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

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

**For reporting on
FFY 2021**

**Arkansas**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

The Annual Performance Report (APR) from the Lead Agency provides an analysis of the agency’s ability to administer the conditions outlined in the Individual with Disabilities Education Act (IDEA). The Office of Special Education Programs (OSEP) sets Compliance Indicators at 100% and the Lead Agency establishes targets for Performance Indicators with input from various stakeholders.

Arkansas’ governor appointed the Arkansas Department of Human Services (ADHS) as the Lead Agency to ensure the implementation of IDEA, Part C. The Division of Developmental Disability Services (DDS), within the Department is responsible for grant management and program oversight. Arkansas’ Part C program’s official name is First Connections.

Grant management, continuous program improvement planning, General Supervision, and CSPD is coordinated across units of a central administration team. Internal administrative units include:
• Fiscal Quality/Compliance Monitoring
• Licensure and Certification and Dispute Resolution Management
• Family Outreach and Engagement (Child Find)
• Comprehensive System of Professional Development (CSPD) Management
• Data Management
• Program/SSIP Management

The Lead Agency reports program data from multiple sources, including the program’s Comprehensive Data System (CDS), Quality Assurance/Monitoring results, Part C Family Surveys, dispute resolution procedures, SSIP implementation, and additional information from ongoing technical assistance. Part C program data and information reported in the current SPP/APR submitted on or before February 1, 2023, represents Federal Fiscal Year (FFY) 2021 (July 1- 2021 through June 30, 2022). In the FFY2021 reporting period, Arkansas’ early intervention program, First Connections, continued to make needed program adjustments to allow for the changes brought on by the COVID-19 Pandemic. The annual report will indicate operational changes, where appropriate.

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. Throughout the reporting period Lead Agency strives to provide clear guidance and support to parents, stakeholders and early intervention providers in the implementation of services in Arkansas.

The Lead Agency reports SPP/APR data to the public by sharing information with the AICC, staff, and providers as well as making the reports available and prominently visible on the First Connections’ Web site at: https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-reports.

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 reflects accountability for ensuring the implementation of IDEA, contributes to the timely identification and correction of noncompliance, and helps to ensure improved outcomes for enrolled children and families. In addition to SPP/APR and the annual State Determination, integrated components of the General Supervision System also include:

• Comprehensive Data System (CDS)
• Provider Program Data Verification
• Annual Provider Program Determinations
• Integrated Provider Program Monitoring
• Fiscal Monitoring
• Dispute Resolution and Resolution of other Reported Concerns

The program’s General Supervision System ensures that IDEA, Part C requirements are met, and the components of the General Supervision System work together to ensure identification and timely correction of noncompliance.

Comprehensive Data System
The Comprehensive Data System (CDS) provides a mechanism for collection and analysis of program data to assess at the state level for federal reporting, at the local level for annual local program determinations and both Fiscal and Quality and Compliance monitoring, and on the individual child record level in both the investigation of disputes in the Dispute Resolution process. CDS is also used to collect and assess IFSP Quality Rating data as part of SSIP evaluation.
Designed around Part C requirements, the data system has built in checks and balances that promote compliance by requiring key elements be entered into the system in order to enter/save a child record. The CDS has features that allow the Lead Agency to pull a variety of reports in addition to APR Indicator data reports, and this information supports the Lead Agency in Data Analysis for continuous program improvement planning as well as identifying professional development and TA needs.

Provider Program Data Verification
Provider Program Data Verification is a process by which the Lead Agency sends providers their APR data for verification whenever an entry is missing or appears to be incorrect. Data Verification is a General Supervision activity that supports accurate APR reporting as well as accurate Annual Provider Program Determinations.

Annual Program Provider Determinations
Annual Provider Program Determinations are based on Federal Compliance and Performance Indicators, timely and accurate data, and the results of any dispute resolution. The State conducts Annual Provider Program Determinations using APR data much in the same way OSEP conducts State Determinations; Provider Programs earn a Determination rating of “Meets Requirements,” “Needs Assistance,” “Needs Intervention,” or “Needs Substantial Intervention.” The program provides tiered support that includes materials such as guidance documents, case studies and work examples, and checklists for universal support that is available to all EI Provider Programs. For programs ranking “Needs Assistance,” live and recorded TA is available. When a program ranks ““Needs Intervention,” ongoing targeted TA is required by the Lead Agency. A Corrective Action Plan (CAP), ongoing Targeted TA, and more frequent monitoring is required by the Lead Agency if a program is rated as “Needs Substantial Intervention.”

Integrated Provider Program Monitoring
EI Provider Programs are assigned to monitors by regions/geographic locations. Monitors conduct Quality and Compliance Provider Program Monitoring is conducted through in-depth random record reviews of individual child records in the data system using a standardized monitoring tool across reviewers. Provider Programs are notified of the results of monitoring in a letter that includes information about timelines for correcting non-compliance. Program monitoring is conducted annually for any program whose prior year monitoring did not meet all requirements. Programs meeting all requirements are monitored every other year and complete a self-audit and submit their results to their assigned monitor in non-monitored years. When monitoring through in-depth random record review identifies noncompliance, the Provider Program is required to correct each individual case of noncompliance within six months. The First Connections’ monitor assigned to that program will review each correction to verify. A follow up monitoring review (of new child records) is conducted to ensure sustained compliance after the initial correction. In instances where substantial noncompliance has been identified, , the provider program is required to submit a Corrective Action Plan (CAP) for approval by the Lead Agency. Targeted TA is required whenever a CAP must be submitted and is also required when results of Quality and Compliance Provider Program Monitoring demonstrates “Needs Assistance.”

Fiscal Monitoring
Fiscal monitoring assures that Part C Payor of Last Resort requirements are met. Fiscal monitoring of all local Provider Programs is ongoing as part of the State’s Prior Authorization (PA) process. Service coordinators submit a PA request in the data system for every evaluation or service in which Part C funds are the pay source. Monitors process PA requests by remotely reviewing the child record in the data system using a tool to standardize fiscal monitoring across monitors. The tool used for record review as part of Fiscal Monitoring looks at the following quality measures: well-developed IFSP (adequate number of child outcomes/each outcome has action steps/objectives), high-quality child participation goals, Natural Environment setting (or appropriate justification). The tool looks at the following compliance measures: Payor of Last Resort requirements are met, and parent consent for the evaluation or service being funded and prior written notice are documented in the child record. Fiscal Monitoring ensures that Part C funding supports high quality early intervention services.

Dispute Resolution (and Resolution of other Reported Concerns)
When the process of Dispute Resolution identifies noncompliance, the local provider program must correct noncompliance in the same process that is in place for noncompliance that is identified through other General Supervision monitoring activities (i.e. correction on the individual child level, and updated records). In addition, the Lead Agency may require completion of Targeted TA to address the identified issue(s).

The Lead Agency also makes use of “Service Concerns” whereby anyone (including state staff) may use a form to report a concern when a State Complaint or parent request for mediation has not been submitted and/or when the concern is not believed to be a violation of IDEA requirements. Service Concerns submitted to the Lead Agency support First Connections in its General Supervision activities and allow for speedy resolution of concerns.

Although listed separately in the bulleted list above, General Supervision occurs across internal units and is integrated within typical program processes. The Comprehensive System of Personnel Development (CSPD) supports the General Supervision System by providing training and Technical Assistance (TA). Targeted Technical Assistance around needs identified through integrated monitoring is provided to local early intervention programs whenever noncompliance and/or a need for assistance is identified through any General Supervision activity.

**Technical Assistance System:**

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

The Lead Agency utilizes guidance and resources from OSEP-funded national TA providers including checklists and other tools and training/TA materials. The First Connections’ Comprehensive System of Personnel Development (CSPD) consists of dedicated program staff that plans, coordinates, and provides technical assistance (and professional development) to EI professionals Statewide. The CSPD unit manager collaborates with other professional agencies to provide quality training and TA, including the University of Arkansas, Arkansas State University, Bowen Law School, and Partners for Inclusive Communities. The CSPD unit’s goal and purpose is to support EI Professionals 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.

The CSPD works with other internal program units to coordinate technical assistance and training that addresses needs identified through monitoring, data analysis and Annual Provider Program Determinations, and dispute resolution. Formal and informal needs assessments are conducted to define needed support. Informal assessment of personnel development and TA needs includes Staff and EI Provider surveys, frequently asked questions, and direct requests (from staff and providers) for TA/training. Formal assessment of training needs includes issues identified as a result of dispute resolution or monitoring as well as SPP/APR data review.

The CSPD coordinates with the Lead Agency when written policy briefs or clarifications are needed to support EI Providers. The CSPD also provides live “Lunch and Learn” Webinars, recorded TA on specific topics, infographics and tip sheets, checklists, work samples, and case studies. The CSPD provides one on one support and Targeted TA as requested or required as a result of Provider Program Monitoring.

The CSPD also develops technical assistance in relation to updates/information that EI Providers need to know/understand:
• State or federal policy requirement changes
• State Determination or OSEP DMR 2.0 Monitoring Results
• Stakeholder TA in understanding program data, the Annual State Determination, Setting SPP/APR Targets, etc.
• SSIP
• DEC Recommended Practices
• 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. EI Professionals completing a brief post assessment after attending any Lunch & Learn TA live Webinars receive certificate of ongoing professional development hour(s).

Targeted TA, also known as “Site TA” is a “Tier II” technical assistance support designed to address specific identified issues and is provided to a local Provider Program. In Targeted or Site TA, all EI professionals working directly with children and families as well as local provider program administration are required to attend and participate. Typically, Targeted or Site TA occurs as a result of monitoring that identifies that support is needed to meet program requirements, however, a Provider Program administrator may request Targeted TA and 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. The CSPD unit provides the Targeted TA and sends documentation of completion to the unit manager that issued the requirement and documents completion in the program’s Documentation and Tracking System (data system for tracking results of monitoring and dispute resolution).

