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

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

**For reporting on
FFY 2020**

**Idaho**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Overall, the Federal Fiscal Year (FFY) 2020 Annual Performance reporting period remained relatively stable for the Idaho Infant Toddler Program (ITP.)

While progress was made in some indicators, and held steady in others, we continue to face ongoing challenges with turnover in service coordinator and service provider staff and contractors.

In FFY 2020, ITP experienced a 26% separation rate for service coordinators.
• State employees: 24%
• Contractors: 29%

In FFY 2020, ITP experienced a 12% separation rate for direct service providers.
• State employees: 8%
• Contractors: 13%

Overall service provider turnover rate is up by 5% from FFY 19. Service coordinator turnover remains high, with the highest being for state employees with a 9% increase. We know this is due to a variety of factors including but not limited to:
• Caseload size
• Documentation requirements to initiate and maintain Part C services
• Burnout
• Higher pay in the private sector
• Provider preference for one mode of service delivery over another (virtual vs. in-person)

As we moved through phases of increased in-person service delivery, the rapid changes of the COVID-19 pandemic continued to require flexibility of our state employees and contractors statewide. Additionally, the Central Office policy team remained diligent in communicating current CDC guidelines and IDEA Part C recommendations to program providers. In spite of the challenges, Idaho quickly pivoted through 3 phases of service delivery in 4 months, based on CDC and county data, in order to maintain continuity of care for families.

Some Idaho families have limited to no access to the internet or to an electronic device. Therefore some short-term services were provided over the phone. As our phases of operation opened up, these families have a choice to receive in-person visits.

Additional information related to data collection and reporting

The Idaho Infant Toddler Program uses a web-based data system, ITPKIDS, to collect all child, family, and provider level data as required by IDEA, Part C. The regional service coordinators, providers, and administrative assistants are responsible for recording required data in the system.

The Infant Toddler Program uses Tableau software to generate reports from ITPKIDS.

**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 Infant Toddler Program (ITP) uses specific quality indicators and compliance measures to determine regional performance of regulatory requirements and other standards identified by OSEP. The state of Idaho met their compliance measures and is in the process of determining additional compliance measures.

Advisory Council: Monitoring of agencies, and activities used by the state to implement Part C is completed by the Department with the advice and assistance of the Infant Toddler Coordinating Council (ITCC) and the Regional Early Childhood Committees (RECC).

Data System and Verification: ITPs electronic data collection and management system is web-based and contains all collected child enrollment, demographic, caregiver data, service coordination provision, eligibility categories, and service categories. The data system has undergone enhancements to create improved capacity for data collection, analysis, report generation, and billing capabilities. The data system provides real-time data to both regional and Central Office personnel and is used to report 618 data to OSEP, respond to many compliance and performance indicators in each region’s self-assessment, and determine compliance and performance standards for SPP/APR indicators. The data system populates relevant local program compliance and performance indicators included in the Regional Annual Performance Report (RAPR). Central Office generates reports; data is transferred and reviewed annually for the APR and RAPR. The Lead Agency reviews the data at regular intervals to ensure accuracy, reliability, and non-duplication.

Family Survey: ITP uses results from the ECO FOS-R to help identify issues and areas for improvement. Idaho initiated a centralized Family Survey follow-up process to increase response rate.

Self-Assessment: Regions complete annual assessments using a standardized RAPR tool. . Self-assessment indicators developed by the state (focusing on both compliance and quality) are aligned with the SPP/APR and the state’s data system. The Lead Agency populates relevant self-assessment indicators with data from the data system, ECO FOS-R results, and child outcome data. Regions then complete other elements from targeted file reviews, regional complaint logs and other sources. Regions are required to use other data sources when completing the self-assessment and determining performance in meeting targets. The Lead Agency verifies regions’ self-assessment data and provides TA to develop a negotiated corrective action plan, which identifies concrete steps/timelines to remediate system challenges and address areas of concern or desired growth, as well as areas of non-compliance. To help achieve the targeted objectives, regions include baseline data and measurable, time-specific objectives, performance targets, TA and training in corrective action and enhancement plans. To implement corrective action plans, the hub/regional leadership team is responsible for:
• Ensuring the plan is implemented as developed
• Documenting that the activities listed are occurring within the timelines identified in the plan
• Reviewing progress at least quarterly and adjusting the plan and the activities as warranted
• For compliance issues, reporting performance data and status of record review findings in the plan
• Requesting specific technical assistance from Central Office to implement the plan and resolve system challenges and any identified areas of non-compliance
• Advising Central Office of barriers and possible solutions to implementation that are not controlled at the regional level

Technical Assistance for Monitoring: The Lead Agency provides TA to regions on the use of the web-based data system and in the development and implementation of CAPs. The Lead Agency can require specific TA if non-compliance and improvements are not addressed in a timely manner. Hub/regional leadership teams access TA from in-state and national experts as needed to ensure correction of non-compliance, improve performance in meeting targets, and enhance quality practices to improve outcomes for children and their families.

Analysis of Complaints and/or Due Process Resolutions for Monitoring and TA Purposes: All families are provided with information on complaint and dispute resolution processes, including the availability of mediation. Formal and informal complaints logs with resolutions are maintained by the Lead Agency. When a family submits a complaint, they are informed about the procedural safeguards and advised how to submit a formal complaint in writing, should they choose to do so. Families are also informed about mediation and encouraged to consider it as an option for resolving a dispute. If a family requests mediation or due process, the Lead Agency contacts appropriate mediators/hearing officers, confirms arrangements, and facilitates connection between the family and the mediator/hearing officer. The Lead Agency investigates administrative complaints and aggregates data/results from formal/informal complaints and due process hearings to identify or emphasize areas that need attention or for managing provider contracts. When non-compliance or areas needing improvement are identified, CAPs are written and the Lead Agency ensures that correction of non-compliance occurs. The Lead Agency also ensures the timely completion of findings/resolutions and analyzes data to modify policies, procedures, and practices as warranted.

Data Collection for SPP/APR: Idaho's web-based data system is aligned with the SPP/APR indicators. The RAPR is completed annually by all regions and findings are used in the development of the SPP/APR. Information about Complaints and Due Process Hearings are aggregated and analyzed. The ECO FOS-R results and child outcomes data also inform the SPP/APR.

Enforcement, Including Sanctions: ITP enforces compliance and performance through the following measures:
• Reporting data to the public
• Using results of the region's self-assessment to identify non-compliance, target technical assistance, and support programs in developing meaningful and effective improvement plans
• Reviewing compliance or performance issues with the ITCC
• Identifying systemic non-compliance or low performance and ensuring corrective actions take place. These issues may be identified through review of data, program self-assessment, complaints, and due process activities.

In instances where correction of non-compliance does not occur within 12 months of identification, the Lead Agency will take one or more of the following enforcement actions:
• Advising the region of available sources for technical assistance
• Directing the use of regional program funds on areas where the region needs assistance
• Requiring the region to prepare a corrective action plan, and/or enter into a compliance agreement with upper level administrators
• Withholding of Part C funds from the region, in extreme circumstances, by the Lead Agency

Regional programs will impose the following hierarchy of monitoring and enforcement actions for contracted services:
• Monitoring of contracts at least every six months
• Releasing payments only upon receipt of documentation of actual service provision
• Denying or recouping payment for services for which non-compliance is documented
• Halting all new referrals until deficiency is substantially remediated by the contractor
• Amending the provider contract to shorten the term by revising the end date
• Terminating or choosing not to renew the provider contract

After written notification of impending enforcement action, the Contractor may elect to meet with Lead Agency staff to review the available data, the steps necessary to achieve compliance, and the requirements for demonstrating improvement sufficient to reverse any enforcement action imposed.

**Technical Assistance System:**

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

Idaho has the following mechanisms in place to ensure timely delivery of high-quality, evidence-based technical assistance and support to regional early intervention programs:

• Tri-annual in-person meetings with hub leadership
• Monthly hub leadership conference calls. (During COVID-19 these calls occurred weekly)
• Regional Annual Performance Report
• Regional Corrective Action Plans
• Periodic TA calls with each region
• The Part C Policy Team is available to regional supervisors on a regular and ongoing basis in between the periodic TA calls
• Infant Toddler Program eManual
• Infant Toddler Program Key Information Data System (ITPKIDS) web-based data system
• Tableau software
• Statewide evidence-based early intervention mentors
• Mentorship and reflective supervision with statewide mentors and multi-disciplinary teams
• Access to national experts Dathan Rush and M'Lisa Shelden for Idaho’s evidence-based practices model
• Information and resources gathered from federal TA partners and websites

**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.**

Idaho Code, Title 16, Chapter 1 assures a system of personnel development that provides:
• Interdisciplinary pre-service and in-service training
• Training of a variety of personnel needed to meet the requirements of Part C
• Training specific to implementing strategies for the recruitment and retention of early intervention service providers to:
a.Meet the interrelated social-emotional, health, developmental, and educational needs of eligible infants and toddlers
b.Assist families in enhancing the development of their children, and in participating fully in the development and implementation of the Individualized Family Service Plan (IFSP)
• Training personnel to work in rural and home-based settings
• Training personnel to coordinate transitions
• Training personnel in social-emotional development of young children

The procedures and activities associated with training personnel to implement services for infants, toddlers and their families comprise a Comprehensive System of Personnel Development (CSPD). The CSPD Part C system includes the following criteria:
• Annual update of the staffing and training needs assessment that identifies statewide personnel development needs
• Development of a statewide plan for addressing personnel development needs
• Assurance that in-service training relates to the topics and competencies identified in needs assessments
• Provision of specialized orientation to newly hired or contracted professionals, as well as specialized continued education to long-term practitioners
• Dissemination of information regarding pre-service and in-service training courses, workshops, webinars, and conferences
• In-service training coordinated through the hub/regional Infant Toddler Program to public health and private providers, primary referral sources, professionals, and service coordinators regarding requirements for:
a.Child Find
b.Multidisciplinary evaluation/assessment
c.Individualized Family Service Plan/Service Coordination
d.Procedural Safeguards
e.Understanding the basic components of the Idaho Early Intervention System
f.Meeting the interrelated social or emotional, health, developmental, and educational needs of Part C eligible children
g.Assisting families in enhancing the development of their children by encouraging and facilitating full participation in the development and implementation of their Individualized Family Service Plans

Ongoing training to Part C providers is offered in each hub/region. An online eManual has been provided for procedures on child find, evaluation and assessment, individualized family service plans and transition, and procedural safeguards. Training in these components is required for all providers and is available as needed. Early intervention providers are provided training in the principles of evidence-based practices for infants and toddlers with disabilities and their families. Online training modules support key principles in early intervention quality practices in service coordination and IFSPs. Specific ongoing training during FFY 2020 included topics such as:
• How to provide quality virtual EI services
• Use of PPE and infection control procedures to safely deliver in-home services when pandemic conditions permitted
• Phased delivery of service modalities based on changing pandemic conditions

Additionally, regional/hub supervisors regularly contact and train groups and individual primary referral sources to orient them to the Infant Toddler Program, and share information regarding the benefits of early intervention, risks and eligibility criteria, how to make referrals, and procedural requirements. Pediatric and medical groups, the Idaho Perinatal Project, parent organizations, child care providers, Family and Community Services child protection workers, Maternal and Infant Early Childhood Home Visitors, and Special Nutrition Program for Women, Infants, and Children (WIC) clinicians are examples of target audiences included in the program's outreach efforts. Specific ongoing outreach during FFY 2020 included:
• Childcare centers through IdahoSTARS
• Health Departments
• Family Practice doctors and clinics
• Pediatric doctors and clinics
• Hospitals

Central Office staff hold regular technical assistance and coordination meetings with the Infant Toddler Programs regional/hub leaders. Additionally, the lead agency arranges technical assistance contacts with each region to assist with program coordination. In FFY 2020, Central Office met with statewide hub leaders triannually and held weekly calls with them.

In an advisory capacity, Idaho stakeholders serving on the Infant Toddler Coordinating Council (ITCC) assists ITP with prioritizing initiatives. Examples of this, in FFY 2020: the ITCC supported ITP in pursuing an Infant Mental Health/Early Childhood Reflective Supervision contract and they formed a workgroup regarding specialized autism screening certification.

Idaho has a Consortium for the Preparation of Early Childhood Professionals made up of faculty from each institution of higher education in the state, and representatives from various early childhood agencies and professional organizations. In FFY 20, the Consortium revised the Early Learning Guidelines and distributed to early intervention community groups and providers. These included IdahoSTARS, State Department of Education, Early Head Start, Idaho Infant Toddler Program, and University Early Childhood Programs.

