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

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

**For reporting on
FFY 2021**

**Idaho**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Overall, the Federal Fiscal Year (FFY) 2021 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 2021, ITP experienced a 23% separation rate for service coordinators.
• State employees: 28%
• Contractors: 17%

In FFY 2021, ITP experienced a 21% separation rate for direct service providers.
• State employees: 21%
• Contractors: 21%

Idaho saw the largest separation rate for direct service providers with turnover up 9% from FFY 20. We know this is due to a variety of factors including but not limited to:
• State and National shortage of early intervention providers
• Caseload size
• Documentation requirements to initiate and maintain Part C services
• Burnout
• Higher pay in the private sector
• Provider relocation out of state
• Provider preference for one mode of service delivery over another (virtual vs. in-person)

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 successfully implemented phase 4 of service delivery, offering in-person visits for all services. Parents have the option of virtual visits or a combination of both in-person and virtual visits, based on the child’s early intervention needs.

Additional information related to data collection and reporting

The Idaho Infant Toddler Program uses a web-based data system, ITP KIDS, 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 ITP KIDS.

**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 and the state of Idaho. The lead agency monitors its regional programs annually. Focused monitoring may occur throughout the year as issues arise.

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 and determine compliance and performance standards for the Regional Annual Performance Reports (R-APR) and SPP/APR indicators. The Lead Agency and regions reviews the data regularly to track performance, ensure accuracy, reliability, and non-duplication.

Family Survey: ITP uses the Family Survey to collect parent’s input on how well early intervention services are being delivered to infants and toddlers and their families. Additionally, ITP uses results from the ECO FOS-R to help identify issues and areas for improvement.

Self-Assessment: Regions complete annual assessments on both compliance and quality. Regions also complete targeted file reviews and regional complaint logs to determine performance in meeting targets. The Lead Agency verifies regions’ self-assessment data and provides TA when noncompliance is identified to develop a 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 to address noncompliance and improve performance. The Lead Agency may require specific TA if non-compliance and improvements are not addressed in a timely manner. The Lead Agency collaborates with Idaho’s OSEP lead and TA representative as needed to assist with 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 state 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.

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, evidence-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
• Bi-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 (ITP KIDS) 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 personnel to work in rural and home-based settings
• Training personnel to coordinate transitions
• Training personnel in social-emotional development of young children
• Training specific to implementing strategies for the recruitment and retention of early intervention service providers to:
o Meet the interrelated social-emotional, health, developmental, and educational needs of eligible infants and toddlers.
o 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).

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:
o Child Find
o Multidisciplinary evaluation/assessment
o Individualized Family Service Plan/Service Coordination
o Procedural Safeguards
o Understanding the basic components of the Idaho Early Intervention System
o Meeting the interrelated social or emotional, health, developmental, and educational needs of Part C eligible children
o 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 2021 included topics such as:
• Evidence-based Practices Fidelity
• How to provide quality virtual EI services
• Gathering & Writing Strength Based Outcomes
• Circle of Security
• PLAY Project
• Feeding collaboration: various issues and topics related to infant and toddler feeding and supporting parents with feeding struggles
• Administering the MEISR and obtaining ECO ratings and routines based outcomes from the MEISR
• ECO File review training
• Strengthening Families institute

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 2021 included:
• Early Head Start
• Nez Perce Tribe Children’s Home
• Local homeless shelters
• Substance abuse programs for pregnant and young mothers
• Foodbanks
• Refugee center
• Local birthing centers
• Libraries
• Salvation Army
• United Way Preschool provider
• Low income housing resource center
• Low income medical facility
• Local community college and university
• Family Advocates
• Family Court

Central Office staff hold regular technical assistance and coordination meetings with the Infant Toddler Program’s regional/hub leaders. Additionally, the lead agency arranges technical assistance contacts with each region to assist with program coordination. In FFY 2021, Central Office met with statewide hub leaders triannually and held bi-monthly calls with them.

In an advisory capacity, Idaho stakeholders serving on the Infant Toddler Coordinating Council (ITCC) assists ITP with prioritizing initiatives. The priority area in FFY 2021 was how to reach underserved populations. A representative from the Refugee Center presented to both ITCC and RECC to educate them on the refugee population in Idaho. Presentation focused on needs and barriers in identifying developmental delays in refugee children. Some barriers include orienting to new country and getting established in the community, as well as cultural differences and language barriers. Additionally, the ITCC tasked the RECCs to identify underserved populations in their community and educate them about the Infant Toddler Program. All regions statewide were successful in identification and education in their communities.

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 21, the Consortium began exploring ways to make the Early Learning Guidelines more interactive with search features among age ranges and goals, and videos on some goals, per requests by university professors. Additionally, companion documents to the Idaho Early Learning Guidelines were added to the website.