In this reporting period, regional Data Boot Camps conducted in 2019 were not resumed due to the continuing COVID-19 public health emergency. When in person regional workshops can safely resume, the CSPD will partner with the Data Unit to coordinate regional Data Bootcamps to help EI Providers understand their Provider Program data, where it comes from, what it means, and how to use it. The CSPD unit continued use of Zoom to provide live TA to groups without face to face contact. Live Zoom videos made use of modeling/demos, case studies, and used application projects in the data system’s training site to facilitate skill development. Work samples, projects, and post assessments are utilized to assess skill and/or 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.**

First Connections’ has program staff dedicated to planning, coordinating, developing and providing ongoing professional development (CSPD unit). The CSPD Unit provides ongoing professional development (and technical assistance) to the Statewide network of EI Professionals (local programs do not provide their own training). The Lead Agency provides CSPD Unit staff ample support to maintain their own ongoing professional development to stay abreast of current trends in the field of early learning/early intervention and family engagement practices. The CSPD staff receives resources and support from OSEP-funded national TA providers such as Early Childhood Technical Assistance Center (ECTA Center), and the IDEA Early Childhood Data System (DaSy), and IDEA Data Center (IDC) to ensure that trainers have the skills needed to provide high quality professional development, TA, and mentoring. CSPD unit staff receive training in principles of adult learning and peer to peer coaching as well as current literature and videos on routines-based intervention, principles and practices of natural environment, family engagement, and coaching/consultative approaches in early intervention.

As part of SSIP implementation (in an earlier reporting period), First Connections identified “core competencies,” or specific knowledge and skills that EI direct service providers and service coordinators would need in order to provide high quality services and supports that improve results for infants and toddlers and their families. The program updated its initial certification requirements for Part C Provider Certification to require Core Competencies for all EIS Providers as part of initial certification and recommended the course to EI professionals who were re-certifying. First Connections requires all direct service providers (and service coordinators) to be certified by the Lead Agency to provide early intervention services. Initial certification requires meeting all state licensing requirements and program completion of program certification training documented by a score of 70% or higher on a post assessment.

First Connections requires annually a minimum of 10 hours of ongoing professional development on topics specifically related to IDEA, Part C. The certification and ongoing professional development requirements ensure that service providers have the knowledge and skills needed to provide high-quality early intervention that improves results for children and their parents and other caregivers.

First Connections’ CSPD involves many organized elements that include: development of policy briefs and tip sheets, 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). First Connections’ CSPD 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 CSPD unit manager ensures that First Connections is high-quality and evidence-based, referencing 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.

Ongoing professional development and TA topics to support staff and the Statewide network of EI professionals are identified collaboratively by the different program unit managers as well as annual local Determinations, monitoring/record review, SSIP data on IFSP Quality, any reported Service Concerns or Disputes received by the Lead Agency, frequently asked questions and/or recurring errors, and survey of staff and EI Providers.

First Connections’ CSPD Unit 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 IdeaBoardz where EI Professionals learn with and from one another. Attendees of the workshops and webinars are provided access to a digital “library” 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 engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

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

YES

**Number of Parent Members:**

19

**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.**

In the previous reporting period when SPP/APR targets were set, 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. Parents were invited to discuss possible reasons for any areas of slow growth, slippage, or unmet targets. First Connections hosted the same Webinar for the AICC, staff and EI Providers, families, referral sources and related agencies. Following each Webinar, attendees were asked to complete an anonymous survey to provide input on new State targets. The webinars used data visuals and explanations of Indicators and used charts to display the past 5 years of targets and actual data to support parents in analyzing 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 as well as opportunities to identify any barriers and to submit ideas for improvement strategies.

In this reporting period, First Connections hosted Webinars with families and with EI Providers, program staff, and stakeholders from partnering programs and related agencies to solicit their input on priority projects and identified needs for American Rescue Plan Act (ARPA) funding. Parents used a different survey link so that parent input could be assessed separately from EI Provider and other stakeholder identified priorities and needs.

The program shares information on progress quarterly with the AICC; AICC members disseminate this information to their networks.
Annually, the program shares SPP/APR data (January AICC meeting prior to submission) and the Annual State Determination (July AICC meeting) to assess progress with families, program staff, EI Providers, and other stakeholders and solicits input via anonymous surveys.

**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 prepares parent stakeholders to engage in setting targets by creating data visuals, explaining each Indicator and where that data comes from/how it is collected. Charts of trend data show stakeholders the past targets and past actual data to inform their decisions about setting robust but achievable targets.

The State acknowledges difficulties in recruiting and engaging parents whose primary language is other than English and who have limited English proficiency in the stakeholder input process. To address this issue, the Program’s Family Engagement and Outreach Coordinator began attending stakeholder meetings for the Marshallese Interpreting for Community Inclusion (MICI) project. MICI is a collaboration between Partners for Inclusive Communities and the Marshallese Educational Initiative (MEI) funded by the Arkansas Governor’s Council on Developmental Disabilities. The goal of MICI is to reduce communication barriers to accessing disability supports and services in the Arkansas Marshallese community. First Connections intends to continue building relationships with MICI and MEI representatives.

The Lead Agency will continue to develop a collaborative relationship with the Minority Health Commission to support and assist the Program in outreach to under-represented groups, particularly parents with limited English proficiency. In this reporting period, First Connections administrative staff attended professional development Webinars on Equitable Access to Family Leadership Opportunities and the Lead Agency developed an Equity Plan. A key Equity Plan strategy involves hiring an Equity Outreach Specialist to facilitate regional parent focus group meetings in Spanish to engage and partner with Spanish-speaking families to identify barriers and to propose solutions.

Future plans to launch a Parent Portal in the Program’s new data base will increase the capacity of diverse groups of parents. The Parent Portal will not only provide parents easy access to their child’s early intervention record in one place, but will also include brief videos (in English, Spanish, and Marshallese) to inform and prepare parents for each type of meeting (intake, program eligibility, initial IFSP, IFSP review, transition). The Parent Portal will include the Family Outcomes Survey annually and is expected to increase survey response rate.

**Soliciting Public Input:**

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

The mechanism for soliciting public input for setting SPP/APR targets, analyzing data, developing improvement strategies, and evaluating progress is via anonymous survey following the sharing of information in live (and recorded) Webinars as described in the previous section. The Lead Agency creates an informational flier and relies on collaborating agencies such as the PTIC, Partners for Inclusive Communities, the Title V Children with Special Health Care Needs (CSHCN) program, Family2Family, and the Arkansas Home Visiting Network to share the informational flier with families and invite them to attend.

The timeline for evaluating progress is annually in July and August after the State Determination is received. The timeline for public input in setting targets is July-September every five years when the State must set new targets.

The Agency invited EI Provider Stakeholders to engage in Root Cause Analyses to propose strategies to improve Indicator 3 (a, b, c) data and to propose solutions to the Lead Agency by convening the EI Improving Outcomes Stakeholder Group (EIIOSG). The EI Provider Stakeholders participating in weekly group meetings represent various disciplines and Provider Programs of different sizes and different regions of the State as well as varying experience levels and races/ethnicities. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the EIIOSG voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the personal invites from familiar EI Providers, parents of diverse backgrounds and regions of the state will engage in proposing improvement strategies.

The State continues to share program improvement planning strategies and solicits proposals for improvement strategies from EI Providers, program staff, and other stakeholders in an ongoing fashion as data identifies program needs.

**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 program posts reports, including the APR, on the First Connections Web site after the submission of the SPP/APR at https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-reports. First Connections shares APR information with the AICC each January. The Program shares the State Determination information with the State Interagency Coordinating Council and visitors in attendance each July and also provides the annual State Determination information (and stakeholder input survey) to EI Providers, parents, and related agencies in July or early August each year.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The Lead Agency reports the status of each local provider program 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 program’s website at https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-reports .

The Report Cards demonstrate the performance of each local early intervention provider and their position in meeting SPP/APR targets.

## Intro - Prior FFY 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.

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

In response to required actions from FFY 2020, the state prioritized its focus on Early Childhood Outcomes (Indicator 3). he State sought and received coordinated assistance and guidance from the Center for IDEA Early Childhood Data Systems (DaSy) in analyzing Indicator 3 a, b, c data and determining tools and resources needed to resolve challenges related to this indicator. DaSy provided resources the state used to analyze Indicator 3 data, a scoring matrix and a list of all the possible and impossible combinations of entry and exit scores and progress question to arrive at progress categories. Program administration participated in multiple TA calls facilitated by DaSy personnel and with the support of ECTA Technical Assistance Specialist to discuss our program’s data and support the state in using these tools to analyze FFY 2021 APR Indicator 3 data. DaSy provided consultation to the State and the contracted IT Developers in developing a new data system that will enhance reporting capabilities; the scoring matrix and the impossible combinations template was used in the development of this new data system, First Connections State Assessment and Documentation System (FC STANDS). The new data system FC STANDS also links each goal on the IFSP to one of the 3 Child Outcomes Areas (instead of to a developmental domain or early learning framework). This design change is expected to support IFSP teams at IFSP reviews and child transition (or exit) in answering the yes/no progress question because the team will be able to easily identify goals and objectives the child achieved by Child Outcome area (a, b, c).

Other actions the State took as a result of technical assistance is to form an EI Provider Stakeholder group to propose strategies to improve Indicator 3 data and any identified needs to the Lead Agency. The EI Provider Stakeholder group is comprised of direct service providers of various disciplines and programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency uses Leading by Convening principles to facilitate weekly meetings of the EI Improving Outcomes Stakeholder Group (EIIOSG). To orient and prepare Stakeholder group members, the Lead Agency consulted with ECTA on strategies and highlighted key resources housed on the Early Childhood technical Assistance (ECTA) Center’s Child Outcomes content page. Key resources included a DaSy/ECTA developed TA video explaining Indicator 3 data and the COS process. Group members were provided an anonymous IdeaBoard to post their questions after viewing the video and ECTA resources. Stakeholder questions were submitted in advance to a representing DaSy/ECTA Technical Assistance Specialist and national expert on Child Outcomes who attended the EIIOSG meeting as featured guest speaker to answer their questions about the COS process and Indicator 3 data. The Lead Agency anticipated that by supporting the EI Provider Stakeholder Group in fully understanding Indicator 3 data and factors impacting that data, these Stakeholders were better prepared to conduct the Root Cause(s) Analysis and Decision Analysis to propose suggestions to the Lead Agency including:

Strategies to improve the accuracy of data in initial COS ratings:

\*Preparing families to participate in the COS process through the use of a short, recorded Parent Information and Education (PIE) module on the COS purpose and process
\*Support for Evaluators who participate in the initial COS rating
\*A companion document to the decision tree to provide clearer guidance on interpreting the results of the MEISR-COS in relation to the COS numerical rating
\*Conduct MEISR-COS Lunch and Learn TA series again so that new hires or providers wanting a refresher can attend; record these for the new Learning Management System’s TA
 Library to be available on demand

Strategies to improve results for children:

\*Preparing families to participate in early intervention through the use of short, recorded Parent Information and Education (PIE) modules on the benefits of natural environment
 practices and what their active participation in early intervention will look like
\*Training for existing EI Service Providers in how to implement family-guided routines based early intervention best practices with fidelity to coach/mentor/training parents at home
 visits
\*Training for existing EI Service Providers in how to coach/mentor/training childcare providers and provide service within classroom/childcare routines
\*Form a Leadership Team to Address Pre-Service Training for therapists, include college decision makers and decision makers from OT, PT, SLP state licensing boards so that core competencies needed to implement family-guided routines based early intervention practices are included in pre-service training

## Intro - OSEP Response

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the State that it 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. The State provided the required information.