**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).**

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

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

YES

**Number of Parent Members:**

8

**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.**

There are four parent members currently serving on Idaho’s Infant Toddler Coordinating Council (ITCC) and they are fully involved in reviewing data, setting targets, and working on Infant Toddler Program initiatives such as outreach to the Idaho legislature and the medical community. In FFY 2020 ITCC provided recommendations for the creation and ongoing revisions to phases 3 - 4 of ITP’s In-person Visit Guidelines Phases document that addresses safety concerns due to the COVID-19 pandemic. ITCC also provided guidance on opportunities for utilizing ARPA funding including the cost for staff to gain endorsement for infant and early childhood mental health (AIM Early Idaho), certification for autism specialty training (Play Project), and providing equal access to services for people in rural Idaho.

There are four parent representatives currently serving on the Regional Early Childhood Committees (RECC) and they are fully involved in supporting ITP initiatives. RECCs are normally heavily involved in local outreach at events like community baby showers and other events geared toward families, public library events for families, etc. These venues were largely unavailable with the onset of the COVID-19 pandemic. However, in FFY 2020, some RECCs worked on the following outreach strategies: educating birthing centers, as more families delivered outside of a hospital during the pandemic; providing training to childcare providers; connecting with Fostering Idaho to inform them about ITP so they can refer the foster and resource families they support; and providing totes filled with information on ITP, child development, and educational materials to local medical providers so they can distribute them to the families in their practice.

**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.**

To increase the capacity of diverse groups of parents and other stakeholders, and to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

Additionally, in FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) and solicited feedback about how we can increase capacity of diverse groups of parents to support the development of implementation activities through outreach to underserved populations. By reaching and educating a more diverse population of Idaho families, Idaho anticipates this will result in additional opportunities to increase 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. Based on suggestions from the Executive Committee, Idaho plans to conduct outreach activities in the coming year to include ethnic churches and grocery stores, Refugee Settlement agencies, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, the Executive Committee will review ITCC membership to identify gaps and strategize future activities to increase parent involvement.

**Soliciting Public Input:**

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

The Central Office Part C Policy Team sought stakeholder input regarding new SPP indicator targets, which included the FFY 2020 - 2025 targets. Central Office staff met with stakeholders including Hub Leaders to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the new targets. For each SPP indicator, two target options were presented and discussed to include the methodology used to guide the target options. Stakeholder discussions focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. These discussions led to agreement on achievable target increases for each SPP indicator. Specific meetings dates were: ITCC November 5, 2021, and Statewide Leadership November 18, 2021.

**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.**

Idaho’s SPP/APR, Public Reporting documents, and SSIP are posted on the Department of Health and Welfare’s website for public access by the deadline defined by OSEP (no later than February 1, 2022).

**Reporting to the Public:**

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

Idaho posted results on the performance of all seven regions and the state for the FFY 2020 SPP/APR on the Idaho Department of Health and Welfare's website (https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=4732&dbid=0&repo=PUBLIC-DOCUMENTS - Note: Not compatible with Internet Explorer) on February 1, 2022 for any member of the public to access as we submit the FFY 2020 SPP/APR to OSEP. Additionally, the results were reviewed and shared through other forums such as meetings with the hub and regional supervisors, program managers, and Infant Toddler Coordinating Council.

## Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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

1. Updated response to include corrected public reporting link for access to Idaho’s individual EIS program’s performance and added language regarding the browser compatibility to open the link (“Reporting to the Public” section).
2. Corrected and replaced Indicator 11 attachments to assure 508 compliance.

## Intro - OSEP Response

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

OSEP issued a monitoring report to the State on September 13, 2021, and is currently reviewing the State’s response submitted on December 10, 2021, and June 8, 2022, and will respond under separate cover.

## Intro - Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Introduction attachment(s) included in the State’s FFY 2020 SPP/APR submission are not in compliance with 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 72.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 93.08% | 88.98% | 93.08% | 86.67% | NVR |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,848 | 2,135 | NVR | 100% | 95.08% | Did not meet target | N/A |

**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.***

182

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

In Idaho, exceptional family circumstances were included as timely when calculating the percentage of children receiving timely services.

Statewide, 182 children experienced delays in timely service delivery due to exceptional family/extenuating circumstances. Examples of family circumstances include:
• Coronavirus
• Unable to contact family
• Family declined service
• Family no show
• Conflict with family scheduling appointment
• Child/family illness or hospitalization
• Family request for later service start date

**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).**

In Idaho, timely receipt of early intervention services is defined as 1) service begins on or before the identified start date listed on the Summary of Services (SOS) page of the Individualized Family Service Plan (IFSP), but no later than 30 days from the date the parent consents to the service via their signature on the IFSP, or rarely, 2) the team, including the parent, agrees on a later start date and documents that date 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).**

The full FFY 2020 reporting year: July 1, 2020 – June 30, 2021

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

A statewide report encompassing all new services projected to start in FFY 2020 was generated from the ITPKIDS Data System. Idaho uses several methods to ensure the accuracy of timely service data, including:
• Regional Hub leaders pull and review reports on a weekly-to-monthly basis to identify any missing or inaccurate data.
• Central Office generates reports for each Region for the annual R-APR, SPP/APR, and Corrective Action Plan processes to identify missing or inaccurate data.
• The program's data system, ITPKIDS, is programmed to allow only one Projected Start Date and one Actual Start Date to be recorded for a service.
• The Infant Toddler Program data analyst provides program managers and regional hub leaders with quarterly and annual summary reports on timeliness and identifies any necessary data cleanup.
• The Infant Toddler Program data analyst and central office staff analyze reports at various intervals to determine causes.

Necessary modifications are made in the ITPKIDS Data System when inaccuracies are identified. Infant Toddler Program central office staff and data analyst work together to identify state- or local-level patterns or trends. When patterns are identified, actions to rectify the issues include but are not limited to the following:
• Staff training using ITPKIDS Data System through videos, user guides, and supervisor-led trainings upon hire.
• Collection of qualitative information regarding the data via discussion of issues at tri-annual hub leadership meetings so that hub leaders can inform their local staff and contractors.
• In-person, phone, or email communication with regional hub leaders identifying data areas to be addressed and necessary follow up.
• ITPKIDS business team discusses potential modifications to the data system to prevent future issues.

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

Statewide, 105 children experienced a delay in timely services due to an agency reason. Examples of agency reasons for delay include:
• High caseload/therapist unavailable
• Issues with staff/contractors transitioning from in-person to virtual services
• Staff/contractor turnover
• Delay in evaluation
• Therapist ill
• Interpretation/translation availability

COVID-19
Idaho ITP has confidence in the Program’s FFY 2020 data validity and reliability despite the challenges posed by COVID-19. At the beginning of the pandemic, many families were not accustomed to virtual therapeutic services and at first declined them. Many families were concerned for their own health and safety and either left the program or put services on hold; referrals and enrollment numbers also decreased. Our service coordinators continued to check in with families who chose not to exit the program but put their services on hold. During FFY 2020, Idaho ITP developed a 4-phased approach to delivering in-person services with PPE and communicated each phase to families and service providers. As the pandemic conditions improved, our phases of service delivery moved from phone and virtual to more in-person visits.

The ITPKIDS database has a service delay reason of “Coronavirus” to track how the pandemic impacts our program and the services we provide. This code is used when a family:
• has an extenuating circumstance related to COVID-19 that leads to the service being late,
• chooses not to receive a service due to concerns about COVID-19, or withdraws from the program due to concerns about COVID-19.

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

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

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

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

## 1 - Prior FFY Required Actions

In its FFY 2020 SPP/APR, the State must report timely provision of services, including its criteria for timely receipt of early intervention services, consistent with the Measurement Table.

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

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

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

Idaho worked with federal TA partners to assist with development of a more defined timely service definition consistent with the Measurement Table.

Idaho did not identify any findings of non-compliance in FFY 2019
EIS program level correction:
Review of data completed later than June 30, 2019 and generated from the ITPKIDS web-based data system was used to verify that the 7 regional EIS programs were correctly implementing the timely services requirement in FFY 2019, details of this analysis include:
• 276 children did not receive services in a timely manner. These 276 children were located across all 7 regional EIS programs. None of the 7 regional EIS programs were issued findings of noncompliance in FFY 19.
• 7/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 1 data during the FFY 19 RAPR review process. (None of the 7 programs were issued a finding of noncompliance since they also corrected child-specific noncompliance prior to issuing a written notification of findings.) The review revealed that each of the seven programs were at 100% for this requirement.

Individual level correction:
For individual child level correction, data from ITPKIDS was used to verify child-specific correction for the 276 children who did not receive timely services in FFY 2019 by determining that: 1) the child received the service although untimely; 2) the family declined the service before it was provided: or 3) the child never started the service prior to exiting the program.

Correction of each individual incidence of noncompliance is verified through ITPKIDS. ITPKIDS captures the Projected and Actual Start Dates for every new service initiated in an IFSP. If the Actual Start Date is later than the Projected Start Date, ITPKIDS requires users to record a Delay Reason before they can save the service record. Central Office staff generate and review timely service reports (using data from ITPKIDS described above) during the annual R-APR, SPP/APR, Corrective Action Plan process, and at other necessary intervals, to verify that each individual instance of non-compliance is corrected unless the child is no longer within the jurisdiction of the EIS program, the family declined services, or the EIS program was unable to make contact with the family.

## 1 - OSEP Response

## 1 - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 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 | 92.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 95.50% | 95.70% | 95.90% | 96.00% | 96.50% |
| Data | 99.90% | 99.89% | 99.80% | 100.00% | 99.95% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 96.80% | 97.00% | 97.20% | 97.40% | 97.60% | 97.80% |

**Targets: Description of Stakeholder Input**

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

Idaho has made steady progress during the previous federal fiscal years to ensure services were being provided in a child’s natural environment. Additionally, Idaho has strong policies and procedures in place and has developed contract language to ensure continued progress. Idaho’s FFY 2020 performance was 100%.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,869 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 1,869 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,869 | 1,869 | 99.95% | 96.80% | 100.00% | Met target | No Slippage |

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

COVID-19
Despite the challenges posed by COVID-19, Idaho ITP has confidence in the Programs FFY 2020 data collection, validity, and reliability for
Indicator 2.

Idaho continues to excel in providing early intervention services in a child’s natural environment due to strict requirements for staff and contractors.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

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

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2020 | Target>= | 61.00% | 61.50% | 63.00% | 65.00% | 65.00% |
| **A1** | 44.92% | Data | 56.65% | 57.95% | 52.38% | 51.36% | 47.60% |
| **A2** | 2020 | Target>= | 56.00% | 56.50% | 57.00% | 57.50% | 57.50% |
| **A2** | 55.13% | Data | 55.70% | 56.07% | 51.63% | 54.00% | 53.19% |
| **B1** | 2020 | Target>= | 64.80% | 65.20% | 65.60% | 67.20% | 67.70% |
| **B1** | 56.20% | Data | 60.43% | 61.18% | 57.02% | 55.81% | 51.13% |
| **B2** | 2020 | Target>= | 50.80% | 51.20% | 51.60% | 52.00% | 52.00% |
| **B2** | 46.70% | Data | 47.95% | 46.23% | 42.54% | 45.17% | 41.00% |
| **C1** | 2020 | Target>= | 70.60% | 71.00% | 71.40% | 71.80% | 71.80% |
| **C1** | 60.74% | Data | 65.75% | 65.86% | 64.30% | 61.47% | 61.12% |
| **C2** | 2020 | Target>= | 58.60% | 59.00% | 59.40% | 59.80% | 59.80% |
| **C2** | 58.58% | Data | 58.28% | 56.54% | 55.49% | 55.58% | 56.90% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 44.92% | 45.20% | 45.50% | 46.00% | 46.50% | 47.00% |
| Target A2>= | 55.13% | 56.10% | 56.10% | 56.60% | 57.10% | 57.60% |
| Target B1>= | 56.20% | 56.60% | 57.00% | 57.40% | 58.00% | 58.60% |
| Target B2>= | 46.70% | 46.70% | 46.70% | 47.10% | 47.50% | 47.90% |
| Target C1>= | 60.74% | 60.74% | 60.74% | 61.14% | 61.54% | 61.94% |
| Target C2>= | 58.58% | 58.75% | 59.05% | 59.35% | 59.65% | 59.95% |

 **FFY 2020 SPP/APR Data**

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

1,364

**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 | 1 | 0.07% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 487 | 35.70% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 124 | 9.09% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 274 | 20.09% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 478 | 35.04% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 398 | 886 | 47.60% | 44.92% | 44.92% | N/A | N/A |
| 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 | 752 | 1,364 | 53.19% | 55.13% | 55.13% | N/A | N/A |

**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 | 1 | 0.07% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 497 | 36.44% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 229 | 16.79% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 410 | 30.06% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 227 | 16.64% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 639 | 1,137 | 51.13% | 56.20% | 56.20% | N/A | N/A |
| 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 | 637 | 1,364 | 41.00% | 46.70% | 46.70% | N/A | N/A |

**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 | 0.15% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 378 | 27.71% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 185 | 13.56% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 403 | 29.55% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 396 | 29.03% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 588 | 968 | 61.12% | 60.74% | 60.74% | N/A | N/A |
| 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 | 799 | 1,364 | 56.90% | 58.58% | 58.58% | N/A | N/A |

**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 | 1,876 |
| 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. | 515 |

| **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.**

Child outcome data is required to be collected for all children enrolled in our program who receive early intervention services for six months or longer. The following includes the newly updated ECO instruments and procedures used to gather data for this indicator. These have been scaled up statewide as part of our State Systemic Improvement Plan efforts:

Family Communication
Entry ECO Ratings: At a minimum, regions must provide and discuss these with families using one of the following communication resources:
• ECO Family Flyer
 OR
• ECO Family Guide
In addition, the Child Outcomes Step by Step video is available for families to access using the link in the ECO Family Flyer or on the ITP webpage.