**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).**

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

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

YES

**Number of Parent Members:**

7

**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 underserved populations. In FFY 2021, state level leadership met with the ITCC stakeholders in person on five separate occasions in which the four ITCC parent members participated in the review and discussion of previous SPP indicator baselines, targets, and actual data to assist in identifying potential starting points for the FFY 2020-2025 SPP indicator targets. The ITCC parent members also participated in providing 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) in an effort to strengthen the SSIP focus.

Additionally, ITCC parent members are engaged in ongoing SSIP improvement activities and evaluating progress. In FFY 21, state level leadership met with the ITCC stakeholders on three separate occasions in which the four ITCC parent members were involved in the review and discussion of the ECO Fidelity Survey results data and the ECO-SE Annual Sustainability Training completion data with the opportunity to ask questions, and provide feedback and suggestions to support ongoing effective implementation. State level leadership also met with the ITCC stakeholders in person on five separate occasions in which the ITCC parent members also participated in the SSIP FFY 2020-2025 targets review and discussion in which focused on setting obtainable targets that allow for success and ongoing engagement and commitment to the SSIP improvement efforts.

There are currently three parent representatives throughout the state who are serving on a Regional Early Childhood Committee (RECC). The RECCs are fully involved in supporting ITP initiatives, with a focus on child find efforts. The RECCs meet regularly throughout the year in person and 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. In FFY 2021, RECCs identified underserved populations and completed the following outreach activities: educated birthing centers on ITP; provided totes filled with information on ITP, child development, and educational materials to local medical providers to be distributed to the families in their practice; and distributed ITP information to local homeless shelters, foodbanks, libraries, and other community resource centers.

**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.**

In FFY 21, one activity conducted to increase the capacity of diverse groups of parents was a capacity building discussion between Idaho’s state level leadership and stakeholders in which we reviewed and discussed current SPP/APR baselines, targets, and actual data to identify targets for FFY 2020-2025. Discussions focused on setting obtainable targets and included two target options and their methodologies, how state fiscal, economic and/or pandemic related concerns impacted prior performance and how it may impact future performance, resource recruitment and retention challenges, and ongoing SSIP activities.

Additional ongoing capacity building activities Idaho conducts throughout the year include an annual presentation of the current SPP/APR data and regular SSIP updates to the ITCC members. The annual presentation of the SPP/APR data includes current targets and actual data, as well as the targets and actual data for the two years prior and allows the group to review, discuss, get questions answered, and provide feedback regarding Idaho’s SPP/APR indicator data. The SSIP is a standing agenda topic at each ITCC meeting in which the group is engaged in updates, and reviewing and discussing SSIP implementation and evaluation.

**Soliciting Public Input:**

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

ITP uses the Family Survey to collect input on how well EI services are being delivered to infants and toddlers and their families. Data from the survey is analyzed by state leadership and is used to develop and implement improvement strategies and evaluate progress.

Surveys are offered to the family of each child with a 6-month IFSP review during the reporting period. 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. Additionally, follow up calls are made by a Family Survey Response Team to each family who hasn’t completed a survey two months after the 6-month review.

State leadership and ITPs data analyst provide the regional programs the survey data results at the Tri-annual ITP Data Review meeting. State leadership and regional program leadership uses the data to address regional issues and measure program improvement.

Additionally, each regional program has a Regional Early Childhood Committee (RECC) comprised of various community stakeholders. The RECCs meet on a regular basis to support ITP initiatives. Meeting schedules and agendas are publicly posted. The public is invited to attend and provide input.

**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, 2023).
https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=4732&dbid=0&repo=PUBLIC-DOCUMENTS

**Reporting to the Public:**

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

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 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.
https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=4731&dbid=0&repo=PUBLIC-DOCUMENTS

## 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 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.

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

Idaho worked with TA to help us understand why our 508 compliance accessibility checker was not showing errors and OSEPs accessibility report was. TA met with us virtually and walked through the checker with us to problem solve and resolve the issues. Additionally, they provided tips to assist with future compliance checks. Corrected and replaced Indicator 11 attachments to assure 508 compliance. Corrected documents were posted within the required 120 day timeline and can be found here:
https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=4732&dbid=0&repo=PUBLIC-DOCUMENTS

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 88.98% | 93.08% | 86.67% | NVR | 95.08% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,252 | 2,707 | 95.08% | 100% | 93.90% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Idaho’s significant resource challenges in FFY 21 has affected this indicator. Idaho experienced an overall 22% turnover rate for both service coordination and direct services, and like many other states, has been plagued with challenges in filling vacancies thus causing a strain on the program. Idaho saw the largest separation rate for direct service providers with turnover up 9% from FFY 20.

