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

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

**For reporting on
FFY 2019**

**Alabama**



**PART C DUE
February 1, 2021**

**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**

Alabama’s Early Intervention System (AEIS) provides services to children with disabilities, birth to three, and their families based on state and federal regulations and Alabama's 8 Core Values. These values, or guiding principles, ensure that recommended and evidence-based practices are incorporated into all services provided throughout the system. The Core Values require that the system and services be:

1. Family Centered
2. Developmentally Appropriate
3. Individualized
4. Provided in Natural Environments
5. Train and Equip the Parent/Caregiver
6. Collaborative
7. Routines-Based
8. Evidence-Based

The ICC serves as the primary stakeholder group providing ongoing guidance and input into the development of the SPP/APR and SSIP (State Systemic Improvement Plan). Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups (such as, but not limited to, the Early Childhood Workgroup for Young Children with ASD; the Early Intervention-Preschool Conference planning committee; the RBI workgroup; the Teletherapy workgroup) are given updates and ongoing opportunities for input throughout the year in the development of all aspects of AEIS and the SPP/APR. The AEIS state office has a Leadership Team that identifies and involves additional broad-based stakeholder groups, and all providers statewide are provided with ongoing formal and informal opportunities for input.

Supervision and monitoring of programs statewide is based on the federal regulations and the 8 Core Values in addition to the use of evidence-based practices (i.e., the DEC Recommended Practices and the Routines-Based Model) and the OSEP indicators.

The AEIS SPP/APR is being submitted based on supervision/monitoring results, evaluation of child outcomes, family survey data, ongoing data collection/analysis and stakeholder input. Data indicate that in 8 of the 17 reporting indicators, programs achieved over 95%. In addition, AEIS exceeded its targets in 7 of the reporting indicators and met its targets in 2 indicators.

Actual data for FFY 2019 are as follows:

Indicator 1 – Timely Services: 97.13%

Indicator 2 (exceeded target) – Natural Environment: 99.53%

Indicator 3A1 (exceeded target - SiMR) – Substantial progress in Social-emotional skills: 78.51%

Indicator 3A2 – Achieved functioning as same age peers in social-emotional skills: 58.90%

Indicator 3B1 (exceeded target) – Substantial progress in knowledge and skill: 83.49%

Indicator 3B2 – Achieved functioning as same age peers in knowledge and skill: 48.80%

Indicator 3C1 (exceeded target) Substantial progress in use of appropriate behavior to meet needs: 81.91%

Indicator 3C2 – Achieved functioning as same age peers in use of appropriate behavior to meet needs: 58.70%

Indicator 4A – Parents know rights: 99.10%

Indicator 4B (exceeded target):- Parents communicate needs: 98.65%

Indicator 4C – Parents can help their child develop and learn: 99.09%

Indicator 5 – (Exceeded target) Number served birth to one: .74%

Indicator 6 – (Exceeded target) Number served birth to three: 2.20%

Indicator 7 – (Met target) IFSP developed within 45 days: 100%

Indicator 8A – Transition plan developed on time: 98.65%

Indicator 8B – Notification to LEA on time: 95.71%

Indicator 8C – (Met target) Transition meeting with LEA on time: 100%

Indicators 9 and 10 were NA since there were no hearing requests, resolution sessions or mediations.

Indicator 11 – SSIP/SiMR: 78.51% (Exceeded target)

State monitoring data (Provider Appraisal Review or PAR) were used in determining progress on the 100% indicators. The PAR monitoring manual was revised during FFY 2019 to include procedural changes and submission of self-evaluation data. A copy of the most recent Provider Appraisal Review monitoring manual is available upon request. For all areas of noncompliance as per supervision and monitoring, action plans were developed and programs were brought back into compliance within one year.

Child outcomes data were collected via the Child Outcome Summary process (COS). The data related to Alabama's State Systemic Improvement Plan SiMR (i.e., substantial progress in social emotional development) exceeded the target (80.70% actual compared to target of 71.70%). All three OSEP child outcome areas exceeded the target for Summary Statement 1 (substantial progress).

Lastly, family outcomes data were collected via a Family Survey process conducted by an independent research entity at Auburn University in Montgomery. This family survey is conducted via a sampling over a three year period whereby, every three years, all families in all programs are surveyed (sampling plan has been approved by OSEP). The results reflected high percentages on all three indicators (over 95%), with families knowing their rights ranking at 99.10%.

Indicators 9 and 10 were not applicable since there were no hearing requests, resolution sessions or mediations.

AEIS is pleased to provide the FFY 2019 SPP/APR as approved by the ICC and applauds the outstanding work of personnel in local Early Intervention Programs across Alabama. AEIS also thanks the OSEP state lead, Kate Moran, and the OSEP TA Centers for their support and guidance.