Exit ECO Ratings: At a minimum, regions must use one of the following communication resources to prepare the family/caregiver for the exit ECO rating process:
• ECO Family Flyer
 OR
• ECO Family Guide
In addition, the Child Outcomes Step by Step video is available for families to access using the link listed in the ECO Family Flyer, ECO Family Guide, or on the ITP webpage.

Information Gathering
Entry ECO Ratings
At a minimum, regions must complete an approved ECO Anchor Assessment tool as defined in the ITP eManual
 AND
At a minimum, regions must complete the following ECO information-gathering tools to learn about the child’s functioning across settings and situations:
For Preemies and Infants - Use the ECO Parent Questionnaire for Preemies/Infants
For Older Infants and Toddlers - Use either the:
• ECO Guiding Questions
 OR
• ECO Parent Questionnaire for Toddlers

Exit ECO Ratings
At a minimum, regions must complete an approved ECO Anchor Assessment tool as defined in the ITP eManual.
• Circumstances such as loss of contact, unexpected family/caregiver move, etc. warrant a review of the child’s file in place of an ECO Anchor Assessment.
 AND
At a minimum, regions must complete the following:
• Use the information gathered from the ECO Anchor Assessment with the family/caregiver to discuss the child’s current level of functioning
• Review medical records
• Review IFSP outcomes
• Review of all evaluations/assessments

Determining ECO Ratings
Entry/Exit ECO Ratings: At a minimum, regions must use one of the following ECO rating tools to ensure the 7-point scale is consistently and accurately used during the rating process with families:
 • ECO Decision Tree (with or without rating numbers)
 OR
 • ECO Ratings and Definitions (with or without rating numbers)
 OR
 • ECO Ratings and Definitions – Buckets (with or without rating numbers)
In addition, if an anchor assessment tool other than the MEISR is used to gather information for entry or exit ECO ratings, the ECO Crosswalk MUST be used to complete the age anchoring process. In this instance, regions must have a process to ensure that teams understand both the sequence and milestones in which children acquire skills and the age range in which they are acquired.

If the MEISR is used as an anchor assessment, it is not necessary to use the ECO Crosswalk. Use of the MEISR provides an age anchoring opportunity and the ability to view the child’s functioning in different settings.

An optional tool to summarize/compile/organize information gathered from the ECO tools and anchor assessment is the Child Outcome
Summary Worksheet.

Documentation
Entry/Exit ECO Ratings: All regions must use the Child Outcome Summary Form to document the ECO ratings and attach in ITPKIDS.

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

Idaho conducted an extensive analysis of FFY 2015-2019 ECO data along with examining our targets. This analysis revealed significant issues with the quality of the data used for setting the targets, resulting in unrealistically high targets. Based on this analysis and the work we have done in recent years to improve data quality; we are proposing to use the FFY 20 data as our new baselines. We also have used our more recent data which we believe to be more trustworthy to establish targets that reflect growth and are in alignment with what we are learning from our improved data.

Idaho has made significant infrastructure improvements to improve data quality (e.g. standardized ECO process, tools and resources, implemented biannual ECO process fidelity checks, and provided social emotional training and resources). These are expected to result in data that will more accurately reflect the outcomes our children are achieving. The revised baselines for FFY 2020 and new targets that reflect rigorous, yet achievable improvement through FFY 2025 will allow the state data and reporting processes to more meaningfully capture how the state is performing.

COVID-19
COVID-19 impacted Idaho’s data completeness, validity, and reliability of ECO data for FFY 2020. Many families were still becoming accustomed to virtual therapeutic services. Staff and contractors voiced concerns about how difficult it was to engage families in the ECO process when providing virtual or telephonic services. Prior to completion of the entry and exit ECO processes, Idaho provided families with ECO materials via email or through U.S. mail.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2015 | Target>= | 92.93% | 92.93% | 93.00% | 94.00% | 95.00% |
| A | 92.93% | Data | 92.93% | 92.11% | 94.67% | 94.21% | 98.28% |
| B | 2015 | Target>= | 92.68% | 92.68% | 93.00% | 94.00% | 94.50% |
| B | 92.68% | Data | 92.68% | 92.98% | 94.33% | 95.75% | 98.28% |
| C | 2015 | Target>= | 90.98% | 90.98% | 92.00% | 93.00% | 94.00% |
| C | 90.98% | Data | 90.98% | 92.98% | 95.33% | 95.37% | 96.57% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 96.20% | 96.20% | 96.40% | 96.60% | 96.80% | 97.00% |
| Target B>= | 95.75% | 96.00% | 96.25% | 96.50% | 96.75% | 97.00% |
| Target C>= | 95.00% | 95.00% | 95.20% | 95.20% | 95.40% | 95.60% |

**Targets: Description of Stakeholder Input**

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,637 |
| Number of respondent families participating in Part C  | 318 |
| Survey Response Rate | 19.43% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 306 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 318 |
| 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 | 315 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 318 |
| 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 | 304 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 318 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 98.28% | 96.20% | 96.23% | 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) | 98.28% | 95.75% | 99.06% | 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) | 96.57% | 95.00% | 95.60% | 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?  | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | YES |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 12.09% | 19.43% |

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

Idaho currently offers an online Family Outcomes Survey-Revised (FOS-R) in both English and Spanish. Families who speak other languages are offered translation/interpretation services to complete their survey. Service Coordinators also offer paper surveys for those families who request one. In January 2021, Idaho ITP implemented an enhancement to our existing Family Survey process in order to increase response rates. Each family’s Service Coordinator continues to offer a Family Survey at the 6-month review. To reach more families, follow up calls are now made to each family who hasn’t completed a survey two months after the 6-month review, with an average success rate of 38%.

The Idaho Infant Toddler Program identified and assigned additional strategies for enhanced outreach to those communities that are typically underserved, including, but not limited to homeless families, immigrant families, families whose first language is not English, American Indian Tribes, and migrant populations. This outreach will occur in FFY 21. Additionally, Idaho ITP has begun discussions with stakeholders regarding increasing enrollment of underserved populations. As the number of underserved families enrolled in Idaho ITP grows, we expect a commensurate rise in Family Surveys completed by those populations.

**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.**

Idaho addressed nonresponse bias, beginning in January 2021, by implementing a follow up phone call to each family who did not complete a survey within two months after the Family Survey was offered at their 6-month review. This follow up process that Idaho implemented has increased the overall Family Survey response rate from 12.1% in FFY 19 to 19.4% in FFY 20.

The following state-level data depicts the race/ethnicity demographics of the 318 families responding to the Family Survey in FFY 2020:
Asian: 33.3% (4 completed out of 12 invited)
African American or Black: 33.3% (5 completed out of 15 invited)
Hispanic: 12.9% (30 completed out of 233 invited)
More than one race: 18.3% (17 completed out of 93 invited)
American Indian or Alaska Native: 42.9% (6 completed out of 14 invited)
Native Hawaiian or Pacific Islander: 0% (0 completed out of 2 invited)
White: 20.2% (256 completed out of 1,268 invited)

The following state-level data depicts the age of the child for the 318 families responding to the Family Survey in FFY 2020:
Birth -1 year old: 17.4% (55 completed out of 317 invited)
1 - 2 year old: 20.4% (103 completed out of 503 invited)
2 - 3 year old: 19.6% (160 completed out of 817 invited)

The following state-level data depicts the gender of the child for the 318 families responding to the Family Survey in FFY 2020:
Female: 20.1% (122 completed out of 606 invited)
Male: 19.0% (196 completed out of 1,031 invited)

Idaho’s Family Survey results and response rate are analyzed thoroughly using reports generated by Tableau software. The Part C Data Manager meets tri-annually with the ITP Central Office Policy Team and regional Hub Leaders to identify trends and possible remedies. Idaho will continue to reduce identified bias and promote response from a broad cross section of families by continuing to make follow up phone calls to each family who does not compete a survey within two months of being offered at their 6-month review.

**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.**

Idaho uses the ECO Family Outcomes Survey-Revised (FOS-R) to gather family outcomes data required by the Office of Special Education Programs (OSEP). Central Office directly manages the survey process, analysis, and summarization of the data.

This indicator represents findings of the FOS-R survey conducted by the Idaho Infant Toddler Program (ITP) to address indicator #4, the “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.”

The survey administered by ITP includes seventeen questions with a 5-point rating scale which assesses the extent to which families have achieved each outcome item, ranging from 1 = Not at all Helpful to 5 = Extremely Helpful. The survey measures the extent to which early intervention helped families achieve positive outcomes specified in Indicator #4. Idaho’s Central Office data analyst used the recommended FOS-R calculation method to calculate the data reported to OSEP.

Service Coordinators send a text message or email invitation to complete the Family Survey electronically and provide families with information on the importance of obtaining feedback to assist with program improvement. If families want to complete a hard copy of the survey, they are instructed to contact Central Office to handle their request. In January 2021, Idaho ITP implemented an enhancement to our existing Family Survey process in order to increase response rates. Each family’s Service Coordinator continues to offer a Family Survey at the 6-month review. However, follow up calls are now made to each family who hasn’t completed a survey two months after the 6-month review. This enhancement did increase our response rate. Families complete the survey using a link to “Key Survey,” an online tool used by the Department of Health and Welfare to create and manage surveys and other documents, or by requesting a hard copy of the survey from Central Office. A unique child identifier generated by the program’s web-based data system, ITPKIDS, is associated with each survey, providing anonymity and enabling tracking of respondent demographics. This identifier is also used to eliminate duplicate responses and to ensure that responses are valid (based on the requirement that surveys be offered annually at 6-month IFSP reviews).

Representativeness was analyzed by comparing the percentage of survey responses from the race and ethnicity (within each subgroup) to the percentage of families who were invited to complete the Family Survey by race and ethnicity. The following state-level data depicts the race/ethnicity demographics of the 318 families responding to the Family Survey in FFY 2020:
Asian: 33.3% (4 completed out of 12 invited)
African American or Black: 33.3% (5 completed out of 15 invited)
Hispanic: 12.9% (30 completed out of 233 invited)
More than one race: 18.3% (17 completed out of 93 invited)
American Indian or Alaska Native: 42.9% (6 completed out of 14 invited)
Native Hawaiian or Pacific Islander: 0% (0 completed out of 2 invited)
White: 20.2% (256 completed out of 1,268 invited)

The families invited to complete the Family Survey shows the following: White families had the highest invitations (1,268), followed by Hispanic (233), More than one race (93), African American or Black (15), American Indian or Alaska Native (14), Asian (12), and Native Hawaiian or Pacific Islander (2).

American Indian or Alaska Native families had the highest representation in surveys completed (42.9%), followed by Asian and African American or Black (33.3%), White (20.2%), More than one race (18.3%), Hispanic (12.9%), and Native Hawaiian or Pacific Islander (0%).

The ECTA Response Rate and Representativeness calculator which applies proportional testing was utilized to determine if the surveys we received were representative of the target population (surveys distributed). The results show that African American or Black (1% difference), American Indian or Alaskan Native (1% difference), Asian (1% difference), Native Hawaiian or Pacific Islander (0% difference), Hispanic (0% difference), White (-1% difference), and More than one race (-1% difference) were representative in the survey.

Additional survey data was captured to include the following:
The following state-level data depicts the age of the child for the 318 families responding to the Family Survey in FFY 2020:
Birth -1 year old: 17.4% (55 completed out of 317 invited)
1 - 2 year old: 20.4% (103 completed out of 503 invited)
2 - 3 year old: 19.6% (160 completed out of 817 invited)

The following state-level data depicts the gender of the child for the 318 families responding to the Family Survey in FFY 2020:
Female: 20.1% (122 completed out of 606 invited)
Male: 19.0% (196 completed out of 1,031 invited)

Idaho used results from July 1, 2020 – June 30, 2021 to report data for FFY 2020. The response rates by Region for that time period ranged from 15.4% to 27.8% with a statewide percentage of 19.4%, up by 7.3% from FFY 2019. The family of each child with a 6-month IFSP review between July 1, 2020 – June 30, 2021 was offered participation in the survey. In total, 318 valid, complete surveys were received in FFY 2020.

