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

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

**For reporting on   
FFY 2020**

**Arkansas**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Consistent with IDEA Federal Regulation, 34CFR Part 300 and 303, each Part C Lead Agency is required to report annually on 11 indicators including baseline data and targets in the State Performance Plan(SPP)/ Annual Performance Report (APR). Part C Lead Agencies are required by the Office of Special Education Programs (OSEP) to submit a State Performance Plan that provides an analysis of the agency’s ability to administer the conditions outlined in the Individual with Disabilities Education Act (IDEA). OSEP sets compliance indicators at 100% and the Lead Agency sets performance targets.  
  
Arkansas First Connections has continued to make needed program adjustments to allow for the changes brought on by the COVID-19 Pandemic. The annual report will indicate the operational changes, where appropriate. The Lead Agency effectively captures and reports program data from multiple sources that includes the Quality Assurance/Monitoring staff protocols, desk audits, data from the Comprehensive Data System (CDS), Part C Family Surveys, and additional information from ongoing technical assistance visits and program service concerns. Part C program data and information reported in the current SPP/APR represents Federal Fiscal Year (FFY) 2020 ( July 1- 2020-through June 30,2021). SPP/APR Indicators 1-11 will be submitted on or before February 1, 2022.   
  
The Arkansas State Interagency Coordinating Council (AICC), along with other agency partners and program stakeholders provided valuable input in the development of the SPP/APR.  
  
At the inception of the program, the governor appointed the Arkansas Department of Human Services (ADHS) as the Lead Agency to ensure the planning and implementation of the Part C Program. The Division of Developmental Disability Services (DDS), within the department is responsible for grant management and oversight. Arkansas’ Part C program’s official name is First Connections.   
  
Oversight and grant management is led by five expert internal units that are responsible for planning and development:   
• Data Management   
• Program/SSIP Management  
• Fiscal Quality/Compliance Monitoring, Licensure and Certification Management   
• Family Outreach   
• Comprehensive System of Professional Development Management   
  
  
Throughout the reporting period Lead Agency staff work together to provide clear guidance and support to parents, stakeholders and early intervention providers in the implementation of services in Arkansas.

Additional information related to data collection and reporting

N/A

**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 General Supervision System works across internal program units to ensure that IDEA, Part C requirements are met. All components of the General Supervision System ensure identification and correction of noncompliance. Targeted technical assistance is provided to local early intervention programs whenever a need for assistance is identified through any integrated monitoring activities.   
  
The Comprehensive Data System (CDS), designed around Part C requirements, ensures compliance by requiring key elements to enter/save a child record and also provides a mechanism for collection and analysis of program data (including fiscal reports). The CDS is used to collect and assess data on the state level for federal reporting, on the local level for annual local program determinations, and on the individual child record level as part of Provider Program Monitoring. Annually, local program determinations in meeting the requirements of IDEA are based on Federal Compliance and Performance Indicators, timely and accurate data, and other State measures. Based on local program determinations, the lead agency provides tiered support that includes provider support materials such as guidance documents, examples, checklists, and recorded TA for “Tier I” support (Needs Assistance), targeted TA in “Tier 2” (Needs Intervention) and may either assign a mentor or require a Corrective Action Plan (CAP) in “Tier 3” (Needs Substantial Intervention). Provider Program Monitoring through in-depth individual child random record reviews may identify noncompliance with federal indicators and other agency-identified measures requiring the provider program to correct noncompliance within six months. When monitoring results in a finding of noncompliance, the regional monitor assigned to that program will conduct more frequent reviews to ensure sustained compliance after the initial correction. In instances where systemic issues are identified, the provider program is required to submit a CAP for approval by the lead agency.  
  
Frequent ongoing monitoring of all local providers occurs through Fiscal Monitoring of all Prior Authorization requests; Fiscal Monitoring around State Indicators (program standards of quality not including Federal Indicators) ensures that Part C funding supports high quality services. Fiscal Monitors remotely review child records for state identified compliance and quality measures using a review tool. Standardized “correction codes” are issued and all instances of a record failing to meet minimum state-identified quality requirements must be corrected by the provider in order to utilize Part C funding.  
  
When dispute resolution identifies provider noncompliance, the local provider program must correct noncompliance in the same process that is in place for noncompliance that is identified through monitoring (i.e. correction of on the individual child level, and updated records). In addition, the lead agency may elect to provide targeted TA for all direct service providers and service coordinators at that local program if the issue is determined to be systemic or one that impacts more than the child/family involved in the dispute.   
  
The lead agency also makes use of a “Service Concerns” whereby EI providers, community partners (such as childcare programs), and State staff may informally report a concern when a formal state complaint or parent request for mediation has not been submitted or the concern may not be a violation of IDEA requirements. Service Concerns submitted to the lead agency allow for speedy resolution of concerns through technical assistance and support provided to the local program identified in the concern.   
  
In addition to the above-described general supervision activities, First Connections’ integrated monitoring also involves the following general supervision activities:   
  
•Verification of data for the SPP\APR compliance and results indicators   
  
•Data analysis for continuous program improvement planning  
  
•Public Reporting of SPP/APR data   
  
•Training and professional development related to requirements and TA on identified needs

**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.**

Arkansas’ Comprehensive System of Personnel Development (CSPD) develops technical assistance around identified needs. Formal and informal needs assessments are conducted to define personnel development needs. Informal assessment of personnel development needs includes Staff and EI Provider survey, EI Provider requests for TA/training, EI provider focus groups. Formal assessment of training needs includes SPP/APR data review and review of additional data including:  
  
• annual local program determinations  
• provider program monitoring reports  
• IFSP quality ratings included in SSIP report  
  
The CSPD also develops technical assistance in relation to:  
• State or federal policy requirement changes  
• Report of identified need and/or frequently asked question(s) another program management unit   
• State Determination or OSEP DMR ranking of Needs Assistance   
• Provider(s) requests for more in-depth information and frequent questions related to policy or procedure   
• SSIP strategy implementation/focus area   
• New information on principles/best practices obtained from a national TA partner, a Part C-related webinar or conference, or from a Cross State Learning Collaborative  
   
All EI Professionals can access a training calendar within the program’s Comprehensive Data System (CDS). The training calendar in CDS provides details of upcoming PD or TA opportunities and space to register. The training calendar is updated quarterly and lists all scheduled PD and TA opportunities.  
  
Arkansas’ CSPD also provides:  
  
• EI Overview (TA/brief program overview and Q/A session) as outreach to related agencies/referral sources  
• One on one TA via Zoom, Skype, email, or phone to service coordinators and direct service providers  
• Policy information and guidance   
• Lead Agency issued written policy briefs or clarifications  
• Stakeholder TA in understanding program data, the Annual State Determination, Setting SPP/APR Targets, etc.  
• Provider Data Bootcamps to help providers understand their provider program data and where it comes from   
  
  
The CSPD provides “Tier I” support for EI Professionals needing assistance in meeting IDEA requirements for a Part C program and in implementing best practices in early intervention to improve results for infants and toddlers with disabilities and their families through:   
  
• Lunch & Learn TA live Webinars at noon on narrow topics of identified need and/or interest  
• Recorded Webinars linked to the program’s Web site  
• Resources such as checklists, work samples from case studies, recorded TA, and guidance documents  
  
Tier I support is available to all providers. EI Professionals completing a brief post assessment after attending any Lunch & Learn TA live Webinars receive certificate of ongoing professional development hour(s).  
  
“Site TA” is a “Tier II” technical assistance support designed to address specific identified issues. When a need is identified or an issue arises, any unit within First Connections can require “Site TA” for a local program if it is determined that the program needs assistance or needs intervention in order to implement IDEA, Part C requirements. All EI professionals working directly with children and families as well as local provider program administration are required to attend and complete Site TA. This Tier II support may be presented via live virtual training or vial on-site provider program staff training the CSPD Unit provides this TA and sends documentation of completion to the unit manager requiring the local program to complete TA. Provider program administrators or a designee may also request Site TA at any time, for any reason.   
  
“Tier III” support, while rarely used, involves assigning a peer mentor/coach to a provider program in addition to monthly provider program team calls (all provider program staff working directly with children and families) for a specified period of time and is used in conjunction with a corrective action plan (CAP).  
  
In this reporting period, regional Data Boot Camps were not resumed due to the continuing COVID-19 public health emergency. When in person regional workshops can safely resume, the introductory “Level 1” Data Boot Camp conducted in 2019 will be repeated and then followed up with a more advanced “Level 2” training activity. The CSPD unit continued use of Zoom to provide live TA to groups with minimal face to face contact. Live Zoom videos made use of modeling/demos, case studies, and application projects in the data system’s training site to facilitate skill development. Work samples, projects, and post assessments are utilized to assess content mastery.

**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.**

Arkansas’ Comprehensive System of Personnel Development (CSPD) develops and provides Professional Development to the Statewide network of EI Professionals (local programs do not provide their own training). First Connections’ CSPD involves many organized elements that include: policy development, creating PD and TA around provider requests and/or program-identified needs, coordinating staff development/in-service, providing PD and TA in a variety of formats, developing training to prepare staff, developing tools for providers and the program (e.g., a Delivered Services Checklist for Therapy Providers). Part C professional development strives to support EI Professionals in meeting IDEA requirements while promoting the use of recommended and evidence-based practices to ensure positive outcomes for children and families. The Professional Development Unit Manager ensures that First Connections (FC) PD and TA is high-quality and evidence-based training. The unit sets annual priorities and goals that guide the work for each calendar year. The CSPD references the philosophy and guiding principles of Early Intervention, IDEA guidelines, First Connections policy & procedures, and DEC Recommended Practices in all training materials, QA sessions/discussions, and written responses. CSPD Unit staff are provided current literature and videos on routines-based intervention, principles and practices of natural environment, family engagement, and coaching/consultative approaches in early intervention. CSPD Unit staff receive training in principles of adult learning as well as principles of peer to peer coaching.  
  
The lead agency ensures that CSPD Unit staff are supported in maintaining their own ongoing professional development in order to stay abreast of current trends in the field of early learning/early intervention. First Connections receives high quality Technical Assistance and valuable resources from national TA partners: Early Childhood Technical Assistance Center (ECTA Center), and the IDEA Early Childhood Data System (DaSy), and IDEA Data Center (IDC). Throughout the reporting period, Lead Agency staff have benefited from conference calls, webinars, and other professional development opportunities made available through Learning Collaboratives, OSEP, and participation in the First DMS Cohort group.   
  