Additional information related to data collection and reporting

**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 Lead Agency, Alabama Department of Rehabilitation Services (ADRS), Division of Early Intervention, is responsible for general administration and supervision/monitoring of compliance for community-based early intervention programs and District Early Intervention Coordinators providing services under Part C of the Individuals with Disabilities Education Act (IDEA). Assisting ADRS/Division of Early Intervention (DEI) in monitoring are contracting agency liaisons from the Department of Mental Health (DMH) and the Alabama Institute for Deaf and Blind (AIDB). Administrative methods for supervision and monitoring for continuous improvement include extensive and targeted Technical Assistance (TA) and Provider Appraisal Reviews (PAR) to ensure compliance with Part C regulations.
PROVIDER APPRAISAL REVIEW (PAR)
The Provider Appraisal Review (PAR) documents how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children’s development. PAR also ensures that programs remain in compliance with state and federal regulations. The PAR process emphasizes program quality, child and family outcomes, effectiveness, evidence-based practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure.
PAR COMPONENTS:
In addition to the OSEP 100% Target Indicators, there are seven (7) components for which information is collected in a Provider Appraisal Review and describe indicators that determine compliance based on federal and state regulations.
• OSEP 100% Target Indicator Timely IFSP
• OSEP 100% Target Indicator Timely Delivery of Services
• OSEP 100% Target Indicator Timely Transition Planning
• Child Find Referral and Eligibility Determination
• Family Assessment
• Individualized Family Service Plan
• Service Delivery and Natural Environments
• Procedural Safeguards
• Data Collection
• Comprehensive System of Personnel Development (CSPD)
• Public Awareness
• DCC Collaboration

SELECTION OF RECORDS FOR PAR:
Program personnel are responsible for ensuring required documentation and records are available. A 100% data review is completed during a pre-PAR period. AEIS will randomly select records and provide programs with a list of the names on the day of PAR. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to PAR date (supervisor review, peer review etc.). Monitors will expect programs to describe ongoing internal review methods utilized. At least 10 records, but no more than 15% of their program’s total caseload, will be selected for review, however, monitors reserve the right to select additional records if needed. Targeted records will be reviewed for detailed discussions on how service delivery determinations were made, identified challenges, strategies that were successful, family involvement status, specific interventions that promote improvement and other factors that affect program quality improvement. All records selected will be subject to a complete or partial review.

DETERMINING PROGRAM QUALITY & COMPLIANCE AT PAR:
A program will participate in a formal PAR at least every three (3) years regardless of status at a prior Technical Assistance and Record Review. Compliance will be determined based on review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program’s annual performance to OSEP. If a program is found to be “Out of Compliance”, an Action Plan will be developed outlining actions to ensure 100% correct implementation of the regulatory requirements within one year and to immediately address each individual instance of noncompliance. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. Per federal regulations, AEIS is considered “Out of Compliance” if a program does not reestablish 100% compliance within one year. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR.

SANCTIONS:
ADRS/EI may impose sanctions under the following circumstances:
• ADRS/EI determines service provider failed to reestablish compliance within specified periods of time and within federally required year
• Program fails to address recommendations or to meet requirements of an Action Plan
• Program utilizes Part C dollars for activities which are not in compliance with Part C regulations.
• Program has ongoing compliance issues
These sanctions include, but may not be limited to: 1. Repayment of misapplied federal and state funds based on federal and state regulations. 2. Withholding state and federal funds until corrective action is taken to insure Part C compliance. 3. Additional PAR Review of all program records. 4. Withholding referrals to programs for a specified period of time. 5. Cancellation of a program contract. 6. Other sanctions as deemed by the Lead Agency.

PROGRAM SELF-ASSESSMENT:
Programs are expected to have in place an internal process for self-assessment on a continuous basis. Programs must use AEIS TA/PAR checklists or develop their own methods to self-assess to insure compliance. Monitors will expect programs to describe their ongoing internal review process and methods.

FAMILY SURVEY:
To ensure that families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer. Family surveys are generally conducted each time a program participates in a PAR. The goal of the family survey is to determine families’ perspective about their EI experience and providers’ capabilities to train and equip them so they may help their children achieve functional outcomes. There is a focus on families’ perspectives of service coordination, service delivery, community-based resources, plan development and procedural safeguards. AEIS staff and monitors use information and trend data to identify program and systemic issues that warrant further review. Responses of less than 90% satisfaction to individual questions require a program to identify in writing new strategies to address the 10% or more.

GIFTS DATABASE (Giving Infants, Families and Toddlers Support):
The GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other information. GIFTS database reports include quantifiable data by programs, counties and districts to identify trends and strategies for collaborative service planning. These reports, with monitoring information and results, are generated for OSEP annually for purposes of making a State Determination and determining the success of outcomes. GIFTS reports are utilized to assist with TA and investigation of family concerns. Programs also receive a “determination” based on monitoring results, family survey data, and other program information. EI program profiles are posted on the website annually.
FINANCIAL AUDITS:
Contracting agencies (Department of Mental Health, Alabama Institute for the Deaf and Blind, Alabama Department or Rehabilitation Services/Early Intervention) are responsible for reporting and verifying independent program audits which occur during a PAR cycle. ADRS Internal Audit Team provides technical assistance, training and reports based on their review of program financial records. Face-to-face audits are performed by ADRS Internal Audit Section every other year reviewing the previous two years.