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

The metric used varied due to using a statistical formula (i.e.,proportional testing) to determine if two percentages are considered different from each other. The ECTA Response Rate Representativeness calculator which applies proportional testing was utilized to determine if the surveys completed were representative of the target population (surveys distributed). The results show that African American or Black (1% difference), American Indian or Alaskan Native (1% difference), Asian (1% difference), Native Hawaiian or Pacific Islander (0% difference), Hispanic (0% difference), White (-1% difference), and More than one race (-1% difference) were representative in the survey.

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

COVID-19
COVID-19 has not impacted Idaho’s data completeness, validity, and reliability for Indicator 4.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

Updated FFY 20 response to include information regarding the demographics of the comparison group to show representativeness of the population. (See section: “Include the state’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program”).

## 4 - OSEP Response

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

## 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** |
| --- | --- |
| 2020 | 1.43% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.68% | 1.70% | 1.73% | 1.76% | 1.76% |
| Data | 1.66% | 1.36% | 1.50% | 1.57% | 1.84% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.43% | 1.43% | 1.44% | 1.45% | 1.46% | 1.47% |

Targets: Description of Stakeholder Input

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 308 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 21,547 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 308 | 21,547 | 1.84% | 1.43% | 1.43% | N/A | N/A |

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

Idaho conducted an extensive analysis of FFY 2015-2019 data along with examining our targets. This analysis revealed that the targets for Indicator 5 had been set to high. Since 2015, the program has only been able to hit the original baseline one time, in 2019. While we were able to hit the baseline and target in 2019, the pandemic has brought a significant drop in families of newborns seeking Idaho Infant Toddler Program services due to concerns of increased risk of illness. As additional pandemic variants continue to sweep across the country, we continue to see the fluctuations in referrals and family confidence align with the with uptick of COVID-19 cases. An example of this occurred when the State of Idaho implemented crisis standards of care for hospitals statewide. As a result, during this time we saw a drop in NICU referrals and an increase in family hesitancy. Like many other states, finding staff and contractors to work for the Infant Toddler Program has been difficult resulting in high levels of staff and contractor turnover and long-term vacancies when trying to hire/contract for these positions. In Additionally Idaho is one of the fastest growing states in America and we expect this rapid population growth to have an impact on the number of Idaho births in the coming years.

Based on the factors listed above, we are proposing to use the FFY 20 actual data as our new baseline. The revised baseline for FFY 2020 and new targets reflects rigorous, yet achievable improvement through FFY 2025 and will allow the state to recover from the ripple effects of the pandemic and population growth of the state.

COVID-19
Idaho did not have any issues in FFY 2020 with data completeness, validity and reliability, or data collection for Indicator #5. However, COVID-19 impacted Idaho’s Part C FFY 2020 enrollment numbers; down .4% from the prior year (from 1.8% to 1.4%). Due to COVID-19 concerns, many of Idaho’s Child Find efforts at both the regional and state level were limited.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.78% | 2.81% | 2.85% | 2.91% | 2.95% |
| Data | 2.85% | 2.74% | 2.92% | 3.04% | 3.17% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.80% | 2.80% | 2.86% | 2.86% | 2.92% | 3.00% |

Targets: Description of Stakeholder Input

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 1,869 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 65,803 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,869 | 65,803 | 3.17% | 2.80% | 2.84% | Met target | No Slippage |

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

COVID-19
Idaho did not have any issues in FFY 2020 with data completeness, validity and reliability, or data collection for Indicator #5. However, COVID-19 impacted Idaho’s Part C FFY 2020 enrollment numbers; down .4% from the prior year (from 1.8% to 1.4%). Due to COVID-19 concerns, many of Idaho’s Child Find efforts at both the regional and state level were limited.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

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

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 90.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.68% | 93.61% | 94.45% | 91.94% | 92.63% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,136 | 1,759 | 92.63% | 100% | 91.47% | Did not meet target | Slippage |

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

Idaho experienced slippage in meeting the 45-day timeline in FFY 2020 due to several factors, including:
• Difficulties in getting paperwork signed virtually until a state-approved tool and training became available
• Delays due to COVID-19 quarantine periods for families, service providers, and service coordinators due to exposure, positive test, and illness
• Some families elected to delay services or put them on hold due to COVID-19 fears
• Staff and contractor turnover and higher vacancy rates lead to increased caseloads for remaining Service Coordinators as enrollment began rising after the initial impact of COVID
• Limited availability of direct service and service coordinator staff and contractors

**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.**

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

In Idaho, exceptional family circumstances were included as timely when calculating the percentage of children receiving timely services. Documented delays in meeting the 45-day timeline due to exceptional family circumstances include:
• Child/family illness or hospitalization
• Conflict with family schedule/appointments
• Difficulty making contact with family
• COVID-19
• Family cancelled
• Family indecisiveness to participate in program

**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).**

The full FFY 2020 reporting year July 1, 2020 – June 30, 2021

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

Timely Individualized Family Service Plans (IFSPs) are calculated based on the actual number of days between the date of referral and the date of the child's initial Individualized Family Service Plan meeting. In Idaho, the 45-day clock to complete the initial Individualized Family Service Plan begins the date a referral is received. A statewide report encompassing all initial Individualized Family Service Plans completed on 7/1/20 through 6/30/2021 was generated from the ITPKIDS Data System.

Idaho has a number of methods to ensure compliance with the 45-day timeline, including:
• Monthly reports run by hub leaders on an ongoing basis identify missing or inaccurate 45-day data
• Tableau reports of 45-day timelines are reviewed and analyzed by Central Office staff during the Regional Annual Performance Report, State Performance Plan/Annual Performance Report process. Central Office staff then meet with leadership in each Region of the state to review this information as well as identify missing or inaccurate data and formulate a Corrective Action Plan according to our standardized process.
• Timeliness of an initial Individualized Family Service Plan is based on the referral date recorded in the ITPKIDS data system. If the initial IFSP date is greater than 45 days from the referral date, ITPKIDS requires the user to record a late reason using the drop-down menu to specify whether it is a family reason or agency reason.
• Only members of the Central Office ITPKIDS business team have access to modify the date of a referral or Individualized Family Service Plan recorded in the ITPKIDS data system.
• To monitor and track the 45-day data, an ITPKIDS query is used to capture the dates of initial IFSPs for a specified period of time.
• Additional monitoring of the timeliness of IFSPs includes the use of reports run by Infant Toddler Program data analyst and hub leaders that identify referrals greater than 45 days that do not have an initial IFSP recorded in ITPKIDS.
• Infant Toddler Program data analyst and Central Office analyze the data to identify and correct errors in 45-day late reasons in the ITPKIDS data system.

Infant Toddler Program Central Office staff and data analyst work together to identify any state or local error patterns or trends. When patterns are identified, actions to rectify the issues include, but are not limited to, the following:
• Staff training through ITPKIDS training videos, user guides, and supervisor-led training upon hire and ongoing.
• Collection of qualitative information regarding the data via discussion of issues at triannual Statewide Leadership meetings with hub leaders so that they can inform their local staff and contractors.
• In-person, phone, or email communication from Central Office with hub leaders identifying data areas to be addressed and actions needed.
• The ITPKIDS data system business team discusses and implements modifications to the data system as needed to prevent future data errors.
• If necessary, the ITPKIDS training videos and user guides are modified.
• In accordance with the Regional Annual Performance Report (RAPR) a letter is sent to each Regional office in the state indicating whether their data is in compliance or a corrective action plan is required.

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

Statewide, one hundred and fifty (150) children experienced delays in IFSPs due to agency reasons. Examples of agency reasons for delay include, but are not limited to:
• Conflict with agency scheduling appointment
• Staff/contractor unavailability
• Staff/contractor turnover/vacancies leading to higher caseloads for remaining staff
• Increased referrals as the pandemic progressed
• Delay in receiving documentation to determine eligibility (compounded by COVID-19)

COVID-19
Of the IFSPs developed in FFY 2020, Idaho does not believe that COVID-19 impacted data validity and reliability. Initially, Idaho’s referrals, enrollments, and completed IFSPs declined. As COVID-19 continued, more families were referred to Idaho ITP, more were enrolled, and more completed an IFSP. Due to high turnover and vacancy rates during COVID-19, existing staff and contractors had difficulty absorbing caseloads and incoming referrals until vacancies could be filled.

A service delay reason of “COVID-19” in our data system is used when a family:
• has an extenuating circumstance related to COVID-19 that leads to the IFSP being late,
• chooses not to move forward with developing an IFSP due to concerns about COVID-19, or
• withdraws from the program due to concerns about COVID-19.

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

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

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

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

## 7 - Prior FFY Required Actions

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

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

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

Idaho did not identify any findings of non-compliance in FFY 2019
EIS Program level correction:
Review of data completed later than June 30, 2019 and generated from the ITPKIDS web-based data system was used to verify that the 7 regional EIS programs were correctly implementing the timely services requirement in FFY 2019, details of this analysis include:
• 152 children did not receive services in a timely manner. These 152 children were located across all 7 regional EIS programs. None of the 7 regional EIS programs were issued findings of noncompliance in FFY 19.
• 7/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 1 data during the FFY 19 RAPR review process. (None of the 7 programs were issued a finding of noncompliance since they also corrected child-specific noncompliance prior to issuing a written notification of findings.) The review revealed that each of the seven programs were at 100% for this requirement.

Individual level correction:
For individual child level correction, data from ITPKIDS was used to verify child-specific correction for the 152 children who did not have an IFSP implemented within the 45-day timeline or who had an IFSP developed, although untimely.

Correction of each individual incidence of non-compliance is verified through ITPKIDS. ITPKIDS captures the referral date and initial IFSP date. It also calculates the 45-day timeline based on the referral date, so service coordinators are able to keep on track. If the initial IFSP date is greater than 45 days from the referral date, ITPKIDS requires users to record a Delay Reason before they can save the IFSP. Central Office staff generate and review timely service reports (using data from ITPKIDS described above) during the annual R-APR, SPP/APR, Corrective Action Plan process, and at other necessary intervals, to verify that each individual instance of non-compliance is corrected unless the child is no longer within the jurisdiction of the EIS program, the family declined services, or the EIS program was unable to make contact with the family.

## 7 - OSEP Response

## 7 - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.10% | 92.38% | 92.38% | 92.23% | 95.24% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 101 | 104 | 95.24% | 100% | 97.12% | Did not meet target | No Slippage |

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

0

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

In Idaho, exceptional family circumstances were categorized as “timely” when calculating the percentage of children with a timely development of IFSP transition steps and services.

Statewide, no (0) children experienced delays in the development of IFSP transition steps and services due to exceptional family/extenuating 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).**

To obtain data for indicators 8A, 8B, and 8C, the Central Office data analyst pulled a random file sample from the ITPKIDS web-based data system within the full FFY 2020 reporting year (July 1, 2020 – June 30, 2021).

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

The following processes describe how this indicator accurately reflects data for infants and toddlers with Individualized Family Service Plans (IFSPs) for the full reporting period:
1. The Central Office data analyst pulled a random file sample from the data system (ITPKIDS) within the FFY 2020 reporting year.
2. A state lead agency program specialist sent instructions with the list of child names to each region to complete the file review for indicators 8A, 8B, and 8C.
3. Hub leaders or supervisors completed the file review and submitted the results to the lead agency.
4. The state lead agency program specialist and Part C Coordinator reviewed the results, clarified any questions, and calculated the results.
5. The state lead agency program specialist and Part C Coordinator used data from the ITPKIDS data systems to review and verify findings of the file review.

To ensure accuracy of the file sample pulled from ITPKIDS, the ITP data analyst and hub leaders run reports on a regular basis to identify any children over the age of three for whom an exit record does not exist in the data system.

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

In FFY 2020, three (3) children statewide experienced delays in the development of IFSP transition steps and services due to an agency reason. Examples of agency reasons for delay include:
• No IFSP transition steps and services developed in IFSP
• Early or late development of 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)

COVID-19
Of the IFSPs developed in FFY 2020, Idaho does not believe that COVID-19 impacted data validity and reliability. Initially, Idaho’s referrals, enrollments, and completed IFSPs declined. As COVID-19 continued, more families were referred to Idaho ITP, more were enrolled, and more completed an IFSP. Due to high turnover and vacancy rates during COVID-19, existing staff and contractors had difficulty absorbing caseloads and incoming referrals until vacancies could be filled.

A service delay reason of “COVID-19” in our data system is used when a family:
• has an extenuating circumstance related to COVID-19 that leads to the IFSP being late, which leads to late transition steps, or
• requests a pause in services related to COVID-19, which lead to late transition steps on the IFSP, or
• withdraws from the program due to concerns about COVID-19.