Arkansas’ CSPD develops and facilitates Initial Provider Certification courses in addition to ongoing professional development training. All direct service providers must be certified by the lead agency to provide early intervention services. Initial Provider Certification for therapists and service coordinators requires documentation of the completion of specific courses. The CSPD unit provides all certification trainings to ensure consistency across the State. Certification trainings include the prerequisite course EI Orientation (online, recorded, self-paced 3-hour course) followed by Core Competencies (live Web-based 12-hour course) for therapy providers. Certification training developed around identified “core competencies” of EI professionals ensures that all direct service providers understand their roles and responsibilities as part of the IFSP team, can use the data system in its entirely, and are familiar with Part C Program requirements. In addition to these courses, additional certification training courses for Service Coordination certification that ensures that service coordinators have the knowledge and skills necessary to carry out the many federally-defined duties of service coordinators (36 hours total for initial certification).   
  
The CSPD’s ongoing professional development courses ensure that EI professionals meet the required 10 hours of annual ongoing professional development directly related to IDEA, Part C requirements, DEC Recommended Practices, and best practices around family engagement.   
  
In this reporting period, all First Connections’ “state staff” regional service coordinators completed service coordination recertification training and other program staff attended this training for initial certification/cross training. First Connections’ (FC) staff are provided ongoing technical assistance, training, and support through multiple channels to ensure they have competencies to implement IDEA, Part C requirements confidently. FC staff are provided ongoing professional development and TA through organized/structured unit meetings with a training component and unit member/staff feedback on “what’s working” and “not working.” Training and TA topics to support staff are identified collaboratively by the different program unit managers as well as Staff Service Coordinator Determinations, monitoring/record review, SSIP data on IFSP Quality, parent and/or provider reported concerns or complaints, recurring errors, and staff TA requests/questions. FC staff also have access to trained Peer Coaches (selected through staff vote) who mentor and provide consultation, shadowing, reflection and feedback, work samples, etc. on an individualized basis as needed.  
  
First Connections’ CSPD also provides:  
  
• First Connections’ staff new hire orientation training schedule  
• New hire reflection on orientation training (one on one guided reflection with a member of the CSPD Unit)  
• Cross training First Connections’ staff to work in all units  
• First Connections’ staff service coordinator initial certification and recertification training  
• Recorded SICC Overview (prerequisite to SICC Orientation)  
• Orientation for new SICC chairs and members  
  
  
In this reporting period, training and technical assistance was provided through live Web based training that made use of live demos of specific job skills (example: teaching families their rights in the context of an intake meeting or creating a transition plan as part of an IFSP review meeting) and “putting it into practice” (application activities) to facilitate adult learning. Final projects, submitted work samples, and post assessments were used to assess content mastery and discussion, break out groups, and online collaboration activities such as Padlet or Jam board where EI Professionals learn with and from one another. Attendees of the workshops and webinars are provided a link to online shared folders of course materials including slides, handouts, and additional resources and references to refer to as needed or to extend learning.

**Broad Stakeholder Input:**

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

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

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

YES

**Number of Parent Members:**

27

**Parent Members Engagement:**

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

The State’s OSEP-funded Parent Training and Information Center, The Center for Exceptional Families co-hosted a webinar for parents of children with disabilities. The webinar used data charts and included explanations of performance Indicators and targets for the past 5 years in a chart of comparison with actual performance data. Parents were invited to discuss possible reasons for any areas of slow growth, slippage, or unmet targets. Following the Webinar, parent attendees were asked to complete an anonymous survey to provide input on new State targets.

**Activities to Improve Outcomes for Children with Disabilities:**

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

First Connections Outreach shared information about child and family outcomes with the State’s Excel by Eight (Pritzker grant) Family Advisory Council, the Arkansas Down Syndrome Parent Association, and parents of children with disabilities at the Community Connections Family Support Webinar Series to solicit the input of this diverse group in identifying strategies to support families and children with developmental delay and/or disability. As a result, First Connections has developed a plan to add an Equity Coordinator to work across agencies and groups within the state to ensure ease of access to under-served populations including Indigenous cultures, non-English or ESL speaking families, other minority groups, and visually impaired and Deaf/hh.  
  
During the pandemic, meetings with families were minimal due to the many stresses families faced. Family engagement at a public policy level was sidelined to focus on identified immediate needs of families as a result of a family survey. Families surveyed identified immediate needs as increased access to teleintervention, Parent Education/workshops, and EI professionals coaching and training parents and other caregivers to support their child’s earl learning and development (the SiMR).In response to family-identified needs for support and skills to help their child develop and learn, First Connections provided mini grants to EI Provider Programs interested in establishing a lending library of devices to support families in participating in tele-intervention services. Funding from mini grants could also provide short-term Internet service/connection for low income and rural families to support families’ ability to access remote, live virtual services during the COVID-19 Pandemic.   
  
In addition, First Connections contracted with Baby Builder to provide parents with the Baby Builder program designed to incorporate physical strength and skill building into fun games and typical child/parent activities. Parents could attend the live workshop and obtain the program on a CD or an online account to access the Baby Builder program.   
  
Two live, virtual parent workshops for Parent Education and Training were offered to support parents in effective child and family advocacy. First Connections and The Center for Exceptional Families (TCFEF) partnered to bring inspirational speaker and parent advocate Bethany Moffi to host a live, interactive virtual workshop on crafting self-advocacy stories. The second live virtual workshop that TCFEF and First Connections cohosted was a workshop on Dispute Resolution options for families of children 0-5 featuring Tiffany Kell from University of Arkansas in Little Rock (UALR) Bowen Law School.

**Soliciting Public Input:**

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

In July of 2020, the program conducted a webinar to explain the State Determination and areas of need identified in the Determination with the AICC and in August presented the same information to EI Providers and stakeholders from related agencies/referral sources and provided an anonymous survey where participants could propose strategies and identify needed support. In August of 2020, the program created a parent-friendly “Family Outcomes Flier” that could be sent out to parents along with the Family Survey. The flier explained the three OSEP Family Outcomes areas, encouraged families to participate in the survey, and shared the prior year’s Family Outcomes data.   
  
In September of 2021, the program shared information about Child and Family Outcomes in early intervention to various parent groups including a recorded presentation through Community Connections’ Family Support Webinar Series. In October of 2020, the program conducted a webinar for the AICC using APR data charts with explanations of performance Indicators and targets that included a comparison chart of previous State targets and actual performance data over 5 years. AICC council members and visitors to the October meeting were invited to discuss possible reasons for any areas of slow growth, slippage, or unmet targets. Following the Webinar, attendees were asked to complete an anonymous survey to provide input on new State targets. This Webinar was repeated for EI Providers, referral sources, and stakeholders from related agencies in November 2021 and again for parents of children with disabilities in January 2022. Holding a separate Webinar for parents allowed for additional explanation and discussion time to prepare families to participate and support their engagement in setting targets.

**Making Results Available to the Public:**

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

The State shares its continuous program improvement planning strategies and solicits proposals for improvement strategies from EI Providers, program staff, and other stakeholder in an ongoing fashion as data identifies program needs (Annual State Determination) each July. The program makes the results of target setting after data analysis public by posting the First Connections Web site after the submission of the SPP/APR and shares this information in the January AICC meeting with the State Interagency Coordinating Council and visitors in attendance.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

Following the submission of the Annual Performance Report, the Lead Agency reported the status of each local providers. AEIS provider performance status is available to the public no later than 120 days after the submission of the APR. Arkansas Early Intervention Service provider report cards are posted on the state’s website. The Report Cards demonstrations the performance of each local early intervention provider and their position in meeting the rigorous targets set by the state. Also, as required, annual determinations for AEIS providers are completed by the Lead Agency staff in accordance with the requirements. The First Connections SPP/APR is located on the First Connections website at https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home .

## Intro - Prior FFY Required Actions

**Response to actions required in FFY 2019 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

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.  
The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 92.70% | 88.62% | 92.36% | 92.32% | 86.78% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 466 | 587 | 86.78% | 100% | 87.05% | 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.***

45

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

A primary reason for IFSP services beginning later than 30 days from parent consent is the provider’s difficulty in obtaining a prescription for the service from the child’s primary care physician, which is required by Medicaid. Additionally, during this reporting period, COVID-19 presented challenges to serving children and families. Closures of childcare centers created a barrier to beginning services for children recently determined program eligible. Cessation of in person home or childcare visits required the program to collaborate with Medicaid to define and approve funding for IFSP services provided via teletherapy. As the program and the statewide network of providers made a shift from in person services to teletherapy, there were delays. Staffing issues due to illnesses and provider program closures created delays. Arkansas’ First Connections identifies the reasons for delays in this indicator by conducting a data inquiry in which providers submit reasons for delay in timeliness of services in their verification report.

**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).**

Arkansas First Connections defines timely services as 30 days from the date that the provider receives signed consent for services on the IFSP. As indicated in the First Connections policy and procedure manual Part C services are required to be implemented as soon as possible (but not later than 30 days) from parental consent. Also, the requirement includes the initial IFSP as well as services added at a later date to the child’s service plan.

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

State database

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

February 01, 2021- April 30, 2021 to represent selection from the fiscal year 2020.

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

The Part C program collects data through the First Connections Comprehensive Data System (CDS). First Connections Administrative staff has direct access to individual infant and toddler records throughout the reporting period. The states data system will allow Lead Agency staff the ability to obtain child level data for each local agency that provides direct services. Data Unit staff also has the capacity to provide essential technical assistance to local early intervention provider to support the proper facilitation of services within the state. The CDS allows for a seamlessly flow of information from each user in the state system. Caseload data for infants and toddlers are held within the CDS includes the start date of the IFSP and the first date of service ,as indicated on the Individualized Family Service Plan.   
  
  
The Comprehensive Data System (CDS) allows Arkansas’ Data Manager to collect all program data. Provider data collected from the CDS is authenticated by the Data staff which is called the Data Inquiry process. Arkansas’ Data Inquiry process requires state service coordinators and service providers to submit program data for appropriate review and authentication. Early Intervention Service providers and state service coordinators generate an electronic record for each infant and toddler served in the Part C program.  
  
