified barriers include turnover of state staff in the Alaska Part C Office. One Technical Assistant position has been vacant since August 2022, and the Professional Development Coordinator position has been vacant since November. We are continuing to recruit highly qualified individuals to fill these positions.

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**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**

Lead Agency Director

**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.**

**Name:**

Anthony Newman

**Title:**

Director

**Email:**

anthony.newman@alaska.gov

**Phone:**

19074655481

**Submitted on:**

04/25/23 12:52:04 PM

# Determination Enclosures

## RDA Matrix

**Alaska**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 70.54% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 5 | 62.50% |
| **Compliance** | 14 | 11 | 78.57% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 485 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 831 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 58.36 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 57.57% | 40.21% | 63.41% | 32.16% | 63.07% | 38.56% |
| **FFY 2020**  | 56.57% | 44.76% | 59.10% | 35.45% | 62.62% | 44.56% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.18% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 99.46% | N/A | 2 |
| **Indicator 8A: Timely transition plan** | 100.00% | N/A | 2 |
| **Indicator 8B: Transition notification** | 0.00% | NO | 0 |
| **Indicator 8C: Timely transition conference** | 99.56% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 93.55% |  | 1 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **485** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 3 | 168 | 119 | 113 | 82 |
| **Performance (%)** | 0.62% | 34.64% | 24.54% | 23.30% | 16.91% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 3 | 162 | 164 | 122 | 34 |
| **Performance (%)** | 0.62% | 33.40% | 33.81% | 25.15% | 7.01% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 3 | 158 | 137 | 138 | 49 |
| **Performance (%)** | 0.62% | 32.58% | 28.25% | 28.45% | 10.10% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 57.57% | 40.21% | 63.41% | 32.16% | 63.07% | 38.56% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 373 | 56.57% | 403 | 57.57% | 1.00 | 0.0356 | 0.2811 | 0.7786 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 445 | 59.10% | 451 | 63.41% | 4.31 | 0.0325 | 1.3264 | 0.1847 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 412 | 62.62% | 436 | 63.07% | 0.45 | 0.0332 | 0.1361 | 0.8917 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 487 | 44.76% | 485 | 40.21% | -4.56 | 0.0317 | -1.4388 | 0.1502 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 488 | 35.45% | 485 | 32.16% | -3.29 | 0.0303 | -1.0840 | 0.2784 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 487 | 44.56% | 485 | 38.56% | -6.00 | 0.0316 | -1.9020 | 0.0572 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **6** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**Alaska**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 0 | N/A | N/A | 0 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 6 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 12.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 12.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 29.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 4.00 |
| **Denominator** | 31.00 |
| D. Subtotal (C divided by Denominator\*) = | 0.9355 |
| E. Indicator Score (Subtotal D x 100) = | 93.55 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution  | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)