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

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

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

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

Idaho demonstrated that it corrected all findings of non-compliance identified in FFY 19, consistent with the requirements in OSEP Memo 09-02. Specifically, Idaho reports verification that the two (2) EIS programs with noncompliance identified in FFY 19: (1) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program; and (2) are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through onsite monitoring or the state’s data system.

In FFY 19, 5 children did not 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. These 5 children were located in two regional EIS programs. Two (2) of the 7 regional EIS programs were issued findings of noncompliance, whereas 5 regional EIS programs were not issued findings due to achieving 100% for indicator 8A in FFY 19 reviews during the RAPR process. The RAPR review process occurs prior to issuing written findings.

EIS program level correction file review samples, completed later than June 30, 2019 and generated from the ITPKIDS web-based data system, were used to verify that the regional EIS programs were correctly implementing the IFSP 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 in FFY 2019. The data revealed the following:

• The 2 regional EIS programs who had findings issued were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 8A data for each program.
- The review revealed that each of the 2 programs were at 100% for this requirement.

To support correction of noncompliance, the following activities were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.

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

For individual child level correction, data from the FFY 19 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction for 5 children who did not 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 due to:
- Transition steps and services were not identified in their IFSP prior to exiting the program
- Transition steps and services in their IFSP being developed earlier than the required timelines.
- Transition steps and services in their IFSP being developed later than the required timelines.

Correction of each individual instance of noncompliance is normally verified through ITPKIDS or file reviews generated by ITPKIDS. However, the five children identified without transition steps and services in their IFSP in FFY 2019 exited prior to correction. Therefore, it was not possible to verify correction for these children.

Even though Idaho was not able to correct each instance of noncompliance, local programs revisited the transition policies, timelines, and work lists in the ITPKIDS web-based data system with new and existing staff/contractors to ensure a full understanding of the requirements and timelines for this indicator. As part of the corrective action process, regions identified strategies in their corrective action plan that included reviewing regional policies regarding transition, reviewing IFSPs, and providing training to staff related to required IFSP transition steps and services. Some regions have also updated exiting processes to ensure every child has 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.

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

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

## 8A - Prior FFY Required Actions

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

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

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

Idaho's FFY 2019 verification of non-compliance correction is included in the Indicator Data section "FFY 2019 Findings of Noncompliance Verified as Corrected" of this report.

## 8A - OSEP Response

## 8A - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.05% | 95.19% | 97.14% | 93.20% | 92.38% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 104 | 104 | 92.38% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

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

Idaho does not have an “Opt Out” policy for families.

**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).**

To obtain data for indicators 8A, 8B, and 8C, the Central Office data analyst pulled a random file sample from the ITPKIDS web-based data system within the full FFY 2020 reporting year (July 1, 2020 – June 30, 2021).

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

The following processes describe how this indicator accurately reflects data for infants and toddlers with Individualized Family Service Plans (IFSPs) for the full reporting period:
1. The Central Office data analyst pulled a random file sample from the data system (ITPKIDS) within the FFY 2020 reporting year.
2. A state lead agency program specialist sent instructions with the list of child names to each region to complete the file review for indicators 8A, 8B, and 8C.
3. Hub leaders or supervisors completed the file review and submitted the results to the lead agency.
4. The state lead agency program specialist and Part C Coordinator reviewed the results, clarified any questions, and calculated the results.
5. The state lead agency program specialist and Part C Coordinator used data from the ITPKIDS data system to review and verify findings of the file review.

To ensure accuracy of the file sample pulled from ITPKIDS, the ITP data analyst and hub leaders run reports on a regular basis to identify any children over the age of three for whom an exit record does not exist in the data system.

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

In Idaho, exceptional family circumstances were categorized as “timely” when calculating the percentage of children with a timely notification to the SEA and LEA where the child resides.

Statewide, no (0) children who were potentially eligible for Part B services experienced a delay in the notification of the SEA/LEA where the child resides at least 90 days prior to the child’s 3rd birthday.

COVID-19
The SEA/LEA Notification Process remained the same for the Idaho Infant Toddler Program. Additionally, the Part C Coordinator worked with the Part B Coordinator to identify any potential changes to the Part B system as a result of COVID-19. We were informed that Part B Special Education Directors still had to meet all Part B requirements, including receipt of the Notifications from Part C. Therefore, notifications continued as typical.

At the beginning of the COVID-19 pandemic, Idaho ITP’s data completeness was impacted by the decrease in number of children served. However, there was no impact to the validity and reliability of our SEA/LEA Notification process. Additionally, we did not have to take any steps to mitigate any impacts regarding data collection.

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

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

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

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

Idaho demonstrated that it corrected all findings of non-compliance identified in FFY 19, consistent with the requirements in OSEP Memo 09-02. Specifically, Idaho reports verification that the EIS programs with noncompliance identified in FFY 19: (1) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program; and (2) are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through onsite monitoring or the state’s data system.

In FFY 19, 8 children did not have the SEA and LEA notification sent at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services. These 8 children were located in three regional EIS programs. One (1) of the 7 regional EIS programs were issued findings of noncompliance, two (2) regional programs achieved pre-finding correction, and the remaining four (4) regional EIS programs were not issued findings due to achieving 100% for indicator 8A in FFY 19 reviews during the RAPR process. The RAPR review process occurs prior to issuing written findings.

EIS program level correction, file review samples (completed no later than June 30, 2019 and generated from the ITPKIDS web-based data system) were used to verify that the regional EIS programs were correctly implementing the SEA and LEA notification sent at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services in FFY 19. The data analysis revealed:

• One (1) of the 7 regional EIS programs who had findings issued was verified as correcting non-compliance within one year of written findings by reviewing one new month of indicator 8B data.
-The review revealed the program was at 100% for this requirement.

• Two (2) of the 7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 1 data during the FFY 19 RAPR review process.
- The review revealed that each of the programs were at 100% for this requirement.

To support correction of noncompliance, the following activities were implemented:
• Policies and procedures were reviewed, and TA on regulatory requirements was provided on a regular basis to staff/contractors, hub leaders, and human services supervisors.

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

For individual child level correction, data from the FFY 19 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction for the 8 children located in three of Idaho’s seven regional EIS programs who did not have the SEA and LEA notification sent at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services. The state verified 2/8 children had their SEA and LEA Notification sent, although late, and 6/8 children were no longer in the program.

Correction of each individual incidence of noncompliance is verified through ITPKIDS. ITPKIDS captures the SEA/LEA Notification date for all Part B Potentially Eligible children enrolled in the Infant Toddler Program as well as corresponding Transition notes completed by the centralized SEA/LEA Notification staff.

Central Office reviews the results from the transition file review using ITPKIDS to verify that each individual instance of non-compliance is corrected unless the child is no longer within the jurisdiction of the EIS program.

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

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

## 8B - Prior FFY Required Actions

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

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

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

Idaho's FFY 2019 verification of non-compliance correction is included in the Indicator Data "FFY 2019 Findings of Noncompliance Verified as Corrected" section of this report.

## 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 84.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 79.05% | 85.58% | 92.38% | 96.12% | 78.10% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 92 | 104 | 78.10% | 100% | 98.08% | Did not meet target | No Slippage |

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

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

0

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

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

10

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

In Idaho, exceptional family circumstances were categorized as “timely” when calculating the percentage of children with a timely transition conference held.

In FFY 2020, ten (10) children statewide experienced delays in holding a timely transition conference due to exceptional family/extenuating circumstances. Examples of family circumstances include:
• Conflict with family scheduling transition conference
• Child/family illness or hospitalization
• Family indecisiveness
• Family request to hold transition conference at a later date

**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).**

To obtain data for indicators 8A, 8B, and 8C, the Central Office data analyst pulled a random file sample from the ITPKIDS data system within the full FFY 2020 reporting year (July 1, 2020 – June 30, 2021).

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

The following processes describe how this indicator accurately reflects data for infants and toddlers with Individualized Family Service Plans (IFSPs) for the full reporting period:
1. The Central Office data analyst pulled a random file sample from the data system (ITPKIDS) within the FFY 2020 reporting year.
2. A state lead agency program specialist sent instructions with the list of child names to each region to complete the file review for indicators 8A, 8B, and 8C.
3. Hub leaders or supervisors completed the file review and submitted the results to the state lead agency.
4. The state lead agency program specialist and Part C Coordinator reviewed the results, clarified any questions, and calculated the results.
5. The state lead agency program specialist and Part C Coordinator used data from ITPKIDS to review and verify findings of the file review.

To ensure accuracy of the file sample pulled from the ITPKIDS data system, the ITP data analyst and hub leaders run reports on a regular basis to identify any children over the age of three for whom an exit record does not exist in the data system.

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

In FFY 2020, two (2) children statewide experienced delays in holding a timely transition conference due to an agency reason. Examples of agency reasons for delay include:
• Late or early on Part C transition conference timeline (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).
• Transition meeting was held timely, but the school district was not invited.

COVID-19
The Part C Transition Conference process remained the same for the Idaho Infant Toddler Program. Additionally, the Part C Coordinator worked with the Part B Coordinator to identify any potential changes to the Part B system as a result of COVID-19. We were informed that Part B Special Education Directors still had to meet all Part B requirements, including participating in the Part C Transition Conference.

It was reported that many school district representatives did not attend the Part C Transition Conference as schools grappled with how to handle the COVID-19 pandemic. However, we continued to hold the conferences with or without the Part B representative being invited/present in adherence with the IDEA, Part C requirements.

At the beginning of the pandemic, fewer transition conferences were held due to the decrease in the number of children referred and served by our program. However, there were no impacts to the validity and reliability of our Part C Transition Conference process. Additionally, we did not have to take any steps to mitigate any impacts regarding data collection.

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

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

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

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

Idaho demonstrated that it corrected two findings of noncompliance identified in FFY 19. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the two EIS regional programs with noncompliance in FFY 19: (1) have corrected each individual case of non-compliance, unless the child is no longer within the jurisdiction of the program; and (2) are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through onsite monitoring or a State data system.

In FFY 19, 23 children did not have the Part C transition conference held 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. These 23 children were located in two (2) of the 7 regional EIS programs. Two (2) of the 7 regional EIS programs were issued findings of noncompliance, four (4) regional EIS programs were not issued findings due to achieving 100% for indicator 8C in FFY 19 reviews during the RAPR process (the RAPR review process occurs prior to issuing written findings), and one (1) regional program had ongoing noncompliance and was not issued a new finding in FFY 19 (refer to the Correction of Findings of Noncompliance Identified Prior to FFY 2019 section below for additional information).

EIS program level correction, file review samples completed later than June 30, 2019 and generated from the ITPKIDS web-based data system, was used to verify that the regional EIS programs were correctly implementing the timely services requirement in FFY 2019. The data analysis revealed:

• The 2 regional EIS programs who had findings issued were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator #8C data for each program.
-The review revealed that each of the 2 programs were at 100% for this requirement.

• The 1 regional EIS program with an outstanding finding of noncompliance from (FFY 17) was not verified as being corrected within two years of the original written finding by reviewing several months of indicator 8C data for the program (refer to the Correction of Findings of Noncompliance Identified Prior to FFY 2019 section below for additional information).

To support the correction of noncompliance, the following activities were implemented:
• Policies and procedures were reviewed, and staff/contractors, hub leaders, and human services supervisors received TA on regulatory requirements on a regular basis, especially the region with continued non-compliance from FFY 17.

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

For individual child level correction, data from the FFY 19 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction for 23 children who did not have the Part C transition conference held at least 90 days, and at the discretion of all parties not more than nine month prior to the toddler’s third birthday for toddlers potentially eligible for Part B services. Data showed the transition conference was held, although untimely.

Correction of each individual incidence of noncompliance is verified through ITPKIDS. ITPKIDS captures the Transition Conference date and late reason, if applicable, for all children enrolled in the Infant Toddler Program as well as corresponding Continuing Service Report notes completed by service coordinators documenting the transition conference.

Central Office reviews the results from the transition file review using ITPKIDS to verify that each individual instance of non-compliance is corrected unless the child is no longer within the jurisdiction of the EIS program.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

Idaho’s regional EIS program corrected their FFY 17 noncompliance in FFY 20. A corrective action plan with strategies to reach and sustain compliance was developed in FFY 17. The regional EIS program continued to submit required data pulled from a random file sample from ITPs data system to report on activities completed to correct their outstanding finding of noncompliance monthly.

EIS program level correction, subsequent file review of data completed in FFY 20 and generated from the ITPKIDS web-based data system, was used to verify that the regional EIS program was correctly implementing the timely services requirement. The review revealed that the program was at 100% for this requirement.

The hub leaders and supervisors in this program identified efficiencies, trained new and existing staff and contractors on the requirement to conduct 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. This program also continued to work on ensuring that a Part B representative was invited to the transition conference for children who are Part B potentially eligible.