FFY 2020 APR data starting February 1, 2021- April 30, 2021 was collected by the First Connections Data Unit. The AEIS provider and staff receive personalized information was sent for verification and submission to the Lead Agency. This time period was selected by the Data Manager as it represents the highest quality of data for Arkansas Part C. Over the past couple of years the Lead Agency has approved the request of new providers. Thus, warranting the need for additional assistance and guidance around the requirements. In an effort to ensure that new providers and staff are correctly implementing the regulations, the Data staff selected the period of time closest to the end of the fiscal year allowing additional time to improve their ability to manage the system. Additionally, this period provides the Data Unit staff with additional time for validate. Arkansas Data Manager collected and analyzed this information and compared to data for the full year( 2019) and verified that is representative. The Indicator 1 data reported includes all area within the state, all provider types and all categories of eligible Part C infants and toddlers in the program.

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

N/A

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 2 | 0 | 1 |

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

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

Arkansas Part C Quality Assurance staff monitoring and ensures correction of noncompliance for Arkansas Part C providers. As required upon the identification of noncompliance, Part C staff issues the AEIS provider a written finding of noncompliance. The written notification of the finding includes the regulatory citation and requirement to correct the noncompliance within 90 days or no later than 1 year from notification.   
  
First Connections has detailed procedures that outline the provision of timely early intervention services. A percentage of files for AEIS providers are reviewed to confirm that all infants and toddlers receive services listed on the IFSP within 30 days of the parental consent.   
  
A subsequent review of updated data files for each AEIS provider was conducted to verify correction of previously identified noncompliance and ensures that early intervention providers are correctly implementing the federal and state requirements regarding the implementation of timely services within 30 days following parent consent for services. First Connections staff conducts each procedure in accordance with the guidance provided in OSEP Memorandum 09-02, dated October 17, 2008, Lead Agency monitoring staff review of subsequently collected data determined that each early intervention provider for whom data previously indicated noncompliance has corrected 100% of the noncompliance and is correctively implementing the regulatory requirement for infants and toddlers with IFSPs to receive their services in the appropriate time frame.

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

Arkansas implemented the proper requirements to address correction of noncompliance for each individual case of noncompliance. In each instance of a finding of untimely services, Agency staff ensured correction of noncompliance due to services not being provided timely by reviewing provider files for each individual child whose services were not started in a timely manner. First Connections staff examination of AEIS provider files indicated that 100% of the infants and toddlers who had not previously received services listed on the IFSP in a timely manner were indeed now receiving the services, although late.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

As required for early intervention service providers that are unable to correct the finding within the appropriate timeframe , agency staff will conduct the following actions to assist in addressing longstanding noncompliance:  
  
- Required Targeted “Site” TA around areas of identified need  
- Audit / more frequent monitoring  
- CAP outlining provider program strategies to sustain compliance; approved by Unit Manager; closed when fully implemented (CAP template provided)  
- Recoupment of funds  
- Moved to not in good standing / revoke certification

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

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

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 62.95% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 76.00% | 79.00% | 82.00% | 85.00% | 85.00% |
| Data | 76.28% | 83.91% | 90.16% | 94.61% | 97.27% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.50% | 96.00% | 96.50% | 97.00% | 97.50% |

**Targets: Description of Stakeholder Input**

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 948 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 977 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 948 | 977 | 97.27% | 95.00% | 97.03% | Met target | No Slippage |

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

In 2020 Arkansas was selected as one of 8 states in the National Preschool Inclusion Cohort. As part of the national cohort, the State assembled a cross sector Statewide Leadership Team (SLT) to conduct a strengths/needs assessment around indicators of quality inclusion. Using the results of the assessment, the SLT began to identify priority areas and key strategies as part of drafting a state plan around their vision and mission of equipping professionals across programs in using high quality inclusive practices that support all children 0-5 learning together everywhere. The State Leadership Team formed three Subgroups to begin the work around elements of quality infrastructure including a subgroup focused on Public Policy, Family Engagement, and Public Awareness. Key activities of the subgroups include State Inclusion Statement and Public Policy supporting Inclusion, Family testimonials, a Family Guide to Inclusion and Inclusion Resources Website, a brochure on the importance of inclusion for families and one for referral sources, and other Public Awareness strategies to support referral sources in referring infants and toddlers to the State’s Part C program rather than non-inclusive options and video testimonials to support professionals to implement inclusive practices in early childhood settings.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

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

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
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**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2008 | Target>= | 62.00% | 63.00% | 64.00% | 65.00% | 65.50% |
| **A1** | 56.00% | Data | 64.34% | 86.36% | 79.70% | 75.75% | 79.10% |
| **A2** | 2008 | Target>= | 31.25% | 31.50% | 31.75% | 32.00% | 32.25% |
| **A2** | 24.00% | Data | 42.90% | 47.90% | 51.47% | 47.02% | 46.97% |
| **B1** | 2008 | Target>= | 62.50% | 62.75% | 62.75% | 63.00% | 63.25% |
| **B1** | 53.00% | Data | 67.01% | 87.28% | 73.56% | 70.54% | 72.47% |
| **B2** | 2008 | Target>= | 31.00% | 33.00% | 33.00% | 34.00% | 34.25% |
| **B2** | 20.00% | Data | 36.91% | 40.81% | 42.76% | 37.60% | 32.00% |
| **C1** | 2008 | Target>= | 62.75% | 63.00% | 63.00% | 63.25% | 63.50% |
| **C1** | 56.00% | Data | 65.83% | 87.95% | 75.56% | 70.89% | 77.12% |
| **C2** | 2008 | Target>= | 32.00% | 33.00% | 33.00% | 34.00% | 34.25% |
| **C2** | 22.00% | Data | 42.43% | 49.35% | 47.72% | 39.34% | 40.26% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 75.00% | 75.50% | 76.00% | 76.50% | 77.00% | 77.50% |
| Target A2>= | 40.00% | 40.50% | 41.00% | 41.50% | 42.00% | 42.50% |
| Target B1>= | 70.00% | 70.50% | 71.00% | 71.50% | 72.00% | 72.50% |
| Target B2>= | 30.00% | 30.50% | 31.00% | 31.50% | 32.00% | 32.50% |
| Target C1>= | 75.00% | 75.50% | 76.00% | 76.50% | 77.00% | 77.50% |
| Target C2>= | 40.00% | 40.50% | 41.00% | 41.50% | 42.00% | 42.50% |

**FFY 2020 SPP/APR Data**

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

977

**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 | 40 | 4.09% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 93 | 9.52% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 436 | 44.63% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 344 | 35.21% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 64 | 6.55% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 780 | 913 | 79.10% | 75.00% | 85.43% | 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 | 408 | 977 | 46.97% | 40.00% | 41.76% | Met target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 47 | 4.81% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 167 | 17.09% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 485 | 49.64% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 255 | 26.10% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 23 | 2.35% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 740 | 954 | 72.47% | 70.00% | 77.57% | 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 | 278 | 977 | 32.00% | 30.00% | 28.45% | Did not meet target | Slippage |

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

The Lead Agency involved EI Providers as important stakeholders in evaluating slippage in Indicator 3b, SS2. Therapists in the provider focus group were invited to share experiences in the field and their ideas about the impact of the Covid-19 pandemic on services. Therapists pointed out that many childcare facilities closed from March 2020 to August 2020, so that children served in early childhood settings like Early Head Start and other childcare programs often experienced not only large gaps in delivered services but also long periods of time away from peers and structured age-appropriate learning opportunities.   
  
Additionally, as childcare facilities began reopening, childcare health safety policies were enacted (and remain in place). These health safety policies require children to receive IFSP services in a therapy room due to prohibiting visitors and support personnel from interacting with teachers or other children or from entering classrooms or other campus areas. These childcare health safety policies are intended to slow the spread of the virus and to protect young children and childcare workers. An unintended result is an inability to implement natural environment practices in which classroom teachers and teacher assistants receive coaching, training, consultation, and support from EI professionals that give them the tools to facilitate the child’s learning and skill development between therapy sessions and within typical classroom activities. It is unknown at this time how new policies going into effect in early 2022 at various early childhood programs may adversely impact provider shortages and service provision.   
  
To support EI Professionals, early childhood professionals, and families, the Lead Agency has worked throughout the pandemic to make tele-intervention available. Steps the Lead Agency has taken include collaboration with Medicaid to ensure that IFSP services provided remotely will be reimbursed by the State’s public insurance, providing mini grants to Provider Program Administrators to obtain needed equipment and to build lending libraries to support parents’ access to virtual services, and creating fillable forms and e-sign guides for providers and for families. Many EI Professionals have been uncomfortable transitioning services to live virtual sessions, so the Lead Agency provides TA and guidance on getting started in tele-intervention, organizing a virtual session, and best practices.

**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 | 54 | 5.53% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 118 | 12.08% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 452 | 46.26% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 310 | 31.73% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 43 | 4.40% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 762 | 934 | 77.12% | 75.00% | 81.58% | 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 | 353 | 977 | 40.26% | 40.00% | 36.13% | Did not meet target | Slippage |

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

Data for Indicator 3C, Using Appropriate Behavior to Meet Needs, slipped during this reporting period and may reflect the impact of “changed routines” on young learners as childcare programs shut down and families faced unprecedented challenges. In a Facebook live webinar hosted by the State’s Parent Training and Information Center (PTIC), The Center for Exceptional Families, regional family mentors discussed the negative impact of extended screen time for toddlers and shared strategies for entertaining and engaging young children. Young learners’ difficulty in adjusting to upheavals in their daily routines frequently result in challenging behaviors due to toddlers’ inability to communicate complex emotions. Regression is another result of stress from changed routines both at home and in childcare settings, parental stress, and simply as a result of fewer interactions with peers over a prolonged time period. The program anticipates that as children re-engage with peers and familiar routines in childcare and early learning settings and families return to their typical outings and routines, infants and toddlers will have reduced stress, fewer challenging behaviors, and more opportunities to practice age-appropriate skills in the context of typical routines and will make gains in this Outcome area.