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

OSEP notes that one or more of the overall state attachment(s) included in the State’s FFY 2021 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 88.62% | 92.36% | 92.32% | 86.78% | 87.05% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 500 | 595 | 87.05% | 100% | 90.92% | 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.***

41

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

Information about Exceptional Family Circumstances must be recorded in the child record. The most common reasons were child or family illness, missed appointments by the family, or other scheduling challenges.

Reasons for delay not related to Exceptional Family Circumstances were identified via a review of data entered into child records in the database. An anonymous survey of EI providers, the AICC, and First Connections’ staff to identify program reasons for delay identified common reasons for delay as EI Provider staffing issues due to prolonged absences from work due to COVID-19 illnesses and inefficient local procedures around obtaining the required prescription for a service or services from the child’s primary care physician (PCP),

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

The Program’s OSEP-approved Policies and Procedures define timely receipt of services as “as soon as possible but no later than 30 days after parent consent.” Parent consent for a service or services is measured as the date of parent signature on the IFSP.

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

State database

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

February 1, 2022 - April 30, 2022, to represent selection from the FFY 2021.

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

FFY 2021 APR data for Indicator 1 from the period of February 1, 2022- April 30, 2022 was collected by the First Connections Comprehensive Data System (CDS) and includes all areas within the state, all provider types, and all categories of program-eligible Part C infants and toddlers in the program. Each EIS Provider Program receives their data for verification and submission to the Lead Agency. Arkansas’ Data Manager compared this data to data for the full FFY 2021 and verifies that it is representative.

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

As a result of DMS 2.0 Monitoring, the State developed new internal procedures to incorporate findings from the review of local provider program data as reported in the APR when issuing annual Local Program Determinations. Once reviewed and approved by OSEP, the State will implement procedures as part of annual Local Program Determinations so that Findings of Noncompliance are issued on APR data when that data does not meet 100%. The Provider Program will be required to correct all instances of noncompliance at the child record level unless a specific child is no longer under the jurisdiction of the program. The Provider Program’s assigned monitor (from the Lead Agency) will review corrections of noncompliance at the individual child record level to verify that the correction has been made. After verification of all identified instances of noncompliance, the Lead Agency will pull Provider Program data from the State-approved database to ensure that the Provider Program data demonstrates 100% compliance at the local level in accordance with OSEP Memorandum 09-02: Reporting on Correction of Noncompliance in the Annual Performance Report Required under Sections 616 and 642 of the Individuals with Disabilities Education Act (October 17, 2008).

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

To verify that the EI Provider Program is meeting Indicator 1 requirements related to noncompliance, a review of updated data subsequently collected through the state data system and reviewed by First Connections’ monitors verified that the EI Provider Program is correctly implementing the Indicator 1 Timely Services requirement (i.e., achieved 100% compliance) consistent with OSEP Memo 09-02.

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

To verify correction of non-compliance of the finding identified in FFY 2019, the Lead Agency verified that the EI Provider Program corrected each individual case of noncompliance by reviewing the child record to determine that the EIS program completed the required action (initiation of services), although later than 30 days.

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. 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.

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

Verifying correction of non-compliance identified in FFY 2019:

To verify correction of non-compliance of the finding identified in FFY 2019 through regularly scheduled EI Provider Program monitoring, the Lead Agency verified that the EI Provider Program corrected each individual case of noncompliance by reviewing the child record to determine that the EIS program completed the required action (initiation of services), although later than 30 days. A review of updated data subsequently collected through the state data system verified that the EI Provider Program is correctly implementing the Indicator 1 Timely Services requirement (i.e., achieved 100% compliance) consistent with OSEP Memo 09-02.

Explanation of why the State did not identify any findings of noncompliance in FFY 2020:

Data for Indicator 1 reported on the SPP/APR is Statewide from Feb 1, 2022 - April 30, 2022 to represent the full Federal Fiscal Year. SPP/APR data is pulled from the program’s data base for the purpose of annual reporting. Although the State’s Indicator 1 data is less than 100% compliance, monitoring of EI Provider Programs in FFY 2020 conducted through in-depth remote review of a sampling of child records selected randomly from the State data base did not identify a finding of non-compliance with Indicator 1 Timely Services; 100% of child records reviewed received IFSP service(s) within 30 days of parent consent or had documentation of an Exceptional Family Circumstance and the commencement of services as soon as the Family Circumstance was resolved.

The State’s point in time monitoring of EI Provider Programs aligns with guidance provided in the OSEP FAQ document titled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), (September 3, 2008), Item #9 regarding the option for a State to 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.

Additional Clarification:
As part of DMS 2.0 monitoring the State was issued a finding regarding the identification of noncompliance (and verification of noncompliance) reflected in APR data. The State received written notice of the Finding on January 12, 2023. The written notice can be viewed here: https://www2.ed.gov/fund/data/report/idea/partcdmsrpts/dms-ar-c-2022-report-01-12-2023.pdf
In that notice, OSEP notes that the State’s mechanism for monitoring does not identify or track noncompliance in the data presented in the State’s SPP/APR but carries out monitoring via a random sampling of child records.

As part of the Required Actions outlined in the written notice, the State developed new internal procedures/guidance on how the State would identify and verify correction of noncompliance reflected in the APR data at both the individual child record level and at the EI Provider program level in a manner consistent with OSEP memo 09-02. The newly developed process for reporting noncompliance, correction, and verification of reflected in the State’s APR data has been submitted for OSEP review within the 90-day Required Actions timeline (April 12, 2023). These procedures are currently under review by OSEP, and the State is awaiting feedback.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because the State’s process for monitoring EI Provider Programs in FFY 2020 was carried out through in-depth remote review of a sampling of child records selected randomly from the State database, and the results of that monitoring did not identify a finding of non-compliance with Indicator 1 Timely Services. Because no findings were identified through the State’s process of monitoring, there was no verification of correction of non-compliance with Indicator 1 Timely Services because no instances of noncompliance were identified through monitoring conducted in FFY 2020 and no findings were issued.

## 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, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2020 data for this indicator reflected less than 100% compliance.  The State reported that it did not identify any findings of noncompliance in FFY 2020 because "monitoring of EI Provider Programs in FFY 2020 was carried out through in-depth remote review of a sampling of child records selected randomly from the State database, and the results of that monitoring did not identify a finding of non-compliance with Indicator 1 Timely Services." OSEP notes that in its January 12, 2023 monitoring report, OSEP concluded that the State’s SPP/APR reporting and monitoring systems did not identify or track noncompliance with IDEA requirements reflected in the subset of data presented in the State’s SPP/APR. Further, OSEP found that the State did not report on the identification and the verification of correction of noncompliance reflected in its SPP/APR data consistent with its reporting responsibilities. OSEP is reviewing documents the State has submitted to address the findings identified in the monitoring report and will respond under separate cover.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 79.00% | 82.00% | 85.00% | 85.00% | 95.00% |
| Data | 83.91% | 90.16% | 94.61% | 97.27% | 97.03% |

**Targets**

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

**Targets: Description of Stakeholder Input**

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,193 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 1,218 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,193 | 1,218 | 97.03% | 95.50% | 97.95% | Met target | No Slippage |

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

N/A

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2008 | Target>= | 63.00% | 64.00% | 65.00% | 65.50% | 75.00% |
| **A1** | 56.00% | Data | 86.36% | 79.70% | 75.75% | 79.10% | 85.43% |
| **A2** | 2008 | Target>= | 31.50% | 31.75% | 32.00% | 32.25% | 40.00% |
| **A2** | 24.00% | Data | 47.90% | 51.47% | 47.02% | 46.97% | 41.76% |
| **B1** | 2008 | Target>= | 62.75% | 62.75% | 63.00% | 63.25% | 70.00% |
| **B1** | 53.00% | Data | 87.28% | 73.56% | 70.54% | 72.47% | 77.57% |
| **B2** | 2008 | Target>= | 33.00% | 33.00% | 34.00% | 34.25% | 30.00% |
| **B2** | 20.00% | Data | 40.81% | 42.76% | 37.60% | 32.00% | 28.45% |
| **C1** | 2008 | Target>= | 63.00% | 63.00% | 63.25% | 63.50% | 75.00% |
| **C1** | 56.00% | Data | 87.95% | 75.56% | 70.89% | 77.12% | 81.58% |
| **C2** | 2008 | Target>= | 33.00% | 33.00% | 34.00% | 34.25% | 40.00% |
| **C2** | 22.00% | Data | 49.35% | 47.72% | 39.34% | 40.26% | 36.13% |

**Targets**

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

 **FFY 2021 SPP/APR Data**

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

713

**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 | 5 | 0.70% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 168 | 23.56% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 209 | 29.31% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 257 | 36.04% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 74 | 10.38% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 466 | 639 | 85.43% | 75.50% | 72.93% | Did not meet target | 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 | 331 | 713 | 41.76% | 40.50% | 46.42% | Met target | No Slippage |

**Provide reasons for A1 slippage, if applicable**

During the FFY 2021 reporting period, the Lead Agency implemented use of a new State-approved tool for IFSP teams to use to conduct COS ratings and anticipated that through use of the MEISR-COS along with an updated Decision Tree flowchart, that 1-7 number ratings would be more accurate (and children rated using this tool would receive lower rating scores).