Central office provided regular technical assistance to this region to assist with problem solving and ensuring all transition requirements are understood and being implemented correctly.

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

For individual child level correction, data from the FFY 20 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction who did not have the Part C transition conference held at least 90 days, and at the discretion of all parties not more than nine month prior to the toddler’s third birthday for toddlers potentially eligible for Part B services.

Correction of each individual incidence of noncompliance was verified through ITPKIDS. ITPKIDS captures the Transition Conference date and late reason, if applicable, for all children enrolled in the Infant Toddler Program as well as corresponding Continuing Service Report notes completed by service coordinators documenting the transition conference.

Central Office reviewed the results from each transition file review using ITPKIDS to verify that each individual instance of non-compliance was corrected unless the child was no longer within the jurisdiction of the EIS program.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2017 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

Idaho's FFY 2019 verification of non-compliance correction is included in the Indicator Data "FFY 2019 Findings of Noncompliance Verified as Corrected" section of this report.

## 8C - OSEP Response

## 8C - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

**Provide an explanation of why it is not applicable below.**

Indicator #9 is not applicable as Part B due process procedures have not been adopted by Idaho Part C.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

Idaho did not receive any mediation requests from the regional programs in FFY 20.

**Historical Data**

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

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

**Targets**

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

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

Idaho has not received any mediation requests since the inception of the SPP/APR. As a result, Idaho is not required to establish a baseline and targets if the number of mediations is less than 10 in a Federal Fiscal Year.

COVID-19
There were no effects related to COVID-19 regarding data completeness, validity, reliability and data collection for this indicator.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

Increase the percentage of infants and toddlers exiting early intervention services who demonstrate growth in positive social emotional development.

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

NO

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

NO

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

YES

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

Idaho's theory of Action has been revised since last year's submission. Idaho added two intermediate outcomes to the Early Childhood Outcomes strand. Outcomes were added to measure sustainability of staff and contractor ECO process and social emotional knowledge and measure an additional data point of the ECO processes’ effect on families. The addition of these outcomes will assist the program in supporting a statewide sustainable infrastructure that strengthens the early childhood process for ITP staff, contractors, and families.

1. Identified staff and contractors statewide maintain their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development.

2. Families statewide are involved in ECO discussions to help them plan how to help their child learn and grow.

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

https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=20897&dbid=0&repo=PUBLIC-DOCUMENTS (Note: Not compatible with Internet Explorer)

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** |
| --- | --- |
| 2020 | 44.92% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 44.92% | 45.20% | 45.50% | 46.00% | 46.50% | 47.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it; Infants and toddlers who improved functioning to reach a level comparable to same-aged peers. | Infants and toddlers who did not improve functioning; Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers; Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it; Infants and toddlers who improved functioning to reach a level comparable to same-aged peers. | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 398 | 886 | 47.60% | 44.92% | 44.92% | N/A | N/A |

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

ITP Data System

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

Data Collected:
Idaho collects entrance and exit child outcome data for all children enrolled in our program who receive early intervention services for six months or longer. Early Childhood Outcome (ECO) data is gathered using standard statewide procedures, tools and resources and is entered into the Infant Toddler Program (ITP) data system.

Idaho’s standardized ECO process consist of practice parameters that identify role responsibility and utilization of state identified tools and resources at specific process points: Referral, Intake and Family Assessment; Child Evaluation, Assessment and Eligibility; IFSP and ECO Decision.

-The Referral, Intake & Family Assessment process uses family communication tools and resources to discuss the ECO meaning, importance, and process as well as tools that will be used during family participation in the ratings process.

-The Child Evaluation, Assessment and Eligibility process uses information gathering tools and resources to obtain a complete picture of the child’s functioning across multiple settings and situations as well as the child’s skills relative to typically developing peers.

-The IFSP and ECO Decision process ensures needs identified through the ECO process are integrated into IFSP outcomes and uses ECO rating tools to ensure the 7-point scale is consistently and accurately used during the rating process with families. Additionally, the Child Outcome Summary Form is required to document the ECO ratings and must be attached to the child’s record in the ITP data system.

Data Analyzed:
Idaho’s Infant Toddler Program data analyst provides state and local level leadership with C3A SS1 data reports tri-annually. Reports are analyzed and discussed to include: statewide trends over time; variability of regional summary statement proportions; and how entry and exit ECO scores are collected in ITPKIDS Data System, categorized, and calculated into summary statement one.

Additionally, Idaho established standard statewide checks to review and monitor ECO data. ECO Fidelity Checks are implemented biannually to support sustainability of the standardization and proficiency of the ECO process, tools and resources as well as ensure accuracy of the ECO ratings. Survey data is analyzed and used for improvement by the state and local level leadership to ensure Idaho’s C3A SS1 data accurately measures progress towards the SiMR.

**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.**

Idaho evaluated progress toward five key measures during the reporting year utilizing data extraction and analysis from the ITPKIDS Data System, survey tools developed based on outcomes in our ECO, Monitoring and Accountability, and Professional Development strands, and professional resources provided by DaSY and ECTA.

1. Assessment of non-demonstration site families’ awareness and understanding of the ECOs using the Family Survey tool to evaluate the ECO processes effect on families. Evaluation data from the FFY 20 survey of families in the non-demonstration sites who responded to the survey shows 74.4% having an awareness, understanding, and involvement in the ECOs. The performance indicator for this intermediate outcome was not achieved as this is a decline in evaluation data from last year’s initial measure. We believe the decline is due to challenges of engaging families virtually and the low Family Survey response rates; however, with resuming in-person visits and the implementation of a phone survey pilot, we anticipate achieving the performance measurement next year.

2. Assessment of non-demonstration site families’ involvement in the ECO process including determining ECO ratings using Family Survey tool to evaluate the ECO processes effect on families. Evaluation data from the FFY 20 survey of families in the non-demonstration sites who responded to the survey shows 82.3% report involvement in the ECO process including determining the ratings. The performance indicator for this intermediate outcome was not achieved as this is a decline in evaluation data from last year’s initial measure. We believe the decline is due to challenges of engaging families virtually and the low Family Survey response rates; however, with resuming in-person visits and the implementation of a phone survey pilot, we anticipate achieving the performance measurement next year.

3. Assessment of state and local level leadership having knowledge of the ECO process fidelity check data using Hub Leadership Meeting minutes. Evaluation data shows 100% of state and local level leadership has knowledge of the implementation and ongoing data from both statewide ECO process fidelity checks implemented in FFY 20.
4. Assessment of final ECO processes are being implemented in a standardized way statewide using ECO Process fidelity check Key Survey tool. FFY 20 evaluation data shows 90% of the completed statewide ECO fidelity checks demonstrate that the ECO processes are being implemented following the standard, effective, planned method.

5. Assessment of C3A SS1 Early Childhood Outcome data to include FFY 2015-2019 baselines, targets and actual data; ad hoc data reports; and FFY 20 actual data to evaluate performance trends, data completeness and accuracy, and state improvement initiatives. Evaluation of this data showed concerns with the quality of the data used for setting the baseline and previous targets, resulting in unrealistically high targets for Outcome A1 SS1. Idaho has made significant infrastructure improvements to improve data quality (e.g. standardized ECO process, tools and resources, implemented biannual ECO process fidelity checks, and provided social emotional training and resources) and expect these improvements to result in achieving the SiMR. The performance indicator for FFY 20 for this long-term outcome will be achieved as the proposed FFY20 target is based on FFY 20 actual data.

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

YES

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

Time and resources continue to be dedicated to implementing and evaluating the State Systemic Improvement Plan (SSIP) strategies outlined in the implementation plan for FFY20. Variation in child outcome data remains a concern to the state- and local-level leadership teams. In FFY20, Idaho continued to decline in our SiMR data. We continue to hear concerns from staff, contractors, and leadership regarding the additional time required to implement the new ECO process, tools and resources resulting in state leadership concerns about how the additional work impacts the quality of ECO data. Consistent turnover with increased caseloads, especially for service coordinators, continue to make it increasingly difficult for regional programs, service providers and service coordinators to pilot, implement, and scale up activities identified in the SSIP. In FFY20, Idaho experienced a 12% turnover rate with direct services providers and a 26% turnover rate with service coordinator providers. Idaho has taken actions to address turnover through implementing both retention and new hire strategies by offering slightly higher pay rates for new staff; offering to telework where possible; invested in software to simplify processes; and added additional pay for contracted service coordination activities that we had not previously paid for. Idaho also has a robust training system in which new hires are required to complete ECO and Social Emotional Training within six months of their hire date and the state level leadership began holding discussions with the local level leadership on implementing ECO trainings annually for sustainability.

Additionally, as Idaho continues to move toward scale-up of EI EBP, our concern around the tracking and monitoring of staff and contractors who will reach and maintain EBP fidelity remains. Concerns from local leadership reflect that the method to measure and track EI EBP fidelity may put a strain on existing leadership and staff/contractor resources which may lead to data quality issues for the measurement of EI EBP fidelity activities and outcomes. To address these concerns, in FFY 20 the SSIP Statewide Leadership Team identified four mentors to receive training from national experts and become certified Fidelity Coaches. Idaho currently has two existing certified Fidelity Coaches who are piloting a practitioner fidelity process that will also result in additional trained mentors. Having the additional certified fidelity coaches and mentors will allow for increased support to track and measure practitioner fidelity statewide.

The State Level Leadership Team continues to have concern that Idaho’s relatively low Family Survey response rates will affect accurate representation of the ECO processes’ effect on families’ understanding of the ECO and their involvement in the ECO ratings. To address these concerns, Idaho implemented a pilot to utilize statewide support staff to conduct follow up phone calls with those families who had not completed the Family Survey within two months of being offered the survey at their six-month review. The pilot proved successful showing a 37.4% response rate statewide, whereas prior years averaged an 8% response rate.

Idaho continues to regularly monitor data to ensure necessary adjustments are made to the corresponding performance indicator metrics and to activities/steps in the action plan.

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

COVID-19 continues to be challenging for Idaho’s lead agency and the seven local regions and we believe it has impacted the data completeness, validity, and reliability of ECO data.

Many families chose not to continue receiving services from the Infant Toddler Program when COVID-19 hit and we moved to the provision of virtual services. Although we have slowly implemented a methodical phased approach to return to providing in-person services, we still offer and provide services virtually and staff and contractors continue to voice concerns about how difficult it is to engage families in the ECO process as well as with the challenges encountered when trying to effectively and completely explain the ECO process and review ECO related materials with families virtually.

These barriers have made ECO measurement more difficult and may potentially lower scores. For those families that receive services virtually, Idaho does its best to provide the ECO materials via email or through the regular mail system prior to completion of the ECO process. However, with many families continuing to be impacted by COVID-19, we continue to do the best we can to complete the entry and exit ECO processes using virtual measures, but we know this process is still being impacted by COVID-19.

Idaho was fortunate in that prior to COVID-19 we developed the ability to provide virtual services using an in-house HIPAA/FERPA compliant platform. However, when COVID-19 hit our state, state level leadership focused on completing and modifying the Virtual Early Interventions Guidelines and many accompanying documents to ensure it met the needs for our regional programs and we continue to operate under these pandemic guidelines. Additionally, Idaho implemented a phased approach to return to in-person services with the goal to resume in-person services safely over a period of time. Each phase offers specific service provision guidance and procedures to follow both prior to and during in-person visits.

Section B: Implementation, Analysis and Evaluation

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

YES

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

Early Childhood Outcomes Strand
• Develop and implement plan for ongoing statewide training to maintain ECO and social emotional knowledge – Added new activity to capture development of a training plan.
• Identified staff and contractors statewide maintain their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development – Added new outcome to measure ongoing sustainability.
• Non-demonstration site families have an awareness and understanding of the ECOs - Modified outcome performance indicator and implementation timeline to allow for increase from FFY20 data.
• Non-demonstration site families are involved in the ECO process including determining the ratings – Modified outcome performance indicator and implementation timeline to allow for increase from FFY20 data.
• Families who respond to the Family Survey are involved in ECO discussions to help them plan how to help their child learn and grow – Added new outcome to measure ongoing sustainability.

Monitoring and Accountability Strand
• State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement – Modified activity status to reflect in progress as this is an ongoing measurement.
• Develop and make available an ECO score data report to use for ongoing statewide improvement – Added new activity to capture development of a report.
• Implement ongoing statewide ECO process fidelity checks twice a year until the data stabilizes, then yearly after that – Modified activity status to reflect complete as this was implemented.
• State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement – Modified outcome status to reflect in progress as this will be an ongoing measurement.
• Final ECO processes are implemented in a standardized way statewide – Modified outcome timeline and status to reflect in progress as this will be an ongoing measurement.