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 1,252 |
| 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. | 275 |

| **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.**

Arkansas Part C staff analyzed the state’s child outcome data along with program exit data. The Data Manager compared the programs exit data and child outcome data verifying that each early intervention provider had a summary form for every child that exited . Also the comparison included a set of children who met the criteria of receiving services for at least six months.

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

None

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

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

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 84.00% | 86.00% | 88.00% | 90.00% | 90.25% |
| A | 59.00% | Data | 81.24% | 81.19% | 82.98% | 78.64% | 79.10% |
| B | 2006 | Target>= | 84.00% | 86.00% | 88.00% | 90.00% | 90.25% |
| B | 70.00% | Data | 85.55% | 89.16% | 87.86% | 85.78% | 81.61% |
| C | 2006 | Target>= | 84.00% | 86.00% | 88.00% | 90.00% | 90.25% |
| C | 71.00% | Data | 85.55% | 89.16% | 86.95% | 85.01% | 80.83% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 79.50% | 80.00% | 80.50% | 81.00% | 81.50% | 82.00% |
| Target B>= | 82.50% | 83.00% | 83.50% | 84.00% | 84.50% | 85.00% |
| Target C>= | 88.50% | 89.00% | 89.50% | 90.00% | 90.50% | 91.00% |

**Targets: Description of Stakeholder Input**

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 2,095 |
| Number of respondent families participating in Part C | 474 |
| Survey Response Rate | 22.63% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 383 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 471 |
| 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 | 408 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 468 |
| 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 | 408 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 468 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 79.10% | 79.50% | 81.32% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 81.61% | 82.50% | 87.18% | 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) | 80.83% | 88.50% | 87.18% | Did not meet target | No Slippage |

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

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 17.01% | 22.63% |

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

Annually, the program sends the survey to all families of children who have had an IFSP in the past eighteen months and to EI Providers so that they can alert and remind the families of the importance of providing feedback to First Connections. The program offers an online option and the paper survey includes a link to the online survey; and families whose email address is available receive an email with a link to the online survey option. Surveys are sent out in English and in Spanish. The program analyzes data to identify which counties of the State had low response rates and program staff call families in these geographic regions to complete the survey by phone; interpreters are used to complete phone surveys, when needed.   
  
The program will be developing a Family Outcomes Infographic to support families in understanding the 3 OSEP Family Outcomes areas, the purpose and importance of the survey, and the prior year’s Family Outcomes Survey data. Additionally the program plans to hire a Minority Outreach Coordinator who will collaborate with state and local agencies such as the Bureau of Indian Affairs, the Minority Health Commission, Arkansas School for the Deaf, as well as other State initiatives and regional parent focus groups to engage and gather information/feedback from groups that are underrepresented in our survey data. .

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

Arkansas does not use a sampling, so the fact that all families of children who have or have had an IFSP in the past 18 months receive the survey, reduces survey bias. The program’s use of both paper and online surveys increases opportunities for participants who do not have Internet access or home devices to complete the survey. The program’s use of telephone surveying allows participation of those with visual impairments or other barriers to completing the paper or online surveys. The use of interpreter services for telephone surveys increases the opportunity for individuals who do not speak English to complete the survey.

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

The program compares survey response data to other program data to determine that the demographics of families responding is representative of the demographics of children served, by using both Child Count data sorted by county as well as infant and toddler race and ethnicity data.

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

Geographically, Family Outcomes survey responses are sorted by county of residence, race, and ethnicity. Race and ethnicity data on the children the program serves is collected via parent report/self-identification as part of intake. This data is compared to the Family Outcomes Survey data to ensure that survey responses are similar in demographics to the population the program serves. Responses are then compared to the Child Count data by county, race, and ethnicity so that the program can identify areas of under representation (in survey responses) to identify which families will be contacted for telephone surveys to ensure representativeness. Example: if 10 children were served in one Arkansas county (6 White, 3 African American/ Black, 1 Latino) during the 18 month period, the program attempts to collect 10 survey responses from families in that county from 6 White, 3 African American/Black, 1 Latino family and may use an Interpreter service to conduct the survey, if needed.  
  
The annual survey response rate is approximately 20%.  
The surveys received are reviewed by percentage of received surveys by race to ensure that participation by race aligns with child count data by race and ethnicity. For example, Child Count data indicates that 18% of children served are African American/ Black. The program may conduct phone interviews to ensure representativeness so that 18% of survey responses are from African American/Black families.

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

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State reported "[t]he program compares survey response data to other program data to determine that the demographics of families responding is representative of the demographics of children served, by using both Child Count data sorted by county as well as infant and toddler race and ethnicity data", however, the State did not describe the metric used to determine representativeness, as required by the Measurement Table.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must describe the metric used to determine representativeness, as required by the Measurement Table.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.39% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 0.47% | 0.48% | 0.49% | 0.50% | 0.51% |
| Data | 1.56% | 1.10% | 0.65% | 0.62% | 0.72% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.60% | 0.61% | 0.62% | 0.63% | 0.64% | 0.65% |

Targets: Description of Stakeholder Input

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 195 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 36,035 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 195 | 36,035 | 0.72% | 0.60% | 0.54% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Data for Indicator 5, referrals of infants dipped during the COVID-19 pandemic so that the program experienced slippage but did meet the target To identify potential causes for the decline, discussions with stakeholders indicate that the number of referrals was impacted at least in part due to fewer developmental screenings being conducted as many childcare centers closed and MIECHV Home Visitors in programs like Nurse-Family Partnership, Following Baby Back Home, and Healthy Families America moved from in person home visits to virtual home visits over the phone or through Zoom.   
  
While Home Visitors still completed developmental screenings using ASQ-3, virtual screenings completed over the phone relied solely on interview/parent report without any observation or opportunity to model/demonstrate in a home visit. During this reporting period, the program implemented strategies on the State’s Child Find Plan to provide EI Overview to various parent advocacy groups and host an informational booth/display at the Arkansas State Fair to talk to expectant mothers and parents of infants about the program while handing out logo imprinted baby bibs, child masks, and sippy cups.

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

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

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2017 | 0.82% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.40% | 1.50% | 1.80% | 1.90% | 1.91% |
| Data | 1.74% | 1.51% | 0.82% | 0.85% | 0.96% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.90% | 0.91% | 0.92% | 0.93% | 0.94% | 0.95% |

Targets: Description of Stakeholder Input

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 977 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 109,911 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 977 | 109,911 | 0.96% | 0.90% | 0.89% | Did not meet target | No Slippage |

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

The State sets a new baseline based on 2017 data of .82. APR Indicator 6 data submitted from 2017 to 2019 is 0.82, 0.86, and 0.96. APR targets for 2015-2020 were set at 1.40, 1.50, 1.80, 1.90, 1.91. The 2015-2020 targets were accepted by OSEP and are below the baseline established in 2005 prior to Lead Agency reorganization in 2013.   
  
2005 Baseline data for Indicator 6 was established from data collected on both children served in day habilitation centers formerly included in the State’s Part C program prior to lead agency reorganization and children receiving Part C services. In 2013, DHS/DDS reorganization removed the day habilitation centers from the State’s Part C program. These segregated centers exist outside of Part C as a separate birth-five developmental service option for families.   
  
After considering input from Stakeholders on the proposed state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from the AICC, Part C Providers, and Parents and Community Partners, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and the program’s inability to meet previously set targets.   
  
Other influencing factors include State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, the primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy).  
  
To increase the percentages of children served in the State’s Part C program, the State was required to submit a Child Find Plan for OSEP approval. The State has focused Child Find efforts on educating families as well as primary referral sources about the benefits of Part C early intervention. The State’s SSIP focuses on “remarketing the program” to families and referral sources. The AICC formed a Child Find Subcommittee to advise and assist the Lead Agency in Child Find and Outreach efforts. Also, Arkansas is a National Preschool Inclusion cohort state receiving intensive TA to support 0-5 inclusion. As part of this work, the State has formed a cross-agency State Leadership Team (SLT) on Preschool Inclusion. The SLT is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 75.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 92.41% | 87.25% | 83.07% | 92.16% | 89.80% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 194 | 293 | 89.80% | 100% | 91.47% | Did not meet target | No Slippage |

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

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

74

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

Arkansas’ First Connections program’s data base is designed to require the service coordinator to enter the reason for delay whenever an IFSP is entered into the data system later than 45 days from the date of the child’s referral to the program. When data from this Indicator is less than 100%, the state has the ability to review the reasons for delay other than documented family delays. COVID-19 presented many challenges to obtaining the comprehensive developmental evaluation conducted as part of the 45 day process and used (in part) to determine program eligibility and to inform planning around identified strengths and needs. Cessation of in person home or childcare visits required the program develop guidance and provide support to providers to provide IFSP services via teletherapy, but the lead agency did not allow for evaluations to be conducted remotely. Staffing issues due to illnesses and provider program closures created additional delays. Difficulty in obtaining a prescription for the comprehensive developmental evaluation from the child’s primary care physician is a common reason for delay.

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

State database

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

January 1, 2021 - March 30, 2021

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

Arkansas Part C requires AEIS providers and state service coordinators to use the states data system to report on their assigned cases. For annual reporting purposes, Arkansas Data Manager collected and examined case related data. The official data gathering phase consist of the Lead Agency staff reviewing case related data from the Comprehensive Data System on the percentage of infants and toddlers receiving evaluations, assessments and IFSP meetings within the 45-day period, as required.  
  
The states data system generates child record reports that includes the first date of service listed on the IFSP and the date of the signed IFSP. Lead Agency staff has access to the AEIS providers electronic record to allow for collaborative effort across the program to address concerns surrounding the infants and toddlers on their assigned caseload. Caseload data from the assigned License Community Program, Independent Service Providers and state service coordinators, are collected for analysis annually. The Data Unit staff collects data from IFSP’s for children served in the Part C program with dates starting January 1- March 30, 2021. In an effort to ensure proper verification, First Connections staff sends this information to each AEIS provider for review and re-submission back for to the agency. Arkansas Part C selected this time period in order to capture the same children as reported in Indicator 1.   
  