**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 | 2 | 0.28% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 159 | 22.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 292 | 40.95% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 225 | 31.56% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 35 | 4.91% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 517 | 678 | 77.57% | 70.50% | 76.25% | 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 | 260 | 713 | 28.45% | 30.50% | 36.47% | Met target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 2 | 0.28% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 173 | 24.26% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 234 | 32.82% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 244 | 34.22% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 60 | 8.42% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 478 | 653 | 81.58% | 75.50% | 73.20% | Did not meet target | 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 | 304 | 713 | 36.13% | 40.50% | 42.64% | Met target | No Slippage |

**Provide reasons for C1 slippage, if applicable**

During the FFY 2021 reporting period, the Lead Agency implemented use of a new State-approved tool for IFSP teams to use to conduct COS ratings and anticipated that through use of the MEISR-COS along with an updated Decision Tree flowchart, that 1-7 number ratings would be more accurate (and children rated using this tool would receive lower rating scores).

**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 | 1,395 |
| 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. | 682 |

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

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

YES

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

The State’s database is used to analyze and report data for Indicator 3.
The data reported represents all children served who received early intervention services for at least six months before exiting the Part C Program.

Indicator 3 data is collected in the field by the IFSP team, which includes the family, using the ECO COS process. IFSP teams conduct the COS rating at child entrance to the program prior to commencement of services, at annual IFSP review to assess child progress, and at child exit from the program.

The State’s criteria for defining “comparable to same-aged peers” aligns with ECTA resources on the 1-7 rating scale where a rating of 7 indicates that no member of the IFSP team has concerns about the child’s functioning in that outcome area because the child functions in age-expected ways across a variety of settings and situations or a rating of 6 indicates that the child’s functioning generally is considered appropriate for his or her age across settings and situations although there may be some concerns about the child’s functioning in the outcome area.

At the beginning of the FFY2020 reporting period, the State piloted use of the MEISR-COS tool in combination with the Decision Tree flow chart and ECTA skill bundles infographic/tip sheet for IFSP teams to use to complete the COS ratings. Use of the MEISR-COS allows results to be sorted by each of the Indicator 3 Outcomes (a, b, c) to support IFSP teams in conducting a more comprehensive review of child functioning by Outcome area when considering the 1-7 number rating. In the early portion of FFY 2021 use of the MEISR-COS to support completing the COS rating was implemented Statewide.

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

As a result of accessing national TA to improve Indicator 3 data (in 2022, following the 2022 APR reflecting FFY 2020 data), the Lead Agency convened an EI Provider Stakeholder group to conduct Root Cause Analysis and to propose strategies to improve Indicator 3 data to the Lead Agency. The EI Improving Outcomes Stakeholder Group (EIIOSG) is comprised of direct service providers of various disciplines and programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate weekly meetings of the EIIOSG and prepared group members to participate by highlighting and sharing the ECTA website’s Outcomes page and resources, including a DaSy/ECTA developed TA video explaining Indicator 3 data and the COS process. Group members were provided an anonymous IdeaBoard to post their questions after viewing the video and ECTA resources. Stakeholder questions were answered the following week by a national expert on Child Outcomes from SRI/DaSy/ECTA. The EIIOSG completed Root Cause Analyses and submitted proposed strategies to improve Indicator 3 data; the Stakeholder group’s strategies are reported in the Introductory section “Intro - Prior FFY Required Actions.”

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 86.00% | 88.00% | 90.00% | 90.25% | 79.50% |
| A | 59.00% | Data | 81.19% | 82.98% | 78.64% | 79.10% | 81.32% |
| B | 2006 | Target>= | 86.00% | 88.00% | 90.00% | 90.25% | 82.50% |
| B | ###C04BBASEDATA### | Data | 89.16% | 87.86% | 85.78% | 81.61% | 87.18% |
| C | 2006 | Target>= | 86.00% | 88.00% | 90.00% | 90.25% | 88.50% |
| C | 71.00% | Data | 89.16% | 86.95% | 85.01% | 80.83% | 87.18% |

**Targets**

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

**Targets: Description of Stakeholder Input**

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 2,078 |
| Number of respondent families participating in Part C  | 425 |
| Survey Response Rate | 20.45% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 351 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 361 |
| 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 | 345 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 362 |
| 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 | 359 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 361 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 81.32% | 80.00% | 97.23% | 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) | 87.18% | 83.00% | 95.30% | 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) | 87.18% | 89.00% | 99.45% | Met target | No Slippage |

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

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 22.63% | 20.45% |

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

In FFY 2021, the Lead Agency revised the ECO survey to shorten the survey from 6 pages to 4 pages (no questions were eliminated) and word the survey more simply to reduce the amount of reading in an effort to increase the response rate and reduce nonresponse bias. The Lead Agency mails paper surveys (English and Spanish) and also provides the survey online (English only), including a link to the online survey in the paper survey mail out. A strategy the Lead Agency will implement to continue to increase the response rate in underrepresented demographics is to have the online survey available in Spanish. During the COVID-19 pandemic, the Lead Agency collected email addresses of families the program serves; the collection of parent emails provided the opportunity for the Program to send families information about the Family Survey’s purpose and importance with a link to the online survey and invitation to share their perspective. Emails were sent to families for which an email address was recorded in the child record via “blind CC” to protect confidentiality. The Lead Agency developed a script to ensure that Program staff conducting telephone surveys with families clearly explained the purpose of the survey and how information from the survey would be used. Telephone surveys are used to ensure representatitveness when an area of under-representativeness (geographic or demographic) is identified through comparison of the Family Survey responses to Child Count Data. A strategy the Lead Agency plans to implement to increase survey response rate is to establish a “Parent Portal” within the program’s data base so that families have ongoing access to their child’s early intervention record. The Family Survey will be included within the parent portal and opened for families to complete at a set time.

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

The Program identified a need to make the survey easier for all families to participate. Revision of the survey included: adding the stated purpose and information about how information will be used to the first page, adding color to make the survey look “friendlier.” Other revisions to the survey included rephrasing survey questions in short, clear, more “plain language,” and dividing the survey into 4 sections in which each section has just a few questions so that it appears shorter and more manageable. The most significant edit to the survey involved incorporating a simpler way to respond by choosing 1 of 5 response options ranging from “not at all” to “completely” for every survey question. Stakeholders suggested that the 1-7 number rating was ambiguous, and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the former survey was “a lot of reading” that could exclude some families from participating. The revised answer options and reformatting shortened the survey from the original 6 pages to 4 pages (no ECO survey questions were omitted). Revision of the Family Survey based on Stakeholder input was carried out in an effort to reduce or eliminate nonresponse bias among certain demographics including parents with low education levels, lower socioeconomic status, and those whose primary language is not English.

The Lead Agency analyzes survey response data and compares it to Child Count data by county, race, and ethnicity to identify areas of under representation (geographically and demographically). This analysis guides the program in identifying which families will be contacted for telephone surveys to ensure representativeness. For example: if Child Count data shows that 10 children were served in a specific rural Arkansas county (6 White, 3 African American/ Black, 1 Latino) the Lead Agency will attempt to collect 10 survey responses from families in the same demographic proportions: 6 White, 3 African American/Black, 1 Latino family. The program makes use an Interpreter service to conduct phone surveys when needed.

**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.**

Race and ethnicity data of children the program serves is collected via parent report/self-identification as part of intake. This client demographic data is compared to the Family Outcomes Survey response data to ensure that survey responses are similar in demographics to the population the program serves. Survey responses are compared to the Child Count data by county to ensure adequate representation of respondents across the state. Survey response are compared to Child Count data by race and ethnicity so that the program can identify any under-representation (in survey responses) by demographic. Data on survey responses are analyzed by percentage of survey respondents by race/ethnicity to ensure that participation by race/ethnicity aligns with the Program’s Child Count data by race and ethnicity. For example, if Child Count data indicates that 18% of children served are African American/ Black, the program may implement strategies, such as phone interviews, to increase the response rate in an under-represented demographic in order to ensure representativeness so that 18% of survey responses are from African American/Black families.

**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).**

Arkansas measures representativeness by ensuring that there is no more than a +/- 7% discrepancy between the percentage of children served, by race, in the Child Count cumulative totals and the percentage of responding families, by race.

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

N/A

## 4 - Prior FFY Required Actions

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

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

Arkansas uses the ECO Family Survey with minor revisions/edits (revised copy submitted). The annual survey response rate in FFY 2021 was 20.45% which is not a statistically significant decrease (- 2.18%) from the FFY 2020 response rate of 22.63%. The State uses the ECTA response rate and representativeness calculator to determine if surveys received are representative of the population the program serves. Arkansas measures representativeness by ensuring that there is no more than a +/- 7% discrepancy between the percentage of children served, by race, according to the Child Count data’s cumulative totals and the percentage of responding families, by race. Survey responses represent the State in that every Arkansas county is represented. The survey response rate is representative of the Program’s client served demographics: 13.15% African American or Black (- 5.16%), .47% American Indian or Alaska Native (- .27%), 2.58% Asian (+1.1%), 71.36% White (+5.92%), .23% Native Hawaiian or Pacific Islander
(.02%), 10.09% Hispanic (+.32%), and 2.11% more than one race/non-Hispanic (-1.90%).

Arkansas does not use sampling. All families with children who had an IFSP for at least six months were offered the opportunity to submit a survey. The Lead Agency mails paper surveys and a letter/information about the survey to every family whose child received or is receiving services.
The paper survey includes a link to the online survey to provide families options for completing the survey. Emails were sent to families for which an email address was recorded in the child record via “blind CC” to protect confidentiality. Family Survey emails included a brief message with information about the Family Survey’s purpose and importance with a link to the online survey and invitation to share their perspective. Race and ethnicity data of children the program serves is collected via parent report/self-identification as part of the intake process. Family Survey responses are compared to Child Count data by county to ensure adequate representation of respondents across the state and analyzed by race/ethnicity to ensure that survey responses are similar in demographics to the population the program serves. This analysis guides the State in identifying any areas of under representation (geographically and demographically). If an area of under-representation is identified for a geographic area or for a demographic group, the Lead Agency will use program staff to conduct telephone surveys (of families in that geographic area and/or of that demographic group) to ensure representativeness. The program makes use of an Interpreter service to conduct phone surveys, when needed.