Professional Development Strand
• Develop and implement plan to use FIP-EI certified mentors to track and measure practitioner fidelity – Modified activity timeline and status to reflect activity completion.
• Identified existing mentors attend Early Intervention Fidelity Coach Certification Institute – Added new activity to capture new mentor training.
• As resources allow, mentors use identified tools for statewide scale-up to measure and track practitioner EBP fidelity – Modified activity timeline to allow for implementation.
• EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity – Modified outcome implementation timeline to allow for providers to be trained and mentored.
• FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity – Modified outcome implementation timeline to allow for mentors to be trained and mentored.
• EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity – Updated outcome to reflect status as in progress

Long term Outcome in each of the three Idaho strands: [SiMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate growth in positive social emotional development – Modified performance indicator to reflect new FFY 2020 – 2025 targets.

Idaho’s current 508 compliant Evaluation Plan can be found at https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=20895&dbid=0&repo=PUBLIC-DOCUMENTS (Note: Not compatible with Internet Explorer).

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

Idaho has made progress toward changing infrastructure in a manner consistent with meeting the goals of the SSIP to support scaling-up and long-term sustainability.

To support the scale-up and sustainability of the standardization of the ECO processes, tools and resources, Idaho implemented ongoing ECO process fidelity checks statewide. Fidelity check results are used to inform state level and local level leadership for ongoing improvement in ECO process proficiency and rating accuracy. Survey results are presented biannually to statewide and local level leadership. Additionally, local level leadership are provided with region specific open-end and ECO thought responses. Training tools are also provided to address targeted training based on their region’s responses. Examples of the training tools include, but not limited to, ECTA ECO online modules, Infant Toddler Programs Social Emotional online modules, and DaSY Center video on COS Data to OSEP Progress Categories/Summary Statements. Additionally, when state level leadership identifies outliers or concerns on the survey data, this is presented to the program’s Operations Manager to address with local level leadership. Additionally, one hub began using electronic polling in real time to gather ECO rating options during their MDT meetings as an infrastructure strategy.

**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.**

Intermediate Outcome achieved - State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement. In FFY 20, state and local level leadership gained knowledge of the implementation and ongoing data from both statewide twice-yearly ECO process fidelity checks. The survey results were presented to local level leadership along with region specific open-end and ECO thought responses and training tools to address targeted training based on their region’s responses.

Intermediate Outcome achieved - Final ECO processes are implemented in a standardized way statewide. In FFY 20, Idaho completed both twice-yearly ECO Fidelity checks statewide using Key Survey to measure whether the ECO processes are being implemented following the standard, effective, planned method: For both Entry and Exit ECO processes, respondents report (a) explaining the ECO process to the family to increase ECO accuracy and family engagement, (b) involving the family in the ECO process to increase ECO accuracy and program effectiveness and (c) age anchoring the child to increase ECO accuracy. Evaluation data from the most recent survey shows 90% overall fidelity with 171 respondents.

Ongoing ECO process fidelity check data will enable Idaho to continuously measure the sustained improvement in the ECO process and data quality and address any potential deviations from the process to ensure Idaho’s ECO data can be used to accurately measure progress towards the SiMR.

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

YES

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

To support the Coaching in Natural Learning Environments evidence-based practices and ensure sustainability, Idaho newly identified one improvement strategy during the reporting period: Identified existing mentors attend FIP-Early Intervention Fidelity Coach Institute and obtain Fidelity Certification.

Idaho was presented with the opportunity to send existing mentors to the National Fidelity Coach Institute to obtain EI EBP fidelity certification. Four mentors applied and were accepted into the Fidelity Coach Institute. The Fidelity Coach Institute is a nationwide certification course that leads to a two-year Fidelity Coach Certification when completed successfully and will allow these four mentors to be verified as having obtained reliability when using the FIP-EI tools to observe, analyze and measure practitioner fidelity to early intervention practices (natural learning environment practices, coaching practices, resource-based intervention practices, and family-centered practices). Idaho currently has two certified Fidelity Coaches and adding these additional four will be a significant increase in resources. Certified Fidelity Coaches will be able to measure EBP fidelity of both staff and mentors, develop and update statewide EBP trainings for mentors and coaches to align with nationwide fidelity standards of practice, update evidence-based practice sustainability to align with the nation-wide fidelity standards of practice, and train other mentors to measure practitioner EBP fidelity to increase staff competency across the state.

Intermediate Outcome - FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity - is in progress and Idaho will be collecting and reporting data on this outcome next reporting period.

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

Early Childhood Outcomes Strand
Idaho will continue to focus on strengthening the early childhood outcomes process for ITP staff, contractors, and families.

Next Steps:
The State Level Leadership Team will continue to monitor our data to ensure our ability to accurately evaluate program sustainability of the ECO process and the ECO processes’ effect on families’.

Anticipated Outcomes:
1. Intermediate Outcome-Identified staff and contractors statewide maintain their knowledge in the ECO process including determining the ECO ratings and their knowledge of typical/atypical social emotional development. Performance Indicator-80% of identified staff and contractors statewide participate in training to maintain their knowledge of the ECO process to include determining the ECO ratings and typical/atypical social emotional development. Timeline- June 2022 – ongoing.

2. Intermediate Outcome–Non-demonstration site families have an awareness and understanding of the ECOs. Performance Indicator–There will be a 3% increase from FFY 20 data of families in the non-demonstration sites that report an awareness and understanding of the ECOs. Timeline–Post Measure June 2022.

3. Intermediate Outcome–Non-demonstration site families are involved in the ECO process including determining ECO ratings. Performance Indicator-There will be a 3% increase from FFY 20 data of families in the non-demonstration sites that report being involved in the ECO process including determining ECO ratings. Timeline–Post Measure June 2022.

4. Intermediate Outcome-Families who respond to the Family Survey are involved in ECO discussions to help them plan how to help their child learn and grow. Performance indicator- 83% of families who respond to the Family Survey report being involved in the ECO discussions to help them plan how to help their child learn and grow. Timeline- June 2022 – ongoing.

Monitoring and Accountability Strand
Idaho will continue to focus on standardized statewide checks to review and monitor early childhood outcome data and social emotional practices.

Next Steps:
The state level leadership will continue to ensure our ability to accurately evaluate ECO processes being implemented in a standardized way.

Anticipated Outcomes:
1. Intermediate outcome - State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement. Performance Indicator-100% of state and local level leadership have knowledge of the implementation and ongoing data from the ECO process fidelity checks. Timeline-April 2020-ongoing.

2. Intermediate Outcome - Final ECO processes are implemented in a standardized way statewide. Performance Indicator-90% of completed final statewide ECO fidelity checks demonstrate that the ECO processes are being implemented following the standard, effective, planned method. Timeline-May 2020–ongoing.

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

Idaho continues to work toward building a statewide sustainable EI EBP system to ensure continued progress in practitioner and mentor training and fidelity as well as increase the mentor pool. We continued to implement coaching in natural learning environments (Shelden & Rush) evidence-based practices statewide despite the pandemic and ongoing staff and contractor turnover challenges the program continues to face.

All regions within the state continued to implement maintenance activities for the Coaching in Natural Learning Environments to advance our state’s implementation of evidence-based practices.

Four FIP-EI Certified mentors began working with Idaho’s two Fidelity Coaches as part of an EBP Fidelity pilot to build a pool of certified Fidelity Master Mentors and certified Fidelity Mentors in the Infant Toddler Program to measure and track practitioner fidelity.

Four additional mentors applied and were accepted into the National Fidelity Coach Institute and will result in a two-year Fidelity Coach Certification when completed during the next reporting period.

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

To support the Coaching in Natural Learning Environments evidence-based practices and ensure sustainability, Idaho continues to build the infrastructure necessary for ongoing supports and statewide scale-up.

Statewide, all regions continued to implement maintenance activities for Coaching in Natural Learning Environments to sustain and advance our state’s implementation of evidence-based practices. The purpose of the maintenance activities is to continue to build practitioner capacity and ensure sustainability of early intervention evidence-based practices by requiring a team activity to be completed at a minimum of every six months and must be inclusive of EBP topics: natural environments, coaching practices, functional outcomes, resource-based practices, and PSP approach to teaming. Individual activities are optional as resources allow and designated by the hub/region and are inclusive of shadowing a home visit, completing coaching logs, reviewing a video of a home visit, or reviewing EBP checklists. In FFY 20, both team and individual maintenance activities were completed to include group trainings on how the routine areas of the MEISR Assessment tool can also be used for IFSP outcomes and individual refresher training assignments of the 5 Foundational Pillars of Early Intervention.

Four FIP-EI Certified Mentors are working with Idaho’s two Fidelity Coaches as part of an EBP Fidelity Pilot. The purpose of the pilot is to build a pool of certified Fidelity Master Mentors and certified Fidelity Mentors in the Infant Toddler Program to measure and track practitioner fidelity. A larger pool of Fidelity Master Mentors who can support Fidelity Mentors will ensure evidence-based practices are supported in Idaho’s Infant Toddler Program through improving practitioner consistency of EI EBP implementation statewide ultimately leading to improved outcomes for children. Once there are trained Fidelity Master Mentors and Fidelity Mentors, the Fidelity Coaches will be able to expand their reach to additional regions and practitioners further expanding the mentor pool to measure and track practitioner fidelity.

Four additional mentors applied and were accepted into the Fidelity Coach Institute. The Fidelity Institute is a Nationwide certification course that will result in a two-year Fidelity Coach Certification when completed during the next reporting period. These four mentors will be verified as having obtained reliability when using the FIP-EI tools to observe, analyze and measure practitioner fidelity to early intervention practices (natural learning environment practices, coaching practices, resource-based intervention practices, and family-centered practices). Idaho currently has two certified Fidelity Coaches and adding these additional four will be a significant increase in resources. Certified Fidelity Coaches will be able to measure EBP fidelity of both staff and mentors, develop and update statewide EBP trainings for mentors and coaches to align with nationwide fidelity standards of practice, update evidence-based practice sustainability to align with the nation-wide fidelity standards of practice, and train other mentors to measure practitioner EBP fidelity to increase staff competency across the state.

Idaho’s plan is to use our master mentors and mentors to provide the training and coaching log review for practitioners to be new mentors. This will help provide the infrastructure to become self-sufficient and self-sustaining.

**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.**

Idaho has made progress in a manner consistent with meeting the goals of the SSIP to support achieving the SiMR by continuing to build a sustainable system to support social emotional development using coaching in natural learning environments Evidence-based Practices (EBP).

With the development and implementation of a plan to use the FIP-EI certified mentors to track and measure practitioner fidelity, four existing mentors attending the Early Intervention Fidelity Certification Institute, and mentors using identified tools to measure and track practitioner fidelity, Idaho is able to continue to make progress on the development of both an EBP mentor and master mentor cadre, including a path to fidelity, and standardized processes to identify practitioners who have reached fidelity with evidence-based practices.

Idaho’s continued work on EBP fidelity activities, fidelity training, fidelity mentoring, measuring fidelity, and building a mentor pool to measure and track practitioner fidelity will not only allow the program to consistently and reliably observe and analyze the fidelity of early intervention practices, but also improve practitioner consistency of EI EBP implementation statewide.

Building a statewide sustainable EI EBP system along with practitioners embedding their understanding of typical and atypical social emotional development allows Idaho to better support families to enhance their understanding of how to support their child’s social emotional development, ultimately leading to improved outcomes for children and achievement of our SiMR.

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

For FFY 20, data has not been collected on EBP fidelity implementation as Idaho’s EBP Fidelity pilot was initiated this year and remains in process. The anticipated completion is during next reporting period and the data collection will be reported in FFY 21.

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

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

Professional Development Strand
Idaho will continue to focus on building a sustainable system to support social emotional development using the coaching in natural learning environments evidence-based practices.

Next Steps:
The state level leadership will continue to ensure sustainability of evidence-based practices with mentor and practitioner evidence-based practice fidelity training and implementation.

Anticipated Outcomes:
1.Intermediate Outcome - EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity. Performance Indicator-75% of providers who have been trained and mentored are implementing EBP (coaching in Natural Learning Environments) with fidelity statewide. Timeline-January 2023.

2.Intermediate Outcome - FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity. Performance Indicator-75% of mentors who have completed the FIP-EI certification who have been trained and mentored are implementing EBP mentoring with fidelity. Timeline-April 2022.

3.Intermediate Outcome - EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity. Performance Indicator-50% of mentors who have been trained and mentored are implementing EBP mentoring with fidelity. Timeline-August 2022 – ongoing.

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

Idaho measures the progress of the improvement plan by implementing improvement activities as intended, successful completion of outputs, and measuring outcomes. Through this formative evaluation, we track completed activities and identify necessary adjustments to our improvement plan as needed. FFY 20 adjustments to Idaho’s improvement plan included modifying status and timelines, modifying performance indicators, and adding activities and outcomes.