**Technical Assistance System:**

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

Program participation in technical assistance (TA) activities is required at least twice annually. The purpose of TA’s is to ensure that programs have opportunities to discuss with AEIS and their contracting agency any issues, safeguards or procedures. An AEIS primary monitor will be assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. TA’s help to inform all personnel annually regarding evidence-based practices, policies and system information and provide consistent information. Agency liaisons are on monitoring teams (AIDB, DMH and EI/ADRS) and participate in all TA’s and Provider Appraisal Reviews. Agency liaisons are also required to participate in TA’s if a program is in a status of “Out of Compliance”. Agency liaisons may provide independent TA’s to programs. Technical Assistance (TA) may include but IS NOT limited to any combination of the following:
• Record reviews (on-site review, database, desk audits; specific data review of outcomes/service delivery patterns/family survey results/program profiles/and other pertinent information)
• District Training (district forum for discussing system concerns or interests)
• In-services or individual program requests
• Informal discussions with program (videoconference, teleconference, on-site forum)
• E-mail responses to program inquiries
• Review of TA or PAR Action Plans
• AEIS Policy Memoranda regarding administrative decisions and actions
• EI Updates
SELECTION OF RECORDS FOR TA:
Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA. Record reviews may include but are not limited to:
• Selected data and record review based on concerns, program performance and demographics. (A minimum of 3 files per service coordinator to include initial IFSP and transition records.)
• Desk audit of selected records and documents requested by EI state office staff
• Onsite review
• Review by satellite meetings
• Database review

PREPARATION FOR TECHNICAL ASSISTANCE AND RECORD REVIEW:
Programs scheduled for TA are requested to submit documents six (6) weeks in advance of the TA date. The documents include: Pre-TA Information Checklist as cover sheet for pre-PAR/pre-TA packet; Listing of Personnel Providing Part C Services and Qualifications (includes training); Listing of Para-professional Personnel if applicable; Listing of Professional Evaluators

DETERMINING COMPLIANCE AT TA:
At an EI program’s TA, the program’s compliance status will be evaluated as either “In Compliance” or “Out of Compliance”. Compliance status will be based on a review to determine if state and federal rules and regulations have been followed and if evidence-based practices are implemented. A partial database review is also a part of this overall review. If there are findings based on limited data and record review, more records may be reviewed to help reestablish compliance. It is possible for a program to reestablish compliance on the same day of a finding if subsequent review reflects evidence-based practices and are in compliance. When reporting on the correction of noncompliance, AEIS must report that it has verified that each program or provider with noncompliance is: 1) correctly implementing the specific regulatory requirements based on a review of updated data such as data subsequently collected through on-site monitoring or through a database; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the program. If a program is found to be “Out of Compliance”, an Action Plan will be developed outlining actions to be taken to reestablish compliance by a target date. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If a program is unable to reestablish compliance by the Action Plan target date, a Provider Appraisal Review (PAR) will be scheduled. Per federal regulations, AEIS is considered “Out of Compliance” if a program does not reestablish compliance within one year. This is based on OSEP’s review of annual state data. TA reports will be provided to the program EI Coordinator or administrator by the primary monitor within 4 weeks following the TA. ADRS/AEIS also reserves the option to conduct a PAR at any time based on:
• Family complaints for service issues
• Unresolved programmatic issues (including staffing concerns)
• Other issues which could impact services to families or affect compliance with state and federal regulations
• Not completing an Action Plan

MEDICAID OPTION AUDITING:
EI Medicaid Option Reviews are conducted per program every other year unless there has been an issue found by the EI State Monitoring Team. The team consists of EI state office specialists and members of our partner organizations. (AIDB, DMH). When an EI program is scheduled for a review, a list compiled of child names, service coordinator, service provided, date of service and number of units is sent to the program at least one week in advance. They are asked to have all of the information tabbed in the child’s record. AEIS team visits the program and looks at the information requested to make sure all services listed were billed per date of service and number of units. The Team also reviews the provider or service coordinator notes to make sure they meet Early Intervention requirements. Once the review is complete, an exit is conducted with the program to discuss what was reviewed. The exit is followed up with an EI Medicaid Option Review Report within 2-4 weeks of the visit. Annual meetings are held to train and discuss financial issues and concerns to help support EI programs in their implementation of Part C. Ongoing Technical Assistance is also available through the state team, the Accounting and the Internal Audit Divisions of the lead agency throughout the year. Staff from these divisions are included in the Interagency Coordinating Council and Financial Planning Subcommittees.