FFY 2021 Indicator 4 data demonstrates that renewed and better training of the Family Engagement Unit and Service Coordinators helped them to discuss and assist parents with understanding and knowing their rights, resulting in gains from 81.19% in FFY 2016 to 97.23% in FFY 2021 in Indicator 4a data. Efforts the program has made to prepare parents to participate in all aspects of early intervention, support routines-based IFSP development through the use of a functional child assessment (MEISR), and incorporating monitoring of IFSP quality into General Supervision monitoring can be seen in the increase from 89.16% in FFY 2016 to 95.30% in FFY 2021 in Indicator 4b. Implementation of SSIP strategies that ensure high quality, routines- based IFSPs, services in natural environments, and parent/caregiver coaching can be seen in improvements in Indicator 4c data from 89.16% at the beginning of SSIP implementation in FFY 2016 to 99.45% in FFY 2021.

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

(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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.48% | 0.49% | 0.50% | 0.51% | 0.60% |
| Data | 1.10% | 0.65% | 0.62% | 0.72% | 0.54% |

**Targets**

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

Targets: Description of Stakeholder Input

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 200 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 34,720 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 200 | 34,720 | 0.54% | 0.61% | 0.58% | Did not meet target | No Slippage |

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

The State was unsuccessful in meeting its established target but did not experience slippage in Indicator 5 which was undoubtedly impacted by the pandemic as identified in a Department of Health report regarding concerns about children birth to 20 months of age not receiving well-child checkups or meeting immunization schedules. The ongoing COVID crisis also impacted the ability of childcare programs to conduct developmental screenings due to pandemic policies preventing therapists or other professionals from entering facilities. Both physical referrals at well-child checkups and childcare referrals as a result of regular developmental screenings constitute a significant portion of the referrals for children under 1 year of age.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.50% | 1.80% | 1.90% | 1.91% | 0.90% |
| Data | 1.51% | 0.82% | 0.85% | 0.96% | 0.89% |

**Targets**

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

Targets: Description of Stakeholder Input

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 1,218 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 106,615 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,218 | 106,615 | 0.89% | 0.91% | 1.14% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 87.25% | 83.07% | 92.16% | 89.80% | 91.47% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 154 | 218 | 91.47% | 100% | 94.04% | 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.**

51

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

Delays not attributed to documented exceptional family circumstance that were documented in the State database by IFSP teams include provider staff shortages due to illness as a result of the COVID-19 pandemic, delays in obtaining signed consent for evaluation documents back from parents, also parents having difficulty with signing documents emailed to them or unable to sign electronically in a virtual meeting, inefficient local procedures, and the inability to conduct evaluations via teletherapy.

**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, 2022- March 31, 2022, to represent selection from the FFY 2021.

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

FFY 2021 APR data for Indicator 7 from the period of Jan 1, 2022- March 31, 2022 was collected by the First Connections Comprehensive Data System (CDS) and includes all areas within the state, all provider types, and all categories of eligible Part C infants and toddlers in the program. Each EIS Provider Program receives their Indicator 7 data for verification and submission to the Lead Agency. Arkansas’ Data Manager compared this data to data for the full FFY 2021 and verifies that it is representative.

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

As a result of DMS 2.0 Monitoring, the State developed new internal procedures to incorporate findings from the review of local provider program data as reported in the APR when issuing annual Local Program Determinations. Once reviewed and approved by OSEP, the State will implement procedures as part of annual Local Program Determinations so that Findings of Noncompliance are issued on APR data when that data does not meet 100%. The Provider Program will be required to correct all instances of noncompliance at the child record level unless a specific child is no longer under the jurisdiction of the program. The Provider Program’s assigned monitor (from the Lead Agency) will review corrections of noncompliance at the individual child record level to verify that the correction has been made. After verification of all identified instances of noncompliance, the Lead Agency will pull Provider Program data from the State-approved database to ensure that the Provider Program data demonstrates 100% compliance at the local level in accordance with OSEP Memorandum 09-02: Reporting on Correction of Noncompliance in the Annual Performance Report Required under Sections 616 and 642 of the Individuals with Disabilities Education Act (October 17, 2008).

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

To verify correction of non-compliance at the Provider Program level, the Lead Agency’s monitors reviewed updated data subsequently collected through the state data system to verify that the EI Provider Program with identified non-compliance in FFY2 2019 is correctly implementing the Indicator 7 45-Day Timeline requirement (i.e., achieved 100% compliance) consistent with OSEP Memo 09-02.

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

To verify correction of non-compliance of the finding identified in FFY 2019, the Lead Agency’s monitors verified that the EI Provider Program corrected each individual case of noncompliance by reviewing the child record(s) in which non-compliance had been identified in order to determine that the EIS program completed the required action (development of the initial IFSP within 45-days of the child’s referral), although later than 45 days.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. 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.

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

Verifying correction of non-compliance identified in FFY 2019:

To verify correction of non-compliance of the finding identified in FFY 2019 through regularly scheduled EI Provider Program monitoring, the Lead Agency verified that the EI Provider Program corrected each individual case of noncompliance by reviewing the child record to determine that the EIS program completed the required action (development of the initial IFSP within 45-days or the child’s referral), although later than 45 days. A review of updated data subsequently collected through the state data system verified that the EI Provider Program with identified non-compliance in FFY2 2019 is correctly implementing the Indicator 7 45-Day Timeline requirement (i.e., achieved 100% compliance) consistent with OSEP Memo 09-02.

Explanation of why the State did not identify any findings of noncompliance in FFY 2020:

Data for Indicator 7 reported on the SPP/APR is Statewide data from Jan 1, 2022- March 31, 2022 to represent the full Federal Fiscal Year. SPP/APR data is pulled from the program’s data base for the purpose of annual reporting. Although the State’s Indicator 7 data is less than 100% compliance, monitoring of EI Provider Programs in FFY 2020 conducted through in-depth remote review of a sampling of child records selected randomly from the State data base did not identify a finding of non-compliance with Indicator 7 45-Day Timeline Requirements; 100% of child records reviewed had an IFSP developed within 45-days of the child’s referral for early intervention or had documentation of an Exceptional Family Circumstance and IFSP developed as soon as the Family Circumstance was resolved.
The State’s point in time monitoring of EI Provider Programs aligns with guidance provided in the OSEP FAQ document titled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), (September 3, 2008), Item #9 regarding the option for a State to 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.

Additional Clarification:

As part of DMS 2.0 monitoring the State was issued a finding regarding the identification of noncompliance (and verification of noncompliance) reflected in APR data. The State received written notice of the Finding on January 12, 2023. The written notice can be viewed here: https://www2.ed.gov/fund/data/report/idea/partcdmsrpts/dms-ar-c-2022-report-01-12-2023.pdf
In that notice, OSEP notes that the State’s mechanism for monitoring does not identify or track noncompliance in the data presented in the State’s SPP/APR but carries out monitoring via a random sampling of child records.

As part of the Required Actions outlined in the written notice, the State developed new internal procedures/guidance on how the State would identify and verify correction of noncompliance reflected in the APR data at both the individual child record level and at the EI Provider program level in a manner consistent with OSEP memo 09-02. The newly developed process for reporting noncompliance, correction, and verification of reflected in the State’s APR data has been submitted for OSEP review within the 90-day Required Actions timeline (April 12, 2023). These procedures are currently under review by OSEP, and the State is awaiting feedback.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 for Indicator 7 because the State’s process for monitoring EI Provider Programs in FFY 2020 was carried out through in-depth remote review of a sampling of child records selected randomly from the State database, and the results of that monitoring did not identify a finding of non-compliance with Indicator 7 45-Day Timeline requirements. Because no findings were identified through the State’s process of monitoring, there was no verification of correction of non-compliance with Indicator 7 (45-day Timeline) because no instances of noncompliance were identified through monitoring conducted in FFY 2020 and no findings were issued.

## 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, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because "monitoring of EI Provider Programs in FFY 2020 was carried out through in-depth remote review of a sampling of child records selected randomly from the State database, and the results of that monitoring did not identify a finding of non-compliance with Indicator 7 45-Day Timeline Requirements." OSEP notes that in its January 12, 2023 monitoring report, OSEP concluded that the State’s SPP/APR reporting and monitoring systems did not identify or track noncompliance with IDEA requirements reflected in the subset of data presented in the State’s SPP/APR. Further, OSEP found that the State did not report on the identification and the verification of correction of noncompliance reflected in its SPP/APR data consistent with its reporting responsibilities. OSEP is reviewing documents the State has submitted to address the findings identified in the monitoring report and will respond under separate cover.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 90.97% | 99.26% | 99.61% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 367 | 444 | 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.**

77

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

In FFY 2021, COVID-19 child or family illnesses attributed to cancellations or missed meetings (Exceptional Family Circumstances.

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

State database

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

Data for Indicator 8a is collected for the full reporting period of 7/1/2021-6/30/2022.

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

All available data for the full reporting period is reported.

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

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

Specific actions taken by the State to verify correction of noncompliance at the child record level in each instance of identified noncompliance for Indicator 8a included the EI Provider program’s assigned monitor verifying correction by looking at the child record(s) in which non-compliance was identified to determine that the child did receive a transition plan with steps, although later than 90 days prior to the 3rd birthday.

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

Verification of correction of noncompliance of each individual case at the local Provider Program level involved the EI Provider’s assigned monitor conducting a random record review of “transition aged” children served by the EI Provider program to identify that that Transition Plans are developed within Indicator 8a expectation and timelines (100% compliance in follow up review) as per OSEP Memo 09-02.

## 8A - Prior FFY 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.

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

Specific actions taken by the State to verify correction of noncompliance at the child record level in each instance of identified noncompliance include the EI Provider program’s assigned monitor verifying correction by looking at the child record(s) in which non-compliance was identified to determine that the child did receive a transition plan with steps, although later than 90 days prior to the 3rd birthday.
Verification of correction of noncompliance at the local Provider Program level involved the EI Provider’s assigned monitor conducting a random record review of “transition aged” children served by the EI Provider program to identify that that Transition Plans are developed within Indicator 8a expected timelines as per OSEP Memo 09-02.

A review of State data for FFY2019 and FFY2018 reflect compliance over 99% for this indicator. As such issues of noncompliance related to this indicator were considered isolated incidents and not indicative of systemic issues or longstanding noncompliance. Subsequently, review of state data for FFY2021 and FFY2020 both reflected 100% compliance demonstrating (individual and program level) correction and sustained compliance in supporting children and families in the development of a transition plan prior to 90 days before the child's third birthday.