Ongoing clarification and guidance is provided by the Arkansas Data Team to ensure proper analysis of the data. The examination determined that children who received their services in a timely manner also had an evaluation and assessment and IFSP developed in 45 days. Additional time and assessment is completed by Data Unit staff for validation and verification, in order to ensure the validity of the data collected. Additionally analysis was conducted by the Data Team of all information regarding data that was reported for this time period to data for the full year (FFY 2020) and determined that it is reflective of a full year of data for the Part C program.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 2 | 1 | 0 | 1 |

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

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

Early Intervention Service Providers are issued a written notice of the finding of noncompliance, citing the relevant regulation as directed in the First Connections monitoring procedures. The official notification to the AEIS provider requires correction within 90 days, or no later than one year from notification. In order to verify that all Arkansas infants and toddlers received evaluation, assessments and IFSP as required the Lead Agency staff conducted additional examination of new AEIS program data.  
  
Verification of correction is managed by the First Connections monitoring staff. Agency staff reviewed a percentage of updated local early intervention files to determine whether infants and toddlers referred subsequent to the earlier review had an evaluation and an IFSP completed within 45-days. As required for each provider with previously identified noncompliance, First Connections staff found that 100% of the newly reviewed records had the evaluation and IFSP meeting completed within the timeframe outlined in the requirements.   
  
For each AEIS providers whom data previously shown non-compliance, Part C staff determined that the provider has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers who receive evaluations, assessments and IFSP meetings within a timely manner.

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

In order to verify correction of each individual case of noncompliance with the 45 day timeline requirement, the assigned staff reviewed each individual child record for the infant/toddler who did not have an evaluation, assessment and IFSP meeting within the required 45 day time frame. As directed, the Part C process to verify correction determined that each provider had corrected the noncompliance with this indicator, and that 100 % of children, who had not previously received evaluations, assessments and timely IFSP meetings had a subsequently completed evaluation and the IFSP meeting, although late.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

In an effort to address noncompliance for an early intervention service provide that is unable to correct the finding within the appropriate timeframe , agency staff will conduct the following actions to assist in addressing longstanding noncompliance:  
  
- Required Targeted “Site” TA around areas of identified need  
- Audit / more frequent monitoring  
- CAP outlining provider program strategies to sustain compliance; approved by Unit Manager; closed when fully implemented (CAP template provided)  
- Recoupment of funds  
- Moved to not in good standing / revoke certification

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

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

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 54.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.48% | 90.97% | 99.26% | 99.61% | 100.00% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 279 | 378 | 100.00% | 100% | 100.00% | Met target | No Slippage |

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

99

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

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

State database

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

July 1, 2020 - June 30, 2021 to represent selection from the FFY 2020 full reporting period.

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

Indicator 8 data for the Annual Performance Report was retrieved from the Comprehensive Data System (CDS). The state’s official system that houses all client related information is used by all provider types. Each infant and toddler within the First Connections program has an individual electronic record produced within the states data system. The child’s IFSP within the CDS contains steps and services listed in the child’s file. Arkansas designed the system to accurately reflects the status of the infant and toddlers record at any given period of time within the program.   
  
The CDS Arkansas Data Manager retrieved Indicator 8 data from the CDS. Arkansas Data Team use the inquiry process to ensure the validity of information collected through the system. First Connections staff describes the inquiry process as a detail analysis of the validated data received from the assigned provider that includes infants and toddlers on their case load. Arkansas Data Team request that each provider review and make all corrections as needed and submit back to the Part C program. Each early intervention provider is given additional time to review their program data for verification and additional edits.   
  
Part C data is collected on Indicator 8 from all provider types within the early intervention program. The collecting and reporting of transition data represent 100 percent of the FC population (and by extension, is representative of all geographical areas and is reflective of a full fiscal year of data for the states Part C system).

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

Arkansas data collection for APR reporting and for monitoring activities are performed on separate sets of provider data. The Data Manager pulls data for the reporting year and analyze as required for reporting in the APR. However, First Connections Monitoring staff reviews current and subsequent provider date to ensure provider compliance. Monitoring data for this indicator did not identify any findings of non-compliance.

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

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

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

If by chance, an early intervention service provide is unable to correct the finding within the appropriate timeframe , agency staff will conduct the following actions to assist in addressing longstanding noncompliance:  
  
- Required Targeted “Site” TA around areas of identified need  
- Audit / more frequent monitoring  
- CAP outlining provider program strategies to sustain compliance; approved by Unit Manager; closed when fully implemented (CAP template provided)  
- Recoupment of funds  
- Moved to not in good standing / revoke certification

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 8A - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

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

In the OSEP FAQ document from September 3, 2008 entitled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), item #9 indicates that if a State receives compliance data through a database on an ongoing basis, the State may choose one or more specific points in time in which it will examine data from the database to determine if an EIS program is in compliance. Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring.   
  
Local Provider Program Monitoring is conducted using program data for the current fiscal year, not the prior years’ data reported in the APR. Cyclical provider program monitoring does result in Findings of Noncompliance whenever identified.

## 8A - OSEP Response

The State's FFY 2019 data for this indicator reflected 100% compliance. However, in its FFY 2020 SPP/APR, the State reported it identified one finding of noncompliance in FFY 2019 which had not yet been verified as corrected. The State must clarify whether it identified noncompliance in FFY 2019 based on its FFY 2019 SPP/APR data.  
  
OSEP's response to the State's FFY 2019 SPP/APR required the State to include in the FFY 2019 SPP/APR an explanation of why it did not identify any findings of noncompliance in FFY 2018 even though the FFY 2018 data were less than 100%. In the FFY 2019 SPP/APR the State reported "Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring. Local Provider Program Monitoring is conducted using program data for the current fiscal year, not the prior years’ data reported in the APR. Cyclical provider program monitoring does result in Findings of Noncompliance whenever identified". However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider with noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 8A - Required Actions

If the State issued a finding in FFY 2019, the State must demonstrate, in the FFY 2021 SPP/APR, that the finding identified in FFY 2019 was corrected. In addition, the State must demonstrate that it verified correction of noncompliance identified in FFY 2018. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 and FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 79.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.64% | 99.28% | 100.00% | 99.61% | 100.00% |

**Targets**

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

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 378 | 378 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

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

The state used the Comprehensive Data System to collect data for Indicator 8. Part C selected the time period from July 1, 2020 to June 30, 2021 to reflect reporting for the full fiscal year.

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

NO

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

State database

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

July 1, 2020 - June 30, 2021 to represent selection from the FFY 2020 full reporting period.

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

The Lead Agency collects data on all infants and toddlers in the First Connections Program for Indicator 8b as a report pulled from the Comprehensive Data System (CDS); this report lists all children with an active case approaching the age of transition. To ensure 100% compliance, Lead Agency staff sends a quarterly SEA report to the Arkansas Department of Education, Division of Elementary and Secondary Education that lists all children who will enter the 90 days prior timeline in that reporting quarter. The Lead Agency also sends quarterly LEA Notices to each Local Education Agency in the State of the children in their cachment area; data on individual LEA Notices is pulled out of the SEA Notification and sent to individual LEAs which may include districts as well as educational cooperatives.

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

The Lead Agency collects separate sets of provider data for APR reporting and for monitoring activities. As required, the Data Manager pulls data for the reporting year and analyze for reporting. However, the assigned Monitoring staff reviews current and subsequent provider date to ensure provider compliance. Monitoring data for this indicator did not identify any findings of non-compliance.

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8B - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

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

Local Provider Program Monitoring is conducted using program data for the current fiscal year, not the prior years’ data reported in the APR. Cyclical provider program monitoring does result in Findings of NonCompliance whenever identified.  
  
In the OSEP FAQ document from September 3, 2008 entitled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), item #9 indicates that if a State receives compliance data through a database on an ongoing basis, the State may choose one or more specific points in time in which it will examine data from the database to determine if an EIS program is in compliance. Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring.

## 8B - OSEP Response

OSEP's response to the State's FFY 2019 SPP/APR required the State to include in the FFY 2019 SPP/APR an explanation of why it did not identify any findings of noncompliance in FFY 2018 even though the FFY 2018 data were less than 100%. In the FFY 2019 SPP/APR the State reported "Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring". However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider with noncompliance identified in FFY 2018: (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.

## 8B - Required Actions

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

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.24% | 93.63% | 90.33% | 96.48% | 89.41% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 250 | 392 | 89.41% | 100% | 92.33% | Did not meet target | No Slippage |

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

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

14

**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.**

99

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

The Lead Agency analyzed program data to determine reason for delay. During this reporting period, COVID-19 presented challenges to serving children and families in the Part C program. The state had a number of provider programs that rescheduled meetings because of COVID-19 that created a barrier to the implementation of transition services. Also, the deferment of in person home or childcare visits resulted in a delay in the service coordinators ability to conduct timely transition conferences. As the program and the statewide network of providers made a shift from in person services to teletherapy, there were delays. Additionally, local providers reported staffing issues due to illnesses created major delays in is indicator.

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

State database

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

July 1, 2020 - June 30, 2021 to represent selection from the FFY 2020 full reporting period.

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

The states data is maintained in the Comprehensive Data System and Indicator 8 data was collected by the Part C Data Manager. First Connections staff utilizes the inquiry process to verify the information collected in the Comprehensive Data System. State Service Coordinators and AEIS providers enter individual child level data directly into the data system for the children that they serve. The Comprehensive Data System displays data that reflects the status of the infant and toddler’s file at any given period of time during their enrollment period. The date of the child’s transition conference is included in the systems report on all children within the Part C program.   
  
Beginning July 1,2020- June 30, 2021, the Data Manager collected data from all AEIS provider types and sent to AEIS providers and state staff for review and submission back for proper examination. The Data Manager confirmed that the data reported for this time period (FFY2020) is reflective of all toddlers for the full state reporting period, as part of the states detailed verification process.

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

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

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

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

If by chance, an early intervention service provide is unable to correct the finding within the appropriate timeframe , agency staff will conduct the following actions to assist in addressing longstanding noncompliance:  
  
- Required Targeted “Site” TA around areas of identified need  
- Audit / more frequent monitoring  
- CAP outlining provider program strategies to sustain compliance; approved by Unit Manager; closed when fully implemented (CAP template provided)  
- Recoupment of funds  
- Moved to not in good standing / revoke certification

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

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

## 8C - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.   
  
Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

In the OSEP FAQ document from September 3, 2008 entitled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), item #9 indicates that if a State receives compliance data through a database on an ongoing basis, the State may choose one or more specific points in time in which it will examine data from the database to determine if an EIS program is in compliance. Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring. Local provider program monitoring is conducted cyclically using current FFY data and findings of noncompliance are issued whenever identified through monitoring.