**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 CSPD (Comprehensive System of Personnel Development) is an annual statewide plan that addresses three areas: Family Involvement, Personnel Development and Recruitment/ Retention. This plan is developed by the Personnel Subcommittee and approved by the ICC. The goals and guiding principles are as follows:

AREA ONE: Family Involvement
GOAL: Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS.
GUIDING PRINCIPLES: (1) Families should have input regarding workshops topics that are provided to address their identified interests and needs; (2) Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; (3) Families should assume leadership roles in training and technical assistance activities.
Ongoing Methodology
1. Utilize results from the PAR FAMILY Survey and family membership on committees to plan workshop opportunities at the state, district and local levels that address the most frequently requested training topics.
2. Inform families of opportunities for involvement in AEIS and routinely ask families if they would like to serve on state/local committees.
3. Provide reimbursement for family participation in EI by utilizing (when available): (a) the DCC parent activity fee, (b) the ICC parent reimbursement format, and (c) the DD Council Parent Involvement Fund.
4. Utilize parent co-presenters in training activities provided through the District Councils, the EI/Preschool Conference, and other CSPD training activities

AREA TWO: Personnel Development
GOAL 1: Standards: AEIS will have personnel standards that are consistent with current licensure and certification requirements in the state.
GUIDING PRINCIPLES: (1) Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel; (2) Personnel qualifications for the delivery of each AEIS service must be established and monitored.
Ongoing Methodology
1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure and continuing education.
2. Review requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates, state policies and recommendations from the field.

GOAL 2 Training: AEIS will have highly qualified professionals delivering research/evidence-based services to eligible children and families.
GUIDING PRINCIPLES: (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the three anchor agencies (AIDB, AEIS/ADRS and DMH) and by individual vendors; (5) Conditional Special Instructors should have proficiency in evidence-based practice for special instruction services; (6) Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and evidence-based practice in EI service delivery; (7) The inclusion of children with special needs in home and community-based settings should be cultivated; (8) The impact of training activities should be measured.
Ongoing Methodology
1. Utilize a systematic method of identifying statewide training needs.
2. Conduct annual TA trainings per district to inform programs statewide of upcoming changes in policies/procedures, to inform of new training regarding evidence-based practice, to share data for use in individual program planning, and to provide opportunities for programs/service providers to have input into the state system.
3. Provide training opportunities through the Districts specific to identified needs.
4. Provide on-site technical assistance to service providers and program site supervisors statewide using PAR monitors & the mentor system.
5. Require training for conditional special instructors immediately upon hire.
6. Require training on social-emotional development and intervention for all providers.
7. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family centered philosophy, and evidence-based practice in EI service delivery.
8. Require continuing education for all personnel providing early intervention services within AEIS.
9. Require all early intervention personnel to complete the training “Message ReVITALIZED: Journey II” within every three years during their employment with AEIS.
10. Require personnel implementing eligibility evaluations to complete training and/or coursework in child development and on the specific tools to be utilized.
11. Develop alternative methodologies for service providers and families to participate in state CSPD trainings such as by webinars and videotaped training events.
12. Monitor the effects of AEIS training on staff behavior and service delivery through PAR and TA.
13. Maintain trainers in the field who have an expertise in the EI 8 core values, Routines-Based Interviewing/intervention, and the OSEP outcome areas (the eight core values of recommended practice are required to be utilized in service delivery and are infused in all training activities.)
14. Require service coordinators to complete the Routines-Based Interview boot camp/training and to implement the model upon completion.
15. Require early intervention providers to complete the Routines-Based Home Visiting training and to implement the model upon completion.

AREA 3: RECRUITMENT AND RETENTION
GOAL 1 Pre-service: Pre-service training in all EI related disciplines includes content in early intervention/pediatrics.
GUIDING PRINCIPLE: Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

Ongoing Methodology: 1. Offer EI speakers to provide early intervention/pediatric information during college, junior college and technical school class instruction; 2. Continue District Council activities to provide EI/pediatric instruction for physicians; 3. Participate in the Higher Education Consortium.

GOAL 2 Recruitment/Retention: AEIS has innovative strategies and activities for the recruitment and retention of early intervention service providers.
GUIDING PRINCIPLES: (1) High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS (AEIS will cultivate collaboration with the universities in fields of early childhood); (2) Early Intervention Program sites should be used as practicum and internship sites for college students; (3) Professionals who are willing to work in rural and inner city areas should be identified and recruited.

Ongoing Methodology: 1. Utilize District Coordinating Councils to disseminate AEIS PA materials to educational sites; 2. Encourage DEICs to attend career days and participate in speaking engagements throughout the communities in their district; 3. Encourage programs to participate in practicum experiences of Higher Education; 4. Maintain representatives from higher education on the Personnel Subcommittee to assist in recruitment and retention activities; 5. Encourage new vendor applications through DEICs; 6. Strengthen CSPD links with higher education related to the SE domain and knowledge/skills needed in preservice upon graduation/exit.

Annually, training activities are added to the CSPD plan based on SSIP goals, monitoring results, stakeholder input, provider and family input, and priorities of the state office.

**Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on 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 Systemic Improvement Plan (SSIP).**

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

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

YES

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 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 2018 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 2018 APR in 2020, is available.**

The completed SPP/APR for FFY 2018 has been posted on the AEIS website for final public dissemination. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on a at least a quarterly basis. This sharing is intended for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs. A complete copy of the AEIS SPP/APR for FFY 2018 can be found at https://www.rehab.alabama.gov/services/ei. As per OSEP requirements, AEIS reported to the public on the performance of each AEIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR. The FFY 2018 Program Profiles were disseminated to state agency liaisons, program administrators and to the public via web posting. The profiles may be viewed at https://www.rehab.alabama.gov/services/ei. AEIS will disseminate and post the FFY 2019 SPP/APR and Program Profiles within 120 days after submission of the SPP/APR.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State’s FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2018 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 2019 SPP/APR, the data for FFY 2018), 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 | 96.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.22% | 95.85% | 95.75% | 95.37% | 91.56% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 326 | 348 | 91.56% | 100% | 97.13% | Did Not Meet Target | No Slippage |

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

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

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**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).**

Timely receipt of services is defined in Alabama as the initiation or attempt to deliver services within 30 days of service begin dates on the IFSP.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

**If needed, provide additional information about this indicator here.**

Reasons for delays on the part of the programs included:
Provider illness
Inclement weather
Miscalculations of 30 day timeline with months that have 31 days
Lack of provider availability in area
Staff turnover
Scheduling issues
COVID

Reasons for delay related to exceptional family circumstances included:
Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
Inclement weather
COVID

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 47 | 47 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

AEIS issued a total of 47 findings across 23 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that compensatory services were provided as needed. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late. AEIS verified the correction of all 47 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 47 findings across 23 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that compensatory services were provided as needed. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on a review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late. AEIS verified the correction of all 47 findings of noncompliance as having been corrected within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 EDFacts 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 | 87.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 95.00% | 96.00% | 97.00% | 98.00% | 99.00% |
| Data | 99.77% | 99.87% | 99.91% | 99.89% | 99.53% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 99.10% |

**Targets: Description of Stakeholder Input**

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,811 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 3,829 |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,811 | 3,829 | 99.53% | 99.10% | 99.53% | 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**

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**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2008 | Target>= | 77.00% | 77.50% | 78.00% | 71.50% | 71.60% |
| **A1** | 71.40% | Data | 76.52% | 75.87% | 74.61% | 79.09% | 78.64% |
| **A2** | 2008 | Target>= | 74.30% | 74.40% | 74.50% | 73.40% | 73.50% |
| **A2** | 73.30% | Data | 72.29% | 67.71% | 61.23% | 62.85% | 59.13% |
| **B1** | 2008 | Target>= | 82.30% | 82.40% | 82.50% | 80.00% | 80.10% |
| **B1** | 79.60% | Data | 82.94% | 81.84% | 83.19% | 84.09% | 83.54% |
| **B2** | 2008 | Target>= | 60.80% | 60.90% | 70.00% | 57.00% | 57.10% |
| **B2** | 56.90% | Data | 53.61% | 51.27% | 49.92% | 51.12% | 48.92% |
| **C1** | 2008 | Target>= | 82.80% | 82.90% | 83.00% | 80.50% | 80.60% |
| **C1** | 80.40% | Data | 82.91% | 83.62% | 76.99% | 81.91% | 82.12% |
| **C2** | 2008 | Target>= | 76.20% | 76.30% | 76.40% | 75.20% | 75.30% |
| **C2** | 75.10% | Data | 74.74% | 71.55% | 61.13% | 60.91% | 58.95% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1>= | 71.70% |
| Target A2>= | 73.60% |
| Target B1>= | 80.20% |
| Target B2>= | 57.20% |
| Target C1>= | 80.70% |
| Target C2>= | 75.40% |

 **FFY 2019 SPP/APR Data**

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

2,780

**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 | 38 | 1.37% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 397 | 14.28% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 808 | 29.06% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,008 | 36.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 529 | 19.03% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 1,816 | 2,251 | 78.64% | 71.70% | 80.68% | 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 | 1,537 | 2,780 | 59.13% | 73.60% | 55.29% | Did Not Meet Target | Slippage |

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

Explanation of Slippage for Indicator 3, Summary Statement 2

Historically, AEIS has not achieved its target for children achieving functioning comparable to same age peers, even though children have, in fact, made progress. Stakeholders throughout the state now concur that, when the initial targets were set for summary statement 2, they were set too high, It is because of this that AEIS has slippage. As a result, in the FFY 2020 SPP/APR, AEIS will propose lowering the targets to a more realistic level.

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons were diagnosis or complex medical issues, environmental issues (e.g., extreme poverty, substance abuse within the family), family missed appointments which relates back to other factors and/or family no longer has concerns over their child’s development.

AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data from the GIFTS database indicate a significant number of children showing new skills/behaviors, but not moving up a level on the COSF as follows:

For FFY19 (July 1, 2019-June 30, 2020), 96% of families have the box checked "yes" in GIFTS stating, “Has child shown any new skills or behaviors since the last outcome summary?”

729 were in Positive Social Emotional Skills

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 48%. Results were as follows:

The percentage of families who reported that they felt their child had developed new skills relating to social or emotional development as a result of early intervention during FFY 2019 was 91% (which is the AEIS SiMR or State identified Measurable Result).