## 8A - OSEP Response

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.28% | 100.00% | 99.61% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 367 | 444 | 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.**

77

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

N/A

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

The Lead Agency pulls quarterly SEA report from the state database and sends it to the SEA (the Arkansas Department of Education) quarterly in January, April, July, and October. The Lead Agency also pulls the LEA reports from the state database and sends the LEA report quarterly (January, April, July, October) to each LEA. The Lead Agency defines “potentially eligible” as any child receiving early intervention services (active IFSP) between 30 and 33 months of age. Therefore, the SEA report and LEA reports include every child with an active IFSP residing in the LEA’s catchment area who may be “potentially eligible” for services under IDEA, Part B-619. When the report is pulled, the data system marks the record of each child included on the report as “sent” and this data is collected for Indicator 8b.

**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).**

Data for Indicator 8b is collected for the full reporting period (7/1/2021-6/30/2022).

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

All available data for the full reporting period is reported.

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

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

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

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

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

## 8B - Prior FFY 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.

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

Specific actions taken by the State to verify correction of identified noncompliance for Indicator 8b reported in the FFY 2018 SPP/APR include verifying correction remotely through child record review in the database to verify correction at the individual child level in each instance in which a child did not have the LEA notice sent at least 90 days prior to the 3rd birthday that the the EI Provider program did send the LEA Notification for each child involved, albeit later than 90 days prior to the 3rd birthday. The State verified correction of identified noncompliance at the local program level by conducting a random record review (remotely through use of the State data system) of “transition aged” children served by the EI Provider program to verify that LEA Notifications are sent within Indicator 8b expected timelines. The State verified correction at both the individual child level and the local program level as per OSEP Memo 09-02.

To ensure 100% compliance Statewide, in FFY 2019-FFY 2021, the Lead Agency elected to send all notifications rather than EI Provider Program service coordinators. As a result, Indicator 8b data has been at 100% for FFY 2019, 2020, and 2021, demonstrating sustained compliance.

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 93.63% | 90.33% | 96.48% | 89.41% | 92.33% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 329 | 457 | 92.33% | 100% | 91.44% | 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.**

13

**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.**

77

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

The ongoing COVID-19 crisis impacted IFSP team’s ability to convene and also created situations where Transition Conference meetings would have to be rescheduled due to EI Provider illness or illness of Part C service coordinator and/or Part B representatives (not able to be counted as an “Exceptional Family Circumstance.”

**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).**

Data for Indicator 8c is collected for the full reporting period (7/1/2021-6/30/2022).

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

All available data for the full reporting period is reported.

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

As a result of DMS 2.0 Monitoring, the State developed new internal procedures for review of data reported in the APR on the Local Provider Program level when issuing annual Local Program Determinations. Once reviewed and approved by OSEP, the State will implement procedures as part of annual Local Program Determinations so that Findings of Noncompliance are issued on APR data when that data does not meet 100%. The Provider Program will be required to correct all instances of noncompliance at the child record level unless a specific child is no longer under the jurisdiction of the program. The Provider Program’s assigned monitor (from the Lead Agency) will review corrections of noncompliance at the individual child record level to verify that the correction has been made. After verification of all identified instances of noncompliance, the Lead Agency will pull Provider Program data from the State-approved database to ensure that the Provider Program data demonstrates 100% compliance at the local level.

As a result of the 2021 State Determination (reflecting FFY 2019 SPP/APR data) the Lead Agency engaged Stakeholders of the AICC, EI providers, and related agencies in July of 2021 to request input from Stakeholders to identify barriers to timely transition conferences and to propose solutions to ensure that Transition Conferences are carried out within Indicator 8c expected timelines and requirements. As a result of stakeholder input to identify barriers and to propose solutions, the Lead Agency took the following actions: meetings with ECTA and Part B-619 to review the Inter-Agency Agreement and revise/refine the agreement to support cross agency collaboration to improve Transition, Part C and Part B-619 joint development of a Transition FAQ document that is sent to ECSE Coordinators with each Quarterly LEA Notification, , and cross agency collaboration to plan regional Part C and Part B-619 joint training and team building sessions across the state.

As a result of the 2022 State Determination (reflecting FFY 2020 SPP/APR data) the State solicited input from EI Provider stakeholders to identify barriers to timely Transition Conferences and proposed solutions and/or identified needs via anonymous survey. The Agency also shared OSEP and OHS (OHS) memo on IDEA services in EHS/HS (October 5, 2022) and the GUIDANCE ON CREATING AN EFFECTIVE MEMORANDUM OF UNDERSTANDING TO SUPPORT HIGH-QUALITY INCLUSIVE EARLY CHILDHOOD SYSTEMS document outlining guidance on effective transition through collaboration with Head Start Programs. A panel shared information with and answered questions from the AICC in the October 2022 quarterly Interagency Council meeting. The Transition Panelists included the Part C Coordinator, Part B-619 Coordinator, the Director of Special Education (Part B), the State’s Head Start Director, and LEA representatives who shared from perspectives “what’s working” and “not working” to support smooth and timely transition for children transitioning from the Part C program at age 3. As a result of the panel discussion, the Agency provided each LEA with the area map of Part C service coordinators and their contact information to facilitate collaboration across programs and will continue to look for ways to improve collaboration to support effective and timely transition conferences to improve Indicator 8c data.

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

Verification of correction of noncompliance at the local EI Provider Program level for Indicator 8c in FFY 2019 involved verification of correction through subsequent data review in the database to identify that the EI Provider met Indicator 8c (Transition Conference) requirements in accordance with OSEP Memo 09-02.

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

Verification of correction of each instance of noncompliance at the individual child record level involved remote record review (in the State data system) of “transition aged” children served by the EI Provider program to ensure that Transition Conferences were conducted (albeit later than 90 days for any child still within the program’s jurisdiction).

The Lead Agency verified findings of noncompliance reported in FFY 2019 at both the individual child level and at the local Provider Program level in this way in accordance with OSEP Memo 09-02.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. 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.

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

Verification of correction of non-compliance reported in FFY 2018 and FFY 2019:

Specific actions the State took to verify correction of noncompliance for Indicator 8c involved verification of correction (at the individual child record level) remotely through child record review in the database to identify that the EI Provider conducted the Transition Conference for each child in which noncompliance was identified, albeit later than 90 days prior to the child’s 3rd birthday. Verification of correction at the local EI Provider Program level required remote record review (in the State data system) of “transition aged” children served by the EI Provider program to ensure that Transition Conferences were conducted within Indicator 8c timelines. The Lead Agency verified findings of noncompliance reported in FFY 2018 and FFY 2019 at both the individual child level and at the local Provider Program level in this way in accordance with OSEP Memo 09-02.

Explanation of why the State did not identify any findings of noncompliance in FFY 2020:

Data for Indicator 8c reported on the SPP/APR is Statewide data from the full Federal Fiscal Year. SPP/APR data is pulled from the program’s data base for the purpose of annual reporting. Although the State’s Indicator 8c data is below 100% compliance, monitoring of EI Provider Programs in FFY 2020 conducted through in-depth remote review of a sampling of child records selected randomly from the State data base did not identify a finding of non-compliance with Indicator 8c Transition Conference requirements; 100% of child records monitored had a Transition Conference convened no later than 90 days prior to the child’s 3rd birthday or had documentation of parent refusal or documentation of an Exceptional Family Circumstance. In instances of Exceptional Family Circumstances, the Transition Conference was convened as soon as the Family Circumstance was resolved.
The State’s point in time monitoring of EI Provider Programs aligns with guidance provided in the OSEP FAQ document titled IDEA – FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR), (September 3, 2008), Item #9 regarding the option for a State to 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.

Additional Clarification:
As part of DMS 2.0 monitoring the State was issued a finding regarding the methods the State used to carry out Local Provider Program monitoring through random record review of a sampling of child records which did not identify all instances of noncompliance in the data reported on the APR. The State received written notice of a Finding on January 12, 2023. The written notice can be viewed here: https://www2.ed.gov/fund/data/report/idea/partcdmsrpts/dms-ar-c-2022-report-01-12-2023.pdf
In that notice, OSEP notes that the State’s mechanism for monitoring does not identify or track noncompliance in the data presented in the State’s SPP/APR but carries out monitoring via a random sampling of child records.

As part of the Required Actions outlined in the written notice, the State developed new internal procedures/guidance on how the State would identify and verify correction of noncompliance reflected in the APR data at both the individual child record level and at the EI Provider program level in a manner consistent with OSEP memo 09-02. The newly developed process for reporting noncompliance, correction, and verification of reflected in the State’s APR data has been submitted for OSEP review within the 90-day Required Actions timeline (April 12, 2023). These procedures are currently under review by OSEP, and the State is awaiting feedback.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 for Indicator 8c through its process for monitoring EI Provider Programs in FFY 2020 which was carried out through in-depth remote review of a sampling of child records selected randomly from the State database. The results of FFY 2020 random record review did not identify a finding of non-compliance with Indicator 8c (Transition Conference). Because no findings were identified through the State’s process of monitoring in FFY 2020, there was no verification of correction of non-compliance with Indicator 8c (Transition Conference) because no instances of noncompliance were identified through monitoring conducted in FFY 2020 and no findings were issued.

## 8C - OSEP Response

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because "monitoring of EI Provider Programs in FFY 2020 carried out through in-depth remote review of a sampling of child records selected randomly from the State database, and the results of that monitoring did not identify a finding of non-compliance with Indicator 8c Transition Conference requirements." OSEP notes that in its January 12, 2023 monitoring report, OSEP concluded that the State’s SPP/APR reporting and monitoring systems did not identify or track noncompliance with IDEA requirements reflected in the subset of data presented in the State’s SPP/APR. Further, OSEP found that the State did not report on the identification and the verification of correction of noncompliance reflected in its SPP/APR data consistent with its reporting responsibilities. OSEP is reviewing documents the State has submitted to address the findings identified in the monitoring report and will respond under separate cover.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 0 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 0.00% | 0.00% | 0.00% | .00% | .00% |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 2021. 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  | .00% | .00% |
| Data |  |  |  |  |  |

**Targets**

| **FFY** | **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% |

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target (low)** | **FFY 2021 Target (high)** | **FFY 2021 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 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

Arkansas’ State-identified Measurable Result is a Family Outcome (Indicator 4c), “Parents report that early intervention helped them know how to help their child 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.**

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

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
|  |  | 87.18% | 89.00% |  | N/A | N/A |

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

APR Indicator 4c data as collected through family survey

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

APR Indicator 4c data is collected via anonymous Family Survey mailed out and offered as an online survey option. All families with children who had an IFSP for at least six months are offered the opportunity to complete the survey.
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 to ensure representativeness from every county and across demographics that align with the demographics of families and children the program serves. Responses in which families reported that their participation in the early intervention program helped them know how to help their child learn and develop (Indicator 4c) are divided by the total number of responses in which families report that early intervention did not help them know how to help their child learn and develop to arrive at a percentage. 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 to assess progress in SSIP implementation and change of practice includes IFSP quality rating data. IFSP quality (well-developed, family-centered, child- participation goals and objectives) are assessed using the IFSP-Outcome Assessment (OAT) Tool from The Ohio State University Nisonger Center, developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. (2014). This data is collected by pulling random samples of IFSPs developed during the reporting period. IFSP Quality Ratings from the SSIP cohort groups are compared to IFSP Quality Ratings from random samples across the State as a whole (minus the cohort groups). IFSP Quality is a key strategy to reaching the SiMR in that a family-friendly IFSP supports parents in using the plan to increase their child’s participation in typical child/family preferred activities and daily routines and will therefore know how to help their child learn and develop.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://dhs.arkansas.gov/dds/firstconnectionsweb/PDFs/provider\_reports/SSIP%20Phase%20III%20(3).pdf

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

NO

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

See Attachment for Strategy by Infrastructure area. (Exceeded character limit).