## 8C - OSEP Response

OSEP's response to the State's FFY 2019 SPP/APR required the State to include in the FFY 2019 SPP/APR an explanation of why it did not identify any findings of noncompliance in FFY 2018 even though the FFY 2018 data were less than 100%. In the FFY 2019 SPP/APR the State reported "Arkansas collects and reviews data for the purpose of state reporting on the APR, not for local provider program monitoring. Local provider program monitoring is conducted cyclically using current FFY data and findings of noncompliance are issued whenever identified through monitoring". However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider with noncompliance identified in FFY 2018: (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.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must also demonstrate, in the FFY 2021 SPP/APR, that the one uncorrected finding of noncompliance identified in FFY 2019 was corrected and that it verified correction of noncompliance identified in FFY 2018.   
  
When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019 and FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1 Number of resolution sessions | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 0.00% | 0.00% | 0.00% | 0.00% | .00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  | 0.00% |  | 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 2020 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 ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range is used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 0.00% |  |  |  | .00% |
| Data |  |  |  |  |  |

**Targets**

| **FFY** | **2020 (low)** | **2020 (high)** | **2021 (low)** | **2021 (high)** | **2022 (low)** | **2022 (high)** | **2023 (low)** | **2023 (high)** | **2024 (low)** | **2024 (high)** | **2025 (low)** | **2025 (high)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target (low)** | **FFY 2020 Target (high)** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  | 0.00% | 0.00% |  | 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 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

Arkansas’ previously established State-identified Measurable Result (SiMR) remains in effect. The First Connections program continues to strive to increase the percent of parents who report that participating in early intervention helped them help their children develop and learn.

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

NO

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

NO

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

NO

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

The Theory of Action SSIP Phase II report is located at: https://dhs.arkansas.gov/dds/firstconnectionsweb/PDFs/provider\_reports/SSIPTheoryofAction.pdf .

Progress toward the SiMR

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| FFY 14 | 88.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 88.50% | 89.00% | 89.50% | 90.00% | 90.50% | 91.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| the # of respondent families reporting that early intervention helped them help their children develop and learn. | # of survey respondent families participating in Part C multiplied by 100. | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 408 | 468 | 80.83% | 88.50% | 87.18% | N/A | N/A |

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

Arkansas’ Comprehensive Data System and other Lead Agency reports.

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

To measure progress in reaching the SiMR, the program uses a variety of sources of data including:  
  
- Family Outcomes (Indicator 4)  
- Child Outcomes (Indicator 3)  
- Natural Environment data (Indicator 2)  
- IFSP Quality Ratings  
  
IFSP Quality rating data is collected annually by using the IFSP Outcome Assessment Tool (IFSP-OAT) to rate a selection of randomly pulled, recent IFSPs. Quality Ratings assess the functionality of IFSPs. These ratings are completed for each cohort and the cohort’s quality ratings are compared to the quality rating of the state. The state IFSP quality rating is obtained by dividing the state into regions and conducting a review and rating of a random pull of recent IFSPs created by IFSP teams outside of the cohorts in each region to obtain regional averages to aid training and TA efforts as well as the State (non-cohort) average.  
  
The State also looks at Indicator 2 data reported on the APR. The State continues to set robust targets for providing IFSP services in the places and within the activities children would participate if they did not have a disability because working directly with parents and other caregivers is a critical step to reaching the SiMR.   
  
Child Outcomes data reported on the APR is another set of data reviewed to assess impact of SSIP implementation since the theory is that child outcomes improve when families know how to help their child learn and develop, the family works with the child between home visits and within the context of typical child and family life. Child Outcomes data is gathered in the field by IFSP teams who complete Child Outcomes Summary (COS) ratings at the child’s entrance, annual review, and child exit from early intervention. The State adopted the MEISR-COS Statewide as the new State-approved tool for collecting COS data after feedback from cohort 1, a provider focus group, and trainers identified that methods of completing the rating may account for Indicator 3 data below State expectations that pointed to a need for a new State-approved tool. Prior to Statewide adoption of the MEISR-COS, cohort 2 piloted use of the MEISR-COS for Child Outcomes ratings and for developing routines-based IFSPs with families. Indicator 3 data reported on the APR compares the child’s entrance and exit to measure child progress in each OSEP Child Outcome area (a) positive social relationships, (b) acquire and use knowledge and skills, (c) appropriate behavior to meet needs. Over time, the State anticipated that the use of the MEISR-COS for data collection and for IFSP development will not only improve the accuracy of Indicator 3 data but will also support a key SSIP strategy of improving the functionality of IFSPs to support parents in helping their child learn between therapy sessions.  
  
Indicator 4 data reported on the APR is collected via annual survey sent in English and in Spanish. Responses received are keyed into a data system that calculates response rate from responses received compared to total surveys sent (22% response rate). Survey data is assessed by county so that when the lead agency notices a lack of responses from a particular geographic area, a team of program staff contacts families in underrepresented areas to complete the survey with families via phone. These additional responses are entered into the data system which calculates percentages of responses in the three outcomes categories, (a) families know their rights, (b) families communicate their child’s needs, (c) families know how to help their child develop and learn. Assessment in the State’s progress toward reaching the SiMR for Indicator 11, the State Systemic Improvement Plan (SSIP), relies in part on comparing Indicator 4c data across multiple years to determine if implementation of plan strategies has increased the percentage of parents participating in early intervention who report that early intervention helped them know how to support their child’s early learning and skill development.

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

YES

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

Additional data collected includes IFSP quality rating data from the FC IFSP Outcome Assessment Tool (FC IFSP-OAT) which is a quality rating tool adapted from the McWilliam Goal Functionality Scale III (2010) and the Individual Family Service Plan: Outcome Assessment Tool (IFSP-OAT) developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. in collaboration with the Ohio State University Nisonger Center and Ohio Colleges of Medicine Government Resource Center. Data from the FC IFSP-OAT is used to assess change of practice necessary to help parents help their child develop and learn (the SiMR).  
  
The FC IFSP OAT tool specifically rates the functionality of IFSP outcomes regarding the level to which the IFSP goals enable parents and other caregivers to implement learning strategies within typically occurring activities. IFSP quality rating is a number from 0-51 determined by the guide provided on the tool where a score of 0-17 is “lacking quality;” scores in the range of 18-31 show “elements of quality;” and ratings between 32-51 are “high quality IFSPs.”   
  
Analysis of IFSP quality rating data is used to demonstrate improvement or slippage in IFSP quality ratings in the following areas: Quality ratings of IFSPs developed after training compared to ratings of IFSPs developed pre-training (baseline data), Quality ratings of SSIP cohort groups compared to the state as a whole (IFSPs developed by teams that exclude members of both UP cohorts). Improvement may be demonstrated by various means as indicated in the analysis process.   
  
By producing high quality IFSPs with functional goals for children, parents know how and when to help their child practice and develop new skills that aid the child’s participation in typical child/family activities. Assessment of progress involves comparing the quality ratings of the two Cohort groups to the State as a whole (Part C Provider programs outside of the UP).  
  
IFSP quality rating data indicated that the Unlimited Potential Initiative’s (UP) Cohort 1, in 2020, had an OAT Score average of 47.9, considered a “high quality” rating (the highest possible rating is a 51). In 2021, the OAT Score averaged dipped to a 43.0 average. Cohort 2 (First Connections State staff) demonstrated improvement; the group’s average in 2020 yielded an average of 41.23. In the 2021 cycle that increased to 46.35 average. Both Cohort 1 and Cohort 2 maintained overall rating in the High-Quality category. Cohort 1 received maintenance, as needed, TA during this year while Cohort 2 received intensive ongoing training and support and took the entire Service Coordination training again. This could account for the higher scores during the year. The State’s overall average fell this year from the 2020 average of 17.44 to an overall average of 11.4. Optional training was continued for the entire state this year for IFSP’s and family engagement. All First Connections providers are offered TA as well as ongoing training opportunities.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

NO

**Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State’s current evaluation plan.**

The current evaluation plan continues to support and meet the needs of the First Connections SSIP. Arkansas’ evaluation plan was initially designed to assess multiple levels within the program and that structure remains in effect. However, during the review period Program Administration determined a need to ensure that service coordinators understand how to support families beginning in the very first contacts so that families know their options in order to effectively advocate for their child and family and are prepared to participate in early intervention. As a result, training was updated to include DEC Recommended Family Practices and the ECTA guide, “Assuring the Family’s Role on the Early Intervention Team.” Updated training focused on the importance of initial contacts and included a demonstration of both initial contact calls as well as an intake demonstration. First Connections staff responsible for making initial contacts with families also completed projects to assess mastery as a means to ensure that families of children referred for early intervention receive the same information about the program.

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

The formation of the Family Engagement Unit (FEU) within the First Connections program offers a more streamlined experience for Part C families. Arkansas established the FEU to manage new referrals, make and document initial contacts with families, provide follow up to referral sources, and complete the initial meeting with families. Goals of the FEU are: uniformity of initial contacts and information provided to prepare families to participate in early intervention, increased follow up to referral sources, improved timelines, and offering an Interim IFSP to families in appropriate situations. The formation of the FEU and FEU goals aligns with SSIP strategies to rebrand the program.   
  
Additionally, in an effort to improve child outcome data, the Lead Agency decided to incorporation the use of the Measure of Engagement, Independence and Social Relationships (MEISR)-COS. The MEISR-COS provides a functional, routines-based assessment for determining the Child Outcomes Summary (COS) rating. Other benefits of using the MEISR-COS is that the functional assessment results are used by the IFSP team to support parents in developing functional IFSPs linked to typical routines that support the child’s participation, engagement, and independence. The MEISR-COS can be used at IFSP reviews as another method to assess child progress in gaining independence across routines. This strategy ties in with key SSIP strategies to enhance the quality and functionality of IFSPs in order to support parents and other caregivers in knowing how to help their child learn and develop.   
   