The percentage of families who felt that they had an increased knowledge of how to identify and respond to their child's needs in the area of Social or emotional development was 95%.

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

More than 40.0% of families reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as “Poor” or “Below Average.”

Almost three quarters of families (74.7%) rated their understanding of their child’s development as “Above Average” or “Excellent” after receiving Early Intervention services.

After receiving Early Intervention services, 85.4% of families agree or strongly agree that their child had developed new skills relating to social and emotional development.

After receiving Early Intervention services, 92.6% agree or strongly agree they had an increased knowledge of how to identify and respond to their child’s needs in the area of social and emotional development.

After receiving Early Intervention Services, 84.1% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.

After receiving Early Intervention services, 93.9% of families agree or strongly agree they had an increased knowledge of how to support their child in learning these life skills.

**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 | 37 | 1.33% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 341 | 12.27% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,174 | 42.23% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,088 | 39.14% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 140 | 5.04% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 2,262 | 2,640 | 83.54% | 80.20% | 85.68% | 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 | 1,228 | 2,780 | 48.92% | 57.20% | 44.17% | Did Not Meet Target | Slippage |

**Provide reasons for B2 slippage, if applicable**

Explanation of Slippage for Indicator 3, Summary Statement 2

Historically, AEIS has not achieved its target for children achieving functioning comparable to same age peers, even though children have, in fact, made progress. Stakeholders throughout the state now concur that, when the initial targets were set for summary statement 2, they were set too high, It is because of this that AEIS has slippage. As a result, in the FFY 2020 SPP/APR, AEIS will propose lowering the targets to a more realistic level.

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons were diagnosis or complex medical issues, environmental issues (e.g., extreme poverty, substance abuse within the family), family missed appointments which relates back to other factors and/or family no longer has concerns over their child’s development.

AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data from the GIFTS database indicate a significant number of children showing new skills/behaviors, but not moving up a level on the COSF as follows:

For FFY19 (July 1, 2019-June 30, 2020), 96% of families have the box checked "yes" in GIFTS stating, “Has child shown any new skills or behaviors since the last outcome summary?”

423 of these were in Acquisition of Knowledge and Skills

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 48%. Results were as follows:

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

More than 40.0% of families reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as “Poor” or “Below Average.”

Almost three quarters of families (74.7%) rated their understanding of their child’s development as “Above Average” or “Excellent” after receiving Early Intervention services.

After receiving Early Intervention services, 85.1% of families agree or strongly agree that their child had improved in his/her language and communication skills.

After receiving Early Intervention services, 93.4% of families agree or strongly agree that they themselves had an increased knowledge of how to support their child’s language and communication skills.

After receiving Early Intervention Services, 84.1% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.

After receiving Early Intervention services, 93.9% of families agree or strongly agree they had an increased knowledge of how to support their child in learning these life skills.

**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 | 40 | 1.44% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 366 | 13.17% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 848 | 30.50% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,157 | 41.62% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 369 | 13.27% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 2,005 | 2,411 | 82.12% | 80.70% | 83.16% | 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 | 1,526 | 2,780 | 58.95% | 75.40% | 54.89% | Did Not Meet Target | Slippage |

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

Explanation of Slippage for Indicator 3, Summary Statement 2

Historically, AEIS has not achieved its target for children achieving functioning comparable to same age peers, even though children have, in fact, made progress. Stakeholders throughout the state now concur that, when the initial targets were set for summary statement 2, they were set too high, It is because of this that AEIS has slippage. As a result, in the FFY 2020 SPP/APR, AEIS will propose lowering the targets to a more realistic level.

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons were diagnosis or complex medical issues, environmental issues (e.g., extreme poverty, substance abuse within the family), family missed appointments which relates back to other factors and/or family no longer has concerns over their child’s development.

AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data from the GIFTS database indicate a significant number of children showing new skills/behaviors, but not moving up a level on the COSF as follows:

For FFY19 (July 1, 2019-June 30, 2020), 96% of families have the box checked "yes" in GIFTS stating, “Has child shown any new skills or behaviors since the last outcome summary?”

565 were in Use of Appropriate Behaviors to Meet Needs

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 48%. Results were as follows:

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

More than 40.0% of families reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as “Poor” or “Below Average.”

Almost three quarters of families (74.7%) rated their understanding of their child’s development as “Above Average” or “Excellent” after receiving Early Intervention services.

After receiving Early Intervention Services, 84.1% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.

After receiving Early Intervention services, 93.9% of families agree or strongly agree they had an increased knowledge of how to support their child in learning these life skills.

After receiving Early Intervention services, 75.6% of families agree or strongly agree their child has gained independence in meeting their needs and in using socially appropriate ways to get what the child wants.

After receiving Early Intervention services, 89.0% of families agree or strongly agree they had an increased knowledge of how to support their child in gaining their independence in meeting their needs and in using socially appropriate ways to get what the child wants.