**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.**

In the ToA area of “Knowledge,” the Program achieved the short-term infrastructure improvement strategy of redesigning the Program’s web site to be more accessible and more family friendly (site will be launched in next reporting period). Achievement of this short-term outcome is necessary for sustainability of improvement efforts focused on preparing families to participate in early intervention and remarketing the program to referral sources. The Program has informed stakeholders by provided ongoing updates to the State ICC. In this infrastructure area, the Program has achieved an intermediate outcome that supports parent participation in early intervention through the creation of a one sign documents page within the new data system similar to those used by mortgage companies, banks/lenders, etc. This strategy is necessary for the achievement of the SiMR because an identified barrier to accessing early intervention services is inability to obtain documentation of parent consent (on a signed consent form) for evaluation or service due to delays or issues in postal service, lost documents, or other issue impacting a parent’s ability to complete and return paperwork sent via traditional mail.

In the ToA area of “Policy,” the Program achieved the short-term outcome of working with DaSy and contracted IT developers to develop a new data system around reporting needs, SSIP Strategies, and Provider Stakeholder group input. The new data system will be critical to sustaining improvement efforts and scale-up. Implementation of the new data system during the next reporting period will support system change to achieve the SiMR by increasing the response rate of families participating in the Family Survey (improved Indicator 4 data), preparing families to participate in early intervention through key features in the Parent Portal, and by ensuring IFSP goals and objectives are family-focused and routines-based. EI Provider Stakeholders have been involved throughout the process; a small Provider Focus Group was created to inform developers of what therapists needed or would like to have included in the areas of the data system where evaluation results and delivered services notes are entered into the child record. During the data system testing phase, a Provider Stakeholder Group was formed to test items and share their “in the field” perspective to provide input on what worked/didn’t work for them and any ways to make the new system more user friendly for direct service providers. The Program has informed stakeholders of progress by provided ongoing updates to the State ICC and by sending out updates to EI Providers.

In the ToA area of “Training/Professional Development,” the Program achieved the short-term outcome of training the members of 2nd cohort in implementing best practices for intake and renaming this meeting the “Family Engagement Meeting.” These strategies support system change away from a clinical/medical model (in the name change of the meeting). Ensuring families receive clear, accurate, and uniform information about the program, the process, and their active role in early intervention is necessary for achievement of the SiMR. The program informs stakeholders in quarterly updates to the State ICC, in the annual SSIP report, and in monthly meetings of the members of the 2nd cohort.

In the ToA area of “Quality Assurance/Monitoring,” the Program achieved the short-term outcome of changing the schedule of EI Provider Program “traditional monitoring” through in-depth record review to collect baseline data by monitoring every EI Provider Program. Programs meeting all requirements in this monitoring cycle move to an every other year cycle and will complete a self-assessment/desk audit in their non-monitored years. Provider Programs not meeting all requirements will be monitored annually until they receive a monitoring rating of “meets all requirements.” This strategy supports system change by incentivizing high quality and compliance and is necessary for both the achievement of the SiMR and for the sustainability of systems improvement efforts.

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

NO

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

In the ToA area of “Knowledge,” the improvement strategy of developing short, informational parent education modules in collaboration with Partners for Inclusive Communities is anticipated to prepare parents to participate in early intervention and understand their active role. When parents are active participants throughout their early intervention experience, they know their rights and how to advocate for their child and family and they gain skills to know how to help their child develop and learn (the SiMR).

In the ToA area of “Policy,” the infrastructure improvement strategy of requiring a certification for individuals serving as Evaluation Interpreters is anticipated to improve support to families in developing family-centered IFSPs around child and family routines, interests, and family priorities. When individuals serving as Evaluation Interpreter have the tools and core competencies to be active and vital members of IFSP teams to participate in completion of the COS rating, the Lead Agency anticipates that COS ratings will be more accurate (improving Indicator 3 data).

In the ToA area of “PD/TA/Training,” the infrastructure improvement strategy of launching an online asynchronous professional development platform is anticipated to support early intervention professionals in implementing EBPs and best practices through 24/7 access to ongoing professional development, certification courses, and a TA/topic library. With recorded courses available to providers, First Connection’s CSPD will have more time to develop new training to meet program-identified needs and Provider requests as well as more time to evaluate results of training with an expected outcome of (a) more highly trained staff and providers and (b) higher quality TA and ongoing professional development.

In the ToA area of “Quality Assurance/Monitoring,” the infrastructure improvement strategy of tying a percentage of EI Provider Program’s annual allocation to quality (and increasing the percentage each fiscal year) is anticipated to help shift the focus from compliance to both compliance and quality and incentivize implementation of key SSIP strategies such as use of natural environment practices and developing high quality IFSPs. These strategies are critical because they support families in knowing how to help their child learn and develop (the SiMR).

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

The Evidence-based practices the State intends to implement according to the SSIP are the Division of Early Childhood (DEC) Recommended Practices.

The Program focused on implementation of four DEC Recommended Family Practices during this reporting period:

1. Practitioners provide the family with up-to-date, comprehensive, and unbiased information in a way that the family can understand and use to make informed choices and decisions.
2. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
3. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
4. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

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

1. First Connections’ new Web site ensures that families have access to information at times/places convenient to them and in more family- friendly and engaging formats. Use of a well-trained Family Engagement Unit ensures that families receive clear, accurate program information, information about the steps and process, and understand their active role in early intervention.
2. Statewide implementation of the MEISR supports practitioners in helping families understand the importance of child engagement in early learning and provides clear information to families about their child’s level of independence in completing tasks within common ordinary activities. Parents are supported by their EI team in developing plans around the things they typically do and/or want to do and how they’d like for their child to participate. Statewide implementation of the use of Dr. Robin McWilliam’s outcome formula for IFSP goals and objectives ensures that parents have a plan written in family-friendly language with contextualized goals and objectives.
3. Reorganization of program staff into regional teams supports families in accessing services, supports, and information outside of Part C as Regional State Staff Service Coordinators partner with Family Engagement Specialists to identify available resources requested by families and make referrals for families, when appropriate and approved by the family.
4. Mini grants provided by the Lead Agency supported EI Provider Programs in obtaining PPE to protect families and children and the EI direct service providers. An additional mini grant supported EI Provider Programs in obtaining equipment to develop a lending library of tablets or similar devices to support family access to virtual services/tele-intervention.

**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.**

1. When families receive clear, accurate program information, information about the steps and process, and understand their active role in early intervention, they are better prepared to participate in early intervention. When families are actively participating in all aspects of early intervention, family outcomes improve and families know how to help their child learn and develop.
2. When IFSPs are developed to reflect the thing families already do and/or want to do, are worded in everyday language and clearly describe how the child will participate in a typical activity, and are measurable in real-world ways, parents will know how to help their child learn and develop within the context of daily activities.
3. When families’ needs are met, they are better able to be active participants in early intervention services and feel confident and competent to support their child’s early learning and development.
4. When families are able to participate in early intervention in ways that work for their child and family, they will have the skills and knowledge needed to know how to support their child’s development and early learning.

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

1. Improvements in Indicator 4a data (Parents know their rights) demonstrates effective implementation of the recommended practice of providing families with up-to-date, comprehensive, and unbiased information to make informed choices and decisions.

2. IFSP Quality ratings of the SSIP cohort groups completed through random recent record review assess the functionality of IFSP outcomes based on family-identified priorities and concerns and the child's strengths, needs, and interests. Consistently high IFSP Quality ratings of the SSIP cohort groups demonstrates effective implementation of the EBP to work together with families to develop individualized plans and implement practices that address the family's priorities and concerns and the child's strengths and needs.
3. The annual family survey (to collect data for Indicator 4 reporting) includes the question, “We are able to help our child take care of his/her needs.” Analysis of respondent’s answers to this question is used to measure fidelity of implementation of the recommended practice to work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
4. The annual family survey (to collect data for Indicator 4 reporting) includes the question, “We are able to work on our child’s goals during everyday routines.” Analysis of respondent’s answers to this question is used to measure fidelity of implementation of the recommended practice to be responsive to the family's concerns, priorities, and changing life circumstances.

**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.**

Improvements in State-level Indicator 4b and 4c data support the decision to continue the ongoing use of each of the 4 evidence-based practices (DEC Recommended Family Practices) implemented during this reporting year. In addition, the program conducted progress monitoring of each cohort group through in-depth review of randomly selected child records (in the data system) and identified improvements that include well-developed IFSPs that align with family priorities and concerns, Family Outcome (goal) on each IFSP, action steps (objectives) clearly linked to daily routines and preferred child/family activities. Review of evaluation data and information from SSIP Phase I and Phase II Theory of Action [TOA], improvement strategies/plan, SiMR, and evaluation plan supports the next steps identified for the SSIP both for infrastructure activities and evidence-based practices.