Early Childhood Outcomes strand adjustments focused on staff and contractor ECO process sustainability and the ECO process effect on families. The activity added involved developing a statewide maintenance training. The added outcome entails the measurement of staff and contractors’ participation in training to maintain their knowledge of the ECO process to include determining the ECO ratings and typical/atypical social emotional development. These additions were made to ensure sustainability through ongoing training and maintenance of ECO processes and social emotional knowledge due to Idaho SiMR scores not reflecting the increases as intended.

Additionally, the performance indicator and implementation timeline of the following two outcomes were modified to address the decline in family survey data from last year’s initial measure:
• Non-demonstration site families having an awareness and understanding of the ECOs
• Non-demonstration site families are involved in the ECO process outcomes including determining ratings

Lastly, in the ECO strand, one new outcome was added to measure family involvement in ECO discussions to help them plan how to help their child learn and grow. This outcome was added for an additional measure of the ECO process’ effect on families and will begin next reporting period.

Monitoring and Accountability strand adjustments focused on staff and contractor standardized ECO process implementation and ongoing statewide improvement. The two activities modified involved implementation of ongoing biannual statewide ECO process fidelity checks and state and local level leadership having knowledge of the ECO process fidelity check data to use for ongoing improvement. The activity added involved developing and making available an ECO score data report to use for ongoing statewide improvement. These adjustments were made to ensure statewide ECO process fidelity data is captured and utilized for ongoing improvement.

Additionally, the implementation timeline and status of the following two outcomes were modified to ensure ongoing measurement:
• State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement
• Final ECO processes are implemented in a standardized way statewide

Professional Development strand adjustments focused on expanding our mentor pool to measure and track practitioner EBP fidelity. The two activities modified involved ensuring a plan to use FIP-EI certified mentors was developed and implemented and the extension of the implementation timeline for mentors to use identified practitioner EBP fidelity measurement and tracking tools. The activity added involved the identification of four existing mentors attending the Early Intervention Fidelity Coach Certification Institute. These adjustments were made to ensure statewide support of improving practitioner EI EBP implementation consistency through the addition of trained mentors who can measure and track practitioner EBP fidelity.

Additionally, the implementation timeline and status of the following three outcomes were modified to allow for implementation and ongoing measurement:
• EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity
• FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity
• EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity

In addition, the long-term outcome performance indicator and timeline in each of the three strands was modified to reflect new FFY 2020-2025 targets: [SiMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate growth in positive social emotional development. Idaho conducted an extensive analysis of FFY 2015-2019 SiMR data along with examining our targets. This analysis revealed significant issues with the quality of the data used for setting the targets, resulting in an unrealistically high target for Outcome A1 SS1. Based on this analysis and the work we have done in recent years to improve data quality; we are proposing to use the FFY 20 SiMR data as our new baseline. We also have used our more recent data which we believe to be more trustworthy to establish targets that reflect growth and are in alignment with what we are learning from our improved data. Idaho has made significant infrastructure improvements to improve data quality (e.g. standardized ECO process, tools and resources, implemented biannual ECO process fidelity checks, and provided social emotional training and resources). These are expected to result in data that will more accurately reflect the outcomes our children are achieving. The revised baseline for FFY 2020 and new targets reflects rigorous, yet achievable improvement through FFY 2025 and will allow the state data and reporting processes to more meaningfully capture how the state is performing.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

To increase the capacity of stakeholders, Idaho’s Part C state level leadership team collaborated with and sought stakeholder input regarding setting new SPP indicator targets, which included the FFY 2020 - 2025 targets, and resetting baselines for some APR indicators. Stakeholders involved in this process included state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, and the Infant Toddler Coordinating Council (ITCC) which has 4 parent members, some of whom also represent parent advocacy groups. State level leadership met with the stakeholders to share information on the previous SPP indicator baselines, targets and actual data to review and prepare the stakeholders for engaging in discussing potential starting points for the new targets. An informational document presented to the stakeholders contained graphs and tables of prior year actual data, current actual data, proposed targets, and a comparison of target setting approaches. As a result, stakeholder discussions were able to be focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. The shared information coupled with informed discussions, led to agreement on achievable target increases for each SPP indicator.

To help prepare stakeholders to make informed decisions, state level leadership shares an SPP/APR PowerPoint presentation annually to the ITCC Stakeholder group in which we review, discuss, answer questions, and solicit feedback regarding Idaho’s SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for the two years prior. To further increase stakeholder capacity and engagement, in the coming year Idaho plans to also incorporate ITPs tri-annual data update which highlights statewide key performance trends.

In FFY 2020, state level leadership began conversations with the Executive Committee of the Infant Toddler Coordinating Council (ITCC) about how we can increase outreach to underserved populations. The purpose of conducting targeted outreach of underserved populations is to reach and educate a more diverse population of Idaho families, leading to enrollment in services and an opportunity to increase 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. Suggestions offered by stakeholders included but are not limited to outreach activities to ethnic churches and grocery stores, Agency for New Americans, tribal nations throughout Idaho, homeless shelters, food pantries, and high schools for teen parents. Additionally, various modes of outreach were discussed including social media, Department of Health and Welfare newsletters and webpage, and non-English-speaking radio stations. Idaho participated in a variety of technical assistance meetings with our federal partners where equity was a topic of discussion and reviewed professional online articles related to this effort.

Idaho continues to collaborate and engage stakeholders to further SSIP efforts. SSIP stakeholder involvement include state level leadership, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Idaho Parents Unlimited leadership, university representatives, Infant Toddler Coordinating Council (ITCC) members to include 4 parent members, Regional Early Childhood Committee (RECC) representatives to include 4 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor. Through regularly scheduled meetings and newsletters, stakeholders are informed of and given an opportunity to weigh in on the progress of the implementation and evaluation of the SSIP. The newsletters, which are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders both inform and build common ground.

Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, provide outreach and community education:

1. State Leadership Team Meetings. These meetings are held twice monthly and address a variety of Infant Toddler topics. The SSIP is a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. This a standing weekly meeting used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These meetings are held tri-annually and address a variety of Infant Toddler topics. The SSIP is a standing agenda item to review state evaluation plan data, activities and initiatives, and for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These meetings are held quarterly. The ITCC members, who include parents, a foster parent and members of statewide parent advocacy groups, are active participants in assisting with the evaluation of SSIP progress and data, reviewing, discussing, and developing improvement strategies and reviewing, discussing, and setting targets. ITCC members also assist with initiatives such as outreach to the Idaho Legislature and the medical community.

5. Infant Toddler Coordinating Council Executive Committee Meetings. These meetings are held monthly. ITCC Executive Committee members, who include parents and members of parent advocacy groups, are active participants in the review of SSIP information to ensure key topics, data, and information is being represented and discussed at the ITCC meetings.

6. Regional Early Childhood Committee meetings. RECC representatives, who include parent representatives, support ITP initiatives through community education and local outreach events such as community baby showers and other events geared toward families, public library events for families, etc.

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

Many of Infant Toddler Programs stakeholders are directly involved with implementing improvement activities and are integral to the development of products and outputs used for SSIP implementation. FFY 20 SSIP stakeholder engagements in key improvement efforts include:

1. Continued strategy: Coaching in Natural Learning Environments EBP maintenance activities. Stakeholder engagement: Local level leadership ensure local level staff and contractor EBP maintenance activities are implemented, tracked and provided to the state leadership team for early intervention evidence-based practices sustainability.

2. Strategy implemented: Biannual statewide ECO Process Fidelity Checks. Stakeholder engagement: ECO Process Fidelity Check surveys are provided to local level staff and contractors to measure ECO proficiency. Survey data is used to inform state level leadership and local level leadership for ongoing improvement in ECO process proficiency and rating accuracy as well as address any deviations. Additionally, survey data is presented and reviewed with ITCC members to solicit feedback and opportunities to ask questions and provide suggestions.

3. Strategy implemented: Evidence-based Practices Fidelity pilot with FIP-EI certified mentors to measure and track practitioner EBP fidelity. Stakeholder engagement: State level leadership team worked with Idaho’s two certified fidelity coaches to develop and implement an EBP Fidelity pilot with four FIP-EI certified mentors to measure and track practitioner fidelity. The pilot proposal plan was presented to local level leadership to solicit feedback on the expectations to include duration and time commitment requirements as well as provided participant recommendations. Based on local level leadership feedback, adjustments to the timeframe in the proposal plan were made prior to pilot implementation.

4. Strategy implemented: Mentors attend the National FIP-Early Intervention Fidelity Coach Institute to obtain Fidelity Certification. Stakeholder engagement: The state level leadership team worked with local level leadership to identify four mentors to participate in the national certification.

5. Strategy implemented: Early Childhood Outcomes A1 SS1 (SiMR) baseline revision and target setting for FFY 2020-2025. Stakeholder engagement: The state level leadership team sought stakeholder input regarding SSIP ECO FFY 2020 – 2025 baseline and targets. The state level leadership team met with Infant Toddler Coordinating Council members and statewide local level leadership to review and discuss the previous SSIP baseline, targets, and actual data to identify potential starting points for the new targets. Two target options were presented and discussed to include the methodology used to guide the target options. Stakeholder discussions focused on obtainable targets that allow for success and ongoing engagement and commitment to improvement efforts and included 1) how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, 2) resource recruitment and retention challenges, and 3) ongoing SSIP activities. These discussions led to agreement on achievable target increases for each SPP indicator. Idaho’s SSIP is posted on the Department of Health and Welfare’s website for public access by the deadline defined by OSEP (no later than February 1, 2022).

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

YES

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

The Infant Toddler Coordinating Council expressed a concern with the high turnover ITP is experiencing. ITP started discussions with the statewide consortium about standards for recruiting qualified candidates for the early childhood, special education blended certificate. The consortium includes representatives from every university in Idaho’s Early Childhood department; either the Special Education Director or an appointee. ITP plans on having ongoing meetings on this topic next fiscal year. Additionally, ITP implemented strategies for both staff and contractor retention as well as hiring new staff/contractors to include: offering slightly higher pay rate for new staff; offering to telework where possible; invested in software to simplify processes; and added additional pay for contracted service coordination activities that we had not previously paid for.

The Infant Toddler Coordinating Council also expressed a concern with the impact COVID-19 has had on enrollment in our program. Discussions with stakeholders included ITP is offering in-person, virtual, or a combination of both modalities to provide early intervention services to families and how to begin increasing enrollment numbers that decreased during to the pandemic. Stakeholders mentioned that some community referral sources were unaware that ITP had begun offering in-person service delivery. ITP wrote a letter to communicate that ITP therapists were continuing to provide services to young children and their families during the pandemic and we were continuing to take referrals. This letter was sent to our most frequent referral sources: Physician offices, Pediatrician offices, Hospitals, etc.

**Additional Implementation Activities**

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

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

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

Idaho continues to face the same barriers as in the past and anticipates these barriers will continue during the next reporting period. The Infant Toddler Program must always prioritize activities considering our resource challenges and applying adequate resources to the SSIP remains a constant challenge. Staff and contractors are experiencing burnout due to limited resources, high caseloads, and consistent turnover. While we feel we will continue to make progress toward the SiMR, we anticipate these barriers may affect the timelines of our progress.

Anticipated barriers include:
• Resource challenges on the measuring and tracking of the EI EBP fidelity
• Competing priorities with multiple projects occurring simultaneously
• Ongoing turnover resulting in key vacancies
• Increased caseloads

To address these barriers, the state:
• Will continue to review and adjust SSIP tasks and timelines
• Will continue to look for efficiencies

The SSIP state leadership team will continue to utilize hub leadership, the Infant Toddler Coordinating Council, and other stakeholder groups to identify barriers and make recommendations to address these challenges.

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

Idaho conducted an extensive analysis of FFY 2015-2019 SiMR data along with examining our targets. This analysis revealed significant issues with the quality of the data used for setting the targets, resulting in an unrealistically high target for Outcome A1 SS1. Based on this analysis and the work we have done in recent years to improve data quality; we are proposing to use the FFY 20 SiMR data as our new baseline. We also have used our more recent data which we believe to be more trustworthy to establish targets that reflect growth and are in alignment with what we are learning from our improved data. Idaho has made significant infrastructure improvements to improve data quality (e.g. standardized ECO process, tools and resources, implemented biannual ECO process fidelity checks, and provided social emotional training and resources). These are expected to result in data that will more accurately reflect the outcomes our children are achieving. The revised baseline for FFY 2020 and new targets reflects rigorous, yet achievable improvement through FFY 2025 and will allow the state data and reporting processes to more meaningfully capture how the state is performing.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Lead Agency Director

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

**Name:**

Dave Jeppesen

**Title:**

Director of Idaho Department of Health and Welfare

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**Submitted on:**

04/26/22 11:47:46 AM

# ED Attachments

  