**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 | 3,943 |
| 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. | 1,163 |

| **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.**

Documentation used in gathering data:
Parent Observation
Service Provider Notes
Concerns/Outcomes identified on the IFSP
Record review
EI provider(s) observations or progress notes
Non-EI service provider observations/reports
Evaluation/Assessment results

Tool(s) that help inform the decision:
ASQ
ASQ-SE
BDI
DAYC
E-LAP
IDA
SEAM
PLS
Rosetti
REEL
DOCS
ELM
PDMS
BSID
DP

How information was acquired from the parents on their child’s functioning:
Received in team meeting
Incorporated into assessment(s)
Voluntary Family Assessment
Routines-Based Interview

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

## 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.

Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2006 | Target>= | 98.70% | 98.80% | 98.90% | 99.00% | 99.10% |
| A | 94.50% | Data | 100.00% | 99.25% | 98.54% | 99.21% | 98.92% |
| B | 2006 | Target>= | 95.20% | 95.30% | 95.40% | 95.50% | 95.60% |
| B | 95.40% | Data | 95.58% | 94.12% | 95.19% | 95.32% | 95.35% |
| C | 2006 | Target>= | 98.60% | 98.70% | 98.80% | 98.90% | 99.00% |
| C | 98.00% | Data | 99.00% | 98.19% | 99.34% | 98.79% | 99.09% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 99.20% |
| Target B>= | 95.70% |
| Target C>= | 99.10% |

**Targets: Description of Stakeholder Input**

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 466 |
| Number of respondent families participating in Part C  | 223 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 221 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 223 |
| 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 | 220 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 223 |
| 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 | 218 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 220 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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) | 98.92% | 99.20% | 99.10% | Did Not Meet Target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 95.35% | 95.70% | 98.65% | Met Target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 99.09% | 99.10% | 99.09% | Did Not Meet Target | No Slippage |

| **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.**

Alabama continues to adhere to the approved sampling plan submitted and approved as per the March 2, 2006 OSEP response letter. A family survey is conducted by an independent reviewer each year. Family surveys are conducted by this independent reviewer each time a program participates in a PAR monitoring (Provider Appraisal Review) with all families/programs across the state being surveyed over a 3 year cycle. Each year, programs are selected from various locations around the state as per the monitoring process. For the federal fiscal year 2019, seven Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of 466 families were involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2019. One hundred ninety two (192) families completed the family satisfaction survey by telephone. Two hundred sixty four (264) families could not complete the survey by telephone because of “No English/Language Problem,” “Disconnected”, “Wrong Number,” “Incorrect Address & Telephone Number,” and “Unable to Contact.” These families were mailed a family satisfaction survey and thirty one (31) surveys were completed by mail. The total number of families completing the survey (by phone and mail) was 223 or 48% response rate.

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | NO |
| The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. | YES |

**Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

To ensure that all families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer every year. Family surveys are conducted by this independent reviewer each time a program participates in a PAR monitoring review. All programs and families statewide are surveyed at least once every three years, thus providing data from all EI programs (100%) on a 3 year cycle.

The 7 programs who were monitored during this fiscal year, and the 223 families who completed the survey, are from all regions of the state, include small programs and large programs, and include families from rural, urban and suburban areas. In addition, a second survey was used (the Getting to Know Your Family survey) as developed by the University of Alabama at Birmingham School of Public Health to gather information related to Indicator 4. A total of 279 additional families across 25 programs completed the Getting to Know Your Family survey. The data from these two surveys are provided under the section, "Additional information about this indicator" below.

Based on the number and diversity of families surveyed, AEIS has determined that the sample is representative of the overall population served.

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

Results from the FFY 2019 surveys (the PAR Family Survey and Getting to Know Your Family Survey) as related to Indicator 4 were as follows:

Families who indicated that they knew their rights = 99%
Families who feel like they're part of the team = 98.5%
Families who feel that, after EI services, they are better able to help their child develop and learn = 99.0%
Families who are better able to understand their child's needs after EI services = 97.0%
Families who are able to participate in and enjoy typical daily activities after receiving EI services = 86%

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 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 compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (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 and compare the results to the target and to national data. 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 | 0.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 0.60% | 0.61% | 0.62% | 0.63% | 0.64% |
| Data | 0.55% | 0.71% | 0.68% | 0.72% | 0.69% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 0.65% |

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 421 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 56,901 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 421 | 56,901 | 0.69% | 0.65% | 0.74% | Met Target | No Slippage |

**Compare your results to the national data**

During FFY 2019, Alabama served .74% of the birth to one population as compared to 1.37% at the national level. This is a difference of .63%. Due to COVID, AEIS has had a decline in referrals, but was still able to exceed its target for FFY 2019. Also because of COVID, AEIS has had issues impacting the dissemination of public awareness information and conducting PA events such as limited access to pediatrician offices due to reduced staffing and patient contact, closure or limited access to public locations, and access to state office supplies due to state/district office closure. The ICC Public Awareness Subcommittee and District PA committees are currently developing plans for creatively conducting PA activities in the midst of COVID restrictions.