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

1. The next step that will ensure that parents are prepared to participate in early intervention includes deployment of the Parent Portal in the new data system as well as brief, engaging Parent Information and Education (PIE) video modules on topics such as “Benefits of Natural Environment Practices,” “Your Active Role in Early Intervention,” “Determining Program Eligibility as a Team,” “IFSP Development,” “How to Disagree and Your Rights in a Dispute,” and “Preparing for Transition.” The anticipated outcome is that when parents are prepared to participate fully in early intervention at each step in the process, they will and have accurate information to make informed decisions to advocate for their child and family and as a result be able to help their child learn and develop.
2. The next step will be identifying national resources available to train EI Providers in DEC Recommended Instructional Practices as well as Teaming and Collaboration so that they have the knowledge and skills needed to coach parents and other caregivers and embed intervention within typical child/family activities. The anticipated outcome is to have identified national expert(s) and/or trainer(s) who could conduct this training.
3. The next step will be training EI Provider Service Coordinators in supporting families in accessing identified resources through cross agency collaboration similar to that piloted in the Collaborative Partnership Initiative. The anticipated result is a series of trainings developed to reach this goal.
4. Next step is for the 1st cohort group to implement a parent virtual services pilot to collect data on the benefits to parents’ knowledge and skills through tele-intervention. The anticipated result is that providers supported with the tools to implement a successful tele-intervention practice and parents participating through tele-intervention will have the skills to help their child learn and develop.

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

YES

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

Improvements in Indicator 4b and 4c data and IFSP Quality rating data support the decision to continue implementation of the SSIP without modifications to the plan.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

First Connections engages stakeholders in setting SPP/APR targets in live and recorded Webinars that describe each Indicator and explaining how data for each Indicator is collected, displaying current data through the use of data visuals or infographics. The program shares trend data in charts demonstrating multiple years’ targets and actual data to inform stakeholder decisions about robust but achievable targets. First Connections provides this information to the AICC, EI Providers and program staff, referral sources, families, and other stakeholders in live webinars and records those webinars for later viewing for those unable to attend. The Webinars include a link to an anonymous survey so that Stakeholders may provide input on setting targets for the APR Results Indicators and to propose solutions to improving data and results for children and families. 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. To increase referrals for Indicator 6 and to address the large number of young children referred directly to day habilitation centers or to private outpatient therapy instead of the State’s Part C program, First Connections collaborates with the PTIC, the Arkansas Academy of Pediatrics, the Title V Children with Chronic Health Conditions program, EHDI, and MIECHV Home Visiting programs. First Connections continues to implement SSIP strategies to “remarket the program” and collaborates with a birth to five State Leadership Team on Early Childhood Inclusion to raise awareness of the benefits of inclusive settings for young children with disabilities.

First Connections collaborated with EI Provider Stakeholders to conduct Root Cause Analyses to propose strategies to improve outcomes for children and families to the Lead Agency by forming the EI Improving Outcomes Stakeholder Group (EIIOSG). The group convened weekly with EI Provider Stakeholders of various disciplines and from programs of different sizes and from different regions of the State as well as varying experience levels and races/ethnicities. The Lead Agency used Leading by Convening principles to facilitate the weekly meetings. The group began with a review and analysis of Indicator 3 data and the COS process. After submitting proposed strategies to improve Indicator 3 (a, b, c) data, the group voted to invite parent stakeholders to the group to propose strategies to improve the Family Outcomes Survey (Indicator 4) survey response rate. The Lead Agency anticipates that through the strong connections home visitors develop with families, that families of diverse backgrounds and regions of the state will be represented in this work.

Other stakeholder input resulted in edits to the annual Family Survey used to collect Indicator 4 data when stakeholders suggested that the 1-7 number rating was ambiguous and that the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Stakeholders indicated that survey response options were not uniform across questions and each response option was very wordy such as, “We have a basic understanding of our child’s development, but still have a lot to learn” and that the survey was “a lot of reading” that could be a barrier to participation for some families. The Lead Agency incorporated Stakeholder input in edits to the Family Survey for FFY 2021; edits are described in detail in the Indicator 4 section of this report.

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

To support the Child Find subcommittee of the AICC, the Lead Agency provided the group with the existing Child Find plan and arranged for the SSIP Coordinator to facilitate the subcommittee meetings. The Lead Agency provided the group with the ECTA tool for system framework self-assessment to engage them in evaluating the state system.

To engage stakeholders from related programs such as the MIECHV Home Visiting programs, the Title V program for Children with Special Health Care Needs (CSHCN), Part B-619, Early Head Start, and Family2Family Health Information Center, the Program involved these program’s administrators and in the field staff throughout the process: identifying counties for the pilot, setting goals, assessing progress, and planning next steps.

The Lead Agency provided background information and clear description of purpose to prepare EI Provider stakeholders to participate in the Focus Group and asked for their input in days/times most convenient for them to meet. The Lead Agency uses Leading by Convening principles to encourage stakeholders to go beyond just attending and collaborate in the work.

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

YES

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

EI Providers in the Focus Group consulting with IT Developers to redesign the Provider Portal of the new data system had concerns about meeting Medicaid billing and reporting requirements so that they would not have to type delivered services notes into the First Connections data system and also

type them in another system to submit to Medicaid. The program worked closely with Medicaid, IT Developers, and with Providers to ensure a streamlined and user-friendly Provider Portal.

Concerns about how to identify which children were “jointly enrolled” (receiving services from two or more initiative partner programs) was resolved by having staff from each program document referrals to partnering programs and to begin cross agency collaboration with those families (with parent signed consent obtained at the time of the referral).

**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.**

First Connections’ new data system (FC STANDS) will include a Parent Portal that will provide a space and reminders to parents to complete the Family Outcomes Survey. This innovation is expected to increase the response rate. The relevance to the SiMR is that when parents are actively involved in all aspects of early intervention and have easy access to information, they learn their rights and how to advocate for their child and this impacts their ability to know how to help their child learn and develop.

The formation of the EI Improving Outcomes Stakeholder Group was formed in the fall of 2022 (next fiscal year). The purpose of this group is to actively invite and engage EI Provider stakeholders in identifying root causes impacting areas of identified need (specifically, lower than desired Indicator 3 and Indicator 8c data) and to propose solutions for each cause. The group will submit a proposal to the Lead Agency and will also identify needed or desired materials, tools, or technical assistance to support smooth and timely Transition Conferences as well as supporting EI Providers on the IFSP team in conducting COS ratings and in supporting families in developing IFSPs around their priorities, concerns, and interests. The relevance to the SiMR is the interrelatedness of parents knowing how to help their child learn and develop being a key factor in improved outcomes for children the program serves.

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

The program anticipates implementation of the Parent Portal in FC STANDS some time in 2023. Indicator 4 data will be used to measure.
First Connections anticipates the submission of the EI Improving Outcomes Stakeholder Group’s proposals for each Indicator on or before April 17, 2023. Data used to measure the effectiveness of this strategy will be Indicator 3 and Indicator 8c data.

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

Barriers to deploying the Parent Portal at the time of this report are that it has not yet been developed within the new data system. Steps to address this barrier include ongoing planning and collaboration with the IT Development team to design and develop and effective and user-friendly Parent Portal, then identify ways to share information about the Parent Portal with families and to orient families to the use of the Parent Portal.

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

When the EI Improving Outcomes Stakeholder Group begins work on Indicator 8c data, additional stakeholders representing Part B-619 will be invited to engage in Root Cause(s) and Decision Analysis to propose strategies to the Lead Agency that ensure a timely and smooth transition of children exiting the program at age 3.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State did not report all of its FFY 2021 data in the APR Tool, as required to be in alignment with the Foundations for Evidence-Based Policy-Making (Evidence Act) of 2019. Specifically, the State did not: (1) report its FFY 2021 data; (2) provide numerator and denominator descriptions in the FFY 2021 SPP/APR Data table; (3) provide an active link to or narrative description of the current Theory of Action; and (4) provide an active link to the current Evaluation Plan, in the APR tool.

The State did not provide verification that the attachment it included in its FFY 2021 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

## 11 - Required Actions

In the FFY 2022 SPP/APR, the State must provide all the required data in the APR tool, as required to be in alignment with the Foundations for Evidence-Based Policy-Making (Evidence Act) of 2019.

OSEP notes that the Indicator 11 attachment included in the State's FFY 2020 SPP/APR submission is not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Overall State APR Attachments



# 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 Turner

**Title:**

Part C Coordinator

**Email:**

tracy.turner@dhs.arkansas.gov

**Phone:**

501-682-8703

**Submitted on:**

04/25/23 3:12:14 PM

# Determination Enclosures

## RDA Matrix

**Arkansas**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 81.25% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 5 | 62.50% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 713 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 1,395 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 51.11 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

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

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

**II. Child Performance**

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

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

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

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

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 72.93% | 46.42% | 76.25% | 36.47% | 73.20% | 42.64% |
| **FFY 2020**  | 85.43% | 41.76% | 77.57% | 28.45% | 81.58% | 36.13% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 90.92% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 94.04% | N/A | 2 |
| **Indicator 8A: Timely transition plan** | 100.00% | N/A | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 91.44% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **713** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 5 | 168 | 209 | 257 | 74 |
| **Performance (%)** | 0.70% | 23.56% | 29.31% | 36.04% | 10.38% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 2 | 159 | 292 | 225 | 35 |
| **Performance (%)** | 0.28% | 22.30% | 40.95% | 31.56% | 4.91% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 2 | 173 | 234 | 244 | 60 |
| **Performance (%)** | 0.28% | 24.26% | 32.82% | 34.22% | 8.42% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 72.93% | 46.42% | 76.25% | 36.47% | 73.20% | 42.64% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 913 | 85.43% | 639 | 72.93% | -12.51 | 0.0211 | -5.9266 | <.0001 | YES | 0 |
| **SS1/Outcome B: Knowledge and Skills** | 954 | 77.57% | 678 | 76.25% | -1.31 | 0.0212 | -0.6200 | 0.5353 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 934 | 81.58% | 653 | 73.20% | -8.38 | 0.0215 | -3.9036 | 0.0001 | YES | 0 |
| **SS2/Outcome A: Positive Social Relationships** | 977 | 41.76% | 713 | 46.42% | 4.66 | 0.0244 | 1.9072 | 0.0565 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 977 | 28.45% | 713 | 36.47% | 8.01 | 0.0231 | 3.4690 | 0.0005 | YES | 2 |
| **SS2/Outcome C: Actions to meet needs** | 977 | 36.13% | 713 | 42.64% | 6.51 | 0.0241 | 2.7032 | 0.0069 | YES | 2 |

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

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

## Data Rubric

**Arkansas**

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

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 13 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 18 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 36.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 36.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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