Remarketing the program, a key SSIP strategy, included additional activities including an updated professionally designed program logo and updated brochures for parents, providers, and referral sources. Additional outreach activities to remarket the program so that referral sources and families understand the program and purpose of early intervention included television interviews, and program commercials on cable and radio Statewide, as well as numerous outreach events such as exhibitor booths at conferences and the Arkansas State Fair and the Arkansas Academy of Pediatricians annual conference where “swag” like child masks, sippy cups, coloring books with the new program logo were distributed to visitors to the exhibit.   
  
To support non-cohort EIS providers in developing high-quality functional IFSPs (a key SSIP strategy to support parents/caregivers in knowing how to help their child learn and develop), First Connections blended the Quality Assurance and Fiscal units as an internal infrastructure change that began monitoring Prior Authorization requests around key fiscal quality indicators identified by the State (not the APR Federal Indicators). The new blended unit enhances the program’s fiscal monitoring capacity and ability to tie funding to quality.   
  
IFSP Quality Ratings were also continued during this reporting time. First Connections continued to assess IFSP quality using the IFSP-OAT tool to evaluate UP cohorts and compare cohort quality ratings to IFSP Quality Ratings of the state as a whole (EI Providers and service coordinators outside of the UP cohorts).

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

Infrastructure changes to reach short and mid-term outcomes involved changes in quality standards and accountability/monitoring, data, PD/TA, and governance. In the area of governance, the Lead Agency formed a central intake unit and established it as the Family Engagement Unit (FEU). The FEU is organized to manage all referrals received by the state office. Members of the unit were trained in DEC Recommended Practices and trained to prepare families to participate in early intervention by ensuring that families know their rights and know their options and how to advocate for their child and family. This new organizational structure supports families in understanding their active role in early intervention which will in turn support families’ ability to help their children develop and learn (the SiMR). The FEU formed COHORT 3 and participated in intensive training and monthly cohort meetings to discuss and review progress, expectations and changes to the process to establish the goal of streamlining and providing families with a strong foundation of support from their first interactions with First Connections. Cohort 3 training included:   
documentation and communication, organization, family engagement, technical training in best practices for Zoom or other virtual meetings, helping families learn their rights in the context of intakes and other meetings, and verbal and written skills. To assess skill acquisition, training included sample projects and demonstrations. During the monthly training, cohort 3 stakeholders identified barriers and successes to support the Lead Agency in facilitating any changes that needed to occur to support the cohort group in carrying out duties to reach unit goals. As a result of this infrastructure change, information provided to families to prepare families to participate in early intervention is standardized across staff making initial contacts, a strategy that will support families in knowing their active role in early intervention which will help them reach the SiMR.   
  
  
In the infrastructure area of data, the mid-term goal implemented was adoption of a new State-approved tool used by IFSP teams to collect Indicator 3 Child Outcomes Summary data. The State adopted the MEISR-COS as the new State Approved tool for COS ratings; use of this tool is intended to result in more accurate 1-7 number ratings. Results of the MEISR-COS are also used to support parents and other IFSP team members in developing functional IFSPs that support child participation, engagement, and independence in typical routines. The MEISR-COS also provides an additional method for IFSP teams to functionally assess child progress, engagement, and independence across routines as part of IFSP review. An added benefit is that, as part of the MEISR-COS process, the family gains a greater understanding of what early intervention will look like and how it will fit into their everyday life. The functional assessment more effectively supports parents/caregivers in understanding functional milestones than isolated skills or missed test items; the MEISR-COS helps parents become more aware of what typically developing peers do within typical child/family activities and how a parent could help their child be more engaged and more independent within those activities. Use of the MEISR-COS to both improve data and to support IFSP teams support key SSIP strategies involving functional, high-quality IFSPs as a critical step to ensure that EIS providers are embedding intervention into typical child/family routines and that the IFSP supports parents and other caregivers in knowing how to help their child learn and develop (the SiMR).   
  
Use of the MEISR-COS was piloted in cohort 2 in the previous reporting period and feedback from this important stakeholder group was instrumental in the State’s approval of the MEISR-COS as the new tool for gathering Indicator 3 data (Child Outcomes Summary ratings). In this reporting period, the MEISR-COS was rolled out Statewide. In the infrastructure area of PD/TA, the Lead Agency provided training to prepare state EI Providers and Service coordinators for the Statewide rollout implementing use of the MEISR-COS for COS ratings and for IFSP development. The Lead Agency provided ongoing TA in Lunch and Learn series on completing the MEISR-COS for COS rating and in using the results of the MEISR-COS for IFSP development.   
  
FC will evaluate Indicator 3 data to determine if use of the tool has improved the accuracy of Child Outcomes Summary data after a full year of Statewide implementation to determine if the new State-approved tool has reached goals in the infrastructure area of data.   
  
  
In the infrastructure area of governance, child find activities related to remarketing the program are designed to increase referrals to the program and also to support families in understanding what early intervention is and what their active role will look like (in order to be active participants and ultimately reach the SiMR, to know how to help their child learn and develop). Strategies to “remarked the program” included a professional designed updated program logo; ordering logo-imprinted promotional items to distribute to referral sources, families, and other stakeholders. Additional outreach also involved television spots and cable and radio commercials.   
  
In the infrastructure area of quality standards and accountability/monitoring, First Connections blended the Quality Assurance and Fiscal units as an internal infrastructure change to enhance fiscal quality monitoring around key State quality indicators (not APR Federal Indicators). The new blended unit enhances the program’s fiscal monitoring capacity and ability to tie funding to quality. The implementation of this strategy supports all EIS providers in developing high-quality functional IFSPs (a key SSIP strategy to support parents/caregivers in knowing how to help their child learn and develop). The success of this strategy will be assessed within the next year or two; success will be determined based on data demonstrating higher IFSP Quality Ratings in non-cohort (state ratings).In the infrastructure area of PD/TA, EIS providers and service coordinators were provided training and TA in IFSP development, fiscal correction codes, and making corrections to ensure timely funding.

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

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.***

Data Component: First Connections identified the need for a new comprehensive data system . The goal will be to have new system that allows for quality and accurate data in a more streamlined and user friendly system to support service coordinators and EIS providers in use of the system.   
  
The short-term goal will be to determine what is working and not working in the current system and identify area of improvement and establish revisions based on each area of the First Connections program.  
Intermediate goals are improved Provider usage of the data system identified by fewer inquiries required of the Data Unit Manager and ease of pulling data/reports.  
  
Governance Component: First Connections will also be establishing a position for an Equity Coordinator to work on child find and outreach to underserved populations in the state, including non-English speaking families, Indigenous peoples, Deaf/hard of hearing, Visually impaired, and ethnic and other minority groups.   
  
The short term goal for this position will be to conduct regional family focus groups (of underserved populations) to identify barriers to minority families to full participation in early intervention and to identify root causes for the high percentage of referrals of children in various underserved populations that do not reach initial IFSP and are closed for various reasons.  
Intermediate goals for this infrastructure change involve procedural and systemic changes that support the participation of families in various underserved groups

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

The next steps of the process for a new comprehensive data system will look like meeting with designers, establishing the look and changes that must be incorporated with the previous system to make a comprehensive system to meet the ongoing needs of the program in the years to come. First Connections will also establish a rollout time frame to go live across the state and provide training and outreach support for the entire state and its providers and families.   
   
The goals for the Equity Coordinator will be to increase the engagement of families and other relevant stakeholders in program development and implementation as well as other objectives as established by First Connections. First Connections Equity Coordinator will conduct regional focus groups to identify barriers for families within the First Connections process. Arkansas is a unique state that has varied geography that includes industrial, urban and rural areas with differing needs based on unique cultural characteristics. The Equity Coordinator will help conduct focus groups that allows for each of these different areas to be taken in consideration in program implementation resulting in a more diverse individualized family support system.

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

Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families.  
  
Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices.  
  
Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

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

Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families. In this DEC practice, First Connections implemented a new State-approved tool (the MEISR-COS) after Provider stakeholder feedback identified concerns about the former tool used by IFSP teams to collect Indicator 3 COS data. First Connections also worked with stakeholders to create a comprehensive data system that would allow for the changes necessary to streamline processes for families and other IFSP team members and manage program data.  
  
Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices. In this DEC Recommended Practice, First Connections and the State’s aRPy Ambassador shared information with the AICC about DEC Recommended Practices and how the aRPy Ambassador can support the Lead Agency in raising awareness of the importance of these evidence-based practices. In addition, the Lead Agency worked with related agencies including the Arkansas MIECHV Home Visiting Network and other related agencies (Early Head Start/Head Start, Title V CHC, Part B-619 and LEAs, Family2Family, and SafeCare) for a 0-5 pilot in two counties. The initiative pilot’s goals are ensuring that families access needed resources, know their rights, and know how to promote their child’s health and early learning. A similar statewide 0-3 initiative between First Connections, Following Baby Back Home, and Title V CHC provides cross agency collaboration to support families in accessing needed resources.   
  
Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes. In this DEC practice, the Lead Agency conducted live Webinars for various stakeholder groups to go over State Determination Data with the AICC, EIS Providers and other key stakeholders, and with families. In these Webinars, data charts were used to explain program data (and trend data) around federal results and compliance indicators (and each Indicator was explained). Participants were invited to share ideas for improvement strategies, perceived root causes and/or barriers contributing to low performance, and to provide input on setting new APR targets for 2020-2025. Strategies to improve data and to improve results for families and children suggested by these critical stakeholders were reviewed by the Lead Agency and incorporated in the program’s continuous program improvement plan.

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

First Connections SiMR is to increase the percent of parents who report that participating in early intervention helped them help their children develop and learn. Listed below is how each evidence- based practice is intended to have an impact on the SiMR.  
  
Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families activities included Statewide implementation of the MEISR-COS as the new State-approved tool for to collect accurate Indicator 3 COS data and for the development of functional, high quality IFSPs that support EI providers in embedding intervention into typical child and family routines to support parents/caregivers in knowing how to help their child learn and develop to reach the SiMR.   
  
Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices activities included collaboration with the State’s aRPy Ambassador to raise awareness of the importance of DEC Recommend evidence-based practices and to plan strategies to support implementation. Other activities included the cross agency collaborative 0-3 and 0-5 initiatives with goals aligning with the SSIP strategies to reach the SiMR, such as families access needed resources, know their rights, and know how to promote their child’s health and early learning.   
  
Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes through activities including live Webinars to go over State Determination Data with the AICC, EIS Providers, other key stakeholders, and with families and to provide an opportunity to share ideas for improvement strategies and to perceived root causes and/or barriers contributing to low performance. Stakeholder’s input was incorporated into the program’s continuous program improvement plan to improve child and family outcomes.

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

To measure fidelity of implementation and practice change, the State reviews IFSP Quality Ratings. IFSP quality rating data is collected annually from a random pull of IFSPs developed during the reporting year assessed for functionality and quality using the FC IFSP Outcome Assessment Tool (FC IFSP-OAT) which is a quality rating tool adapted from the McWilliam Goal Functionality Scale III (2010) and the Individual Family Service Plan: Outcome Assessment Tool (IFSP-OAT) developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. in collaboration with the Ohio State University Nisonger Center and Ohio Colleges of Medicine Government Resource Center. Data from the FC IFSP-OAT is used to assess change of practice necessary to help parents help their child develop and learn (the SiMR).  
  
The FC IFSP OAT tool specifically rates the functionality of IFSP outcomes regarding the level to which the IFSP goals enable parents and other caregivers to implement learning strategies within typically occurring activities. IFSP quality rating is a number from 0-51 determined by the guide provided on the tool where a score of 0-17 is “lacking quality;” scores in the range of 18-31 show “elements of quality;” and ratings between 32-51 are “high quality IFSPs.”   
  
Analysis of IFSP quality rating data is used to demonstrate improvement or slippage in IFSP quality ratings in the following areas: Quality ratings of IFSPs developed after training compared to ratings of IFSPs developed pre-training (baseline data), Quality ratings of SSIP cohort groups compared to the state as a whole (IFSPs developed by teams that exclude members of both UP cohorts). Improvement may be demonstrated by various means as indicated in the analysis process.   
  
By producing high quality IFSPs with functional goals for children, parents know how and when to help their child practice and develop new skills that aid the child’s participation in typical child/family activities. Assessment of progress involves comparing the quality ratings of the two Cohort groups to the State as a whole (Part C Provider programs outside of the UP).  
  
IFSP quality rating data indicated that the Unlimited Potential Initiative’s (UP) Cohort 1, in 2020, had an OAT Score average of 47.9, considered a “high quality” rating (the highest possible rating is a 51). In 2021, the OAT Score averaged dipped to a 43.0 average. Cohort 2 (First Connections State staff) demonstrated improvement; the group’s average in 2020 yielded an average of 41.23. In the 2021 cycle that increased to 46.35 average. Both Cohort 1 and Cohort 2 maintained overall rating in the High-Quality category. Cohort 1 received maintenance, as needed, TA during this year while Cohort 2 received intensive ongoing training and support and took the entire Service Coordination training again. This could account for the higher scores during the year. The State’s overall average fell this year from the 2020 average of 17.44 to an overall average of 11.4. Optional training was continued for the entire state this year for IFSP’s and family engagement. All First Connections providers are offered TA as well as ongoing training opportunities.

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

None

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

In regard to next steps and the anticipated outcomes. Arkansas First Connections will continue to develop evidence-based practices. Program staff will collect ,analyze and report data, to stakeholder to road map for next steps. Monitoring techniques will be discussed and put into place to ensure fidelity.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

None

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

First Connections shares information with the AICC, EI Providers, referral sources and other stakeholders annually on the State Determination and solicits input from stakeholders in developing improvement strategies for any areas of need identified in the APR Data/Annual State Determination. To engage Stakeholders in setting targets, the program creates data visuals and facilitates live webinars to explain data Indicators and targets and to share program trend data to the AICC, EI Providers, referral sources, families, and other stakeholders. Stakeholders in attendance complete an anonymous survey to provide input on setting targets for the APR Results Indicators. When establishing new targets for Results Indicators, the goal is for the state to continue increasing targets as the program’s continuous improvement plans are implemented and performance improves. After considering input from Stakeholders on new state targets and trend data, the State’s revisions to targets for the next reporting period included raising targets for Indicators 2,3,4, and 5. With input from stakeholders, Indicator 6 targets were lowered for 2020-2025 after reviewing trend data and failure to meet previously set targets. State data on live births indicate a drop in the birth rate between 2019 and 2020 (from 36,372 to 35,168). In addition to a slight decrease in referrals during the public health emergency, a primary reason for a low percentage of children birth to three served in the State’s Part C program is due to the many early intervention options that families in Arkansas have (day habilitation centers and private outpatient therapy). A majority of children in the State are served in day habilitation programs; the State Leadership Team on Preschool Inclusion is working to raise public awareness of the benefits of inclusive settings for young children with disabilities.  
  
In response to the annual State Determination the state involved stakeholders to propose strategies for improving Child Outcomes data (Indicator 3). An EI Provider focus group identified a need for the State to adopt different tools for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor. Based on the feedback of these stakeholders, the State piloted the use of the MEISR-COS for collecting this data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings. Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot. Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in the fall of 2021 which included training EI Providers and service coordinators in the use of the MEISR to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop.  
  
In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices who process all referrals and make all initial contacts to families of children referred for early intervention. Members of the FEU also completed training to be certified as Service Coordinators (SCs). The primary goal of the FEU is meeting the 45-day timeline (Indicator 7) and preparing parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents can advocate for their child and family and be active participants in early intervention. Additional goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed. Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

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

In this reporting period, a third cohort for SSIP implementation was added through the formation of a central intake unit called the Family Engagement Unit (FEU). The FEU is made up of First Connections staff trained in DEC Family Practices and certified to provide service coordination services. The FEU processes all referrals and makes all initial contacts to families of children referred for early intervention. Primary goals of the FEU is to prepare parents to participate in early intervention by providing them with clear, accurate information of the Part C Program so that parents know their rights and can advocate for their child and family. Secondary goals of the FEU include but are not limited to, increasing the number of Interim IFSPs developed for children referred with a diagnosed condition and urgent child and/or family needs, providing follow up to referral sources when the referral source is other than the family, and decreasing the percentage of referrals that are closed.   
During the pandemic, meetings with families were minimal due to the many stresses families faced. Family engagement at a public policy level was sidelined to focus on identified immediate needs of families as a result of a family survey. Families surveyed identified immediate needs as increased access to teleintervention, Parent Education/workshops, and EI professionals coaching and training parents and other caregivers to support their child’s earl learning and development (the SiMR). In response to family-identified needs for support and skills to help their child develop and learn, First Connections provided mini grants to EI Provider Programs interested in establishing a lending library of devices to support families in participating in tele-intervention services. Funding from mini grants could also provide short-term Internet service/connection for low income and rural families to support families’ ability to access remote, live virtual services during the COVID-19 Pandemic. In addition, First Connections contracted with Baby Builders to provide parent training, information, and education around supporting their child’s development within typical daily activities in October of 2020. Parents did not have to attend the live workshop to gain access to the Baby Builder program (online and on CD or DVD) designed to incorporate physical strength and skill building into fun games and typical child/parent activities. These accounts, training, and materials supported families in knowing how to help their child learn and develop (SiMR).  
  
Also in October program collaboration with our State’s OSEP-funded PTIC, The Center for Exceptional Families (TCFEF), provided parents with an interactive virtual workshop on crafting powerful family advocacy stories presented by inspirational speaker and parent advocate Bethany Moffi. TCFEF and First Connections collaboration also provided families a live virtual workshop on Dispute Resolution options for families of children 0-5 featuring Tiffany Kell from University of Arkansas in Little Rock (UALR) Bowen Law School. First Connections is currently collaborating with Partners for Inclusive Communities to develop parent information and education modules, and the program will report on the impact of this strategy next year.  
Other stakeholder engagement directly related to SSIP goals includes working with an EI Provider Focus Group in response to the annual State Determination to propose strategies for improving Child Outcomes data (Indicator 3). The focus group identified a need for the State to adopt a different tool for the collection of Child Outcomes data by the IFSP team. The State-approved tool (The Age Anchor) has large age gaps between rating sheets which could potentially cause IFSP teams to arrive at a lower COS rating for children at the earliest end of the age range on the tool. In simulated COS Ratings conducted as part of a training, providers and service coordinators demonstrated difficulties in explaining to families the “immediate foundational skills” for the unmarked items on the Age Anchor.   
Based on the feedback of these stakeholders, in March of 2021, the State piloted the use of the MEISR-COS for collecting COS data, using the stakeholders of SSIP cohort 2 to carry out the pilot Statewide and to provide feedback on the use of the MEISR-COS in actual IFSP meetings.   
Based on the results of the pilot, the program involved stakeholders from SSIP cohort 1 to discuss the use of the MEISR-COS by IFSP teams to obtain more accurate Child Outcomes ratings/data. Stakeholders of SSIP Cohort 1 were trained in the use of the MEISR-COS and added to the pilot in June of 2021.   
Based on results and feedback from these two pilot groups, the program rolled out Statewide implementation in September of 2021. Roll out included training EI Providers and service coordinators in the use of the MEISR-COS to collect Child Outcomes data at entrance to the program, annual IFSP, and at child exit. TA on using the results of the MEISR-COS to develop participation-based goals around typical child and family activities also supports the SSIP goal of high quality IFSPs as a necessary step for families to know how to help their child learn and develop. The State anticipates that using a new tool for COS data collection by IFSP teams will improve the State’s Indicator 3 data over time and also support the development of functional and robust IFSPs that support parents in helping their child learn and develop (SiMR).  
  
Each SSIP cohort group are important stakeholders in successful plan implementation. These critical stakeholders were engaged throughout this work in monthly unit meetings to identify barriers and needs and to discuss and review progress. Responsive TA was provided in monthly meetings around the needs identified by these stakeholders.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders identified family lack of access to virtual services as a barrier. The program provided mini grants to support EIS providers in purchasing tablets or Chromebooks to create a lending library for parents of children with an active IFSP. The program also supplied providers with a list of state programs providing free or low cost Internet access to families of children in need of educational support.

**Additional Implementation Activities**

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

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

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

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

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

## 11 - Required Actions

# Certification

**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:**

Tracy S Turner

**Title:**

Part C Coordinator

**Email:**

Tracy.Turner@dhs.arkansas.gov

**Phone:**

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**Submitted on:**

04/25/22 2:22:34 PM

# ED Attachments

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