**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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.39% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 1.74% | 1.75% | 1.76% | 1.77% | 1.78% |
| Data | 1.76% | 1.83% | 1.87% | 2.06% | 2.08% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 1.79% |

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 3,829 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 174,264 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,829 | 174,264 | 2.08% | 1.79% | 2.20% | Met Target | No Slippage |

**Compare your results to the national data**

During FFY 2019, Alabama served 2.20% of the birth to three population as compared to 3.70% at the national level. This is a difference of 1.50%. Due to COVID, AEIS has had a decline in referrals, but was still able to exceed its target for FFY 2019. Also because of COVID, AEIS has had issues impacting the dissemination of public awareness information and conducting PA events such as limited access to pediatrician offices due to reduced staffing and patient contact, closure or limited access to public locations, and access to state office supplies due to state/district office closure. The ICC Public Awareness Subcommittee and District PA committees are currently developing plans for creatively conducting PA activities in the midst of COVID restrictions.

**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 2019 SPP/APR, the data for FFY 2018), 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 | 98.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.85% | 98.40% | 99.53% | 99.26% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 133 | 138 | 99.26% | 100% | 100.00% | Met Target | No Slippage |

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

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

5

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

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

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

AEIS issued a total of 4 findings across 4 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 4 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 4 findings across 4 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on a review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 4 findings of noncompliance as having been corrected within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 98.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 94.28% | 91.27% | 95.67% | 96.06% | 93.89% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 146 | 148 | 93.89% | 100% | 98.65% | Did Not Meet Target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

0

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

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

Reasons for delays on the part of the programs included:

Service Coordinator illness
Service Coordinator miscalculation of transition timeline
Staff turnover
Scheduling issues
COVID

Reasons for delay related to exceptional family circumstances included:

Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
Inclement weather
COVID

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 16 | 16 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

AEIS issued a total of 16 findings across 11 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 16 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 16 findings across 11 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on a review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 16 findings of noncompliance as having been corrected within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 99.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.17% | 96.53% | 98.83% | 96.95% | 92.16% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 134 | 148 | 92.16% | 100% | 95.71% | Did Not Meet Target | No Slippage |

**Number of parents who opted out**

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

8

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

Data collection occurs during TA reviews, desk audits prior to monitoring, and formal monitoring. Program personnel are responsible for ensuring required documentation and records are available for TA reviews and formal monitoring. A 100% data review is completed during a pre-PAR period. AEIS will randomly select records and provide programs with a list of the names on the day of PAR. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to PAR date (supervisor review, peer review etc.). Monitors will expect programs to describe ongoing internal review methods utilized. At least 10 records but no more than 15% of their program’s total caseload will be selected for review, however, monitors reserve the right to select additional records if needed. Targeted records will be reviewed for detailed discussions on how service delivery determinations were made, identified challenges, strategies that were successful, family involvement status, specific interventions that promote improvement and other factors that affect programs quality improvement. All records selected will be subject to a complete or partial review.

**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 monitoring

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

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

Reasons for delays on the part of the programs included:

Service Coordinator illness
Service Coordinator miscalculation of transition timeline
Staff turnover
COVID

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 14 | 14 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

AEIS issued a total of 14 findings across 10 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 14 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 14 findings across 10 programs. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on a review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 14 findings of noncompliance as having been corrected within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 99.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.65% | 97.98% | 99.61% | 98.98% | 100.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 140 | 140 | 100.00% | 100% | 100.00% | Met Target | No Slippage |

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

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

0

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

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

0

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

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

Reasons for delays on the part of the programs included:

Service Coordinator illness
Service Coordinator miscalculation of transition timeline
Staff turnover
Scheduling issues
COVID

Reasons for delay related to exceptional family circumstances included:

Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
Inclement weather
COVID

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

OSEP notes the State reported 100% compliance for this indicator in the FFY 2019 data table. However, the State also reported in its narrative, "The reasons for delay on the part of the programs included: Service Coordinator illness, Service Coordinator miscalculation of transition timeline, Staff turnover, Scheduling issues, COVID." Therefore, OSEP is unclear if all of the State's transition conferences were timely (i.e. 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).

## 8C - Required Actions

The State must clarify, in the FFY 2020 SPP/APR, if there were delays in transition conferences in FFY 2019.

# 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 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 EDFacts 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.**

NO

**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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1 Number of resolution sessions | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts 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.

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, revision of APR targets, and enhancement of services for special populations such as children who are deaf or hard of hearing or on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partners with Alabama Family Voices in hosting Family Leadership training which allows for family input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input. The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP.
Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP and AEIS infrastructure.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations’ names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SiMR) and work in the social emotional area. Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force, Help Me Grow, State Perinatal Advisory Committee, Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 0 |  |  |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2019. 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 – Part C SSIP Indicator



# 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**

Designated 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:**

Amy Blakeney

**Title:**

Director of Alabama's Early Intervention System

**Email:**

amy.blakeney@rehab.alabama.gov

**Phone:**

334-293-7021

**Submitted on:**

04/22/21 3:43:18 PM

# ED Attachments

  