The high turnover has impacted caseload sizes as the remaining service provider and service coordination staff and contractors, and in some cases supervisors and Hub Leaders, absorbed the caseloads of those who left. The vast majority of contractors statewide only work 1-3 days a week for the program, as they also work in hospitals or private clinics. This has impacted the program’s ability to complete timely evaluations. Furthermore, with the end of the pandemic emergency declaration, providers were no longer allowed to do evaluations/assessments virtually, thus requiring the program to shift back to completing evaluations/assessments in person. High caseloads and staff shortages have impacted providers’ ability to schedule travel time into their schedules for the in-person evaluations and assessments.

**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.***

290

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

Statewide, 455 children experienced a delay in timely services due to an agency reason. Examples of agency reasons for delay include:
• High caseload/therapist unavailable
• Staff/contractor turnover
• Delay in evaluation
• Therapist ill

In Idaho, exceptional family circumstances were included as timely when calculating the percentage of children receiving timely services. Documented delays in timely service delivery for the 290 children with exceptional family/extenuating circumstances include:
• Unable to contact family
• Family declined service
• 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 2021 reporting year: July 1, 2021 – June 30, 2022.

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

A Timely Services by Child report used to identify timely service compliance and noncompliance for each child statewide that has a new service projected to start during the reporting period is generated from the program’s ITP KIDS data system. The report provides timeliness details for each service projected to start to include the child, the service(s) and their projected start date(s), the actual start date(s), whether the service(s) was timely, the number of days past the projected start date if the service(s) was not timely, the service provider, and the service delay reason if the service was not timely.

To ensure the Timely Services by Child report reflects accurate timely service data and is representative of the children we serve, Idaho uses several methods to confirm the data correctness, including:
• The program's ITP KIDS data system is programmed to allow only one Projected Start Date and one Actual Start Date to be recorded for a service.
• Regional Hub leaders pull and review the report on a weekly-to-monthly basis to identify any missing or inaccurate data.
• Central office program managers generate the report for each Region for the annual R-APR, SPP/APR, and Corrective Action Plan processes to identify missing or inaccurate data.
• Central office program managers provide regional hub leaders with a quarterly and annual report to identify any necessary data cleanup.

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 may be requested and may include the following:
• Staff training using ITP KIDS 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 statewide hub leadership meetings so that hub leaders can inform their local staff and contractors.
• In-person, phone, or email communication from central office with regional hub leaders identifying data areas to be addressed and necessary follow up.
• The ITP KIDS business team discusses potential modifications to the data system to prevent future issues.

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

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

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

**FFY 2020 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 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the two EIS regional programs with noncompliance in FFY 20: (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 20, 105 children did not receive services in a timely manner. These 105 children were located across all 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20 and four (4) of the regional EIS programs were not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing the timely services requirement in FFY 20. Details of this analysis include:

• 2/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 1 data for the program.
 o The review revealed that both programs were at 100% for this requirement.

• 1/7 regional EIS programs that was issued findings of noncompliance did not correct noncompliance within one year of written findings based on a review of one new month of indicator 1 data for the program.

• 4/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 1 data during the FFY 20 R-APR review process.
 o The review revealed that each of the four programs were at 100% for this requirement based on a review of one new month of indicator 1 data for the program. (None of the 4 programs were issued a finding of noncompliance since they
 also corrected child-specific noncompliance prior to issuing a written notification of findings).

To support the correction of noncompliance for all regional EIS programs, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

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

For individual child level correction, data from ITPKIDS was used to verify child-specific correction for the 105 children who did not receive timely services in FFY 20 by determining that the child received the service although untimely or the child never started the service prior to exiting the program.

Correction of each individual incidence of noncompliance is verified through ITP KIDS. ITP KIDS 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, ITP KIDS requires users to record a Delay Reason before they can save the service record.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One of Idaho’s 7 regional EIS programs has not yet corrected their FFY 20 noncompliance (subsequent data- not at 100%) within one year of written findings. A corrective action plan with strategies to reach and sustain compliance was developed in FFY 20. The regional EIS program continues to submit required data pulled from ITPs data system. Data reports are submitted according to the regions benchmarks identified in their corrective action plan.

The local early intervention program with not-yet-corrected FFY 20 noncompliance continues to experience high caseloads and continues to encounter high staff and contractor turnover, lengthy vacancies, and difficulty recruiting. This program is located in the Treasure Valley, the most urban area of Idaho with high competition for EIS providers with the highest number of children served by ITP in the state. 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. The hub leaders and supervisors in this program continue to find efficiencies, but with high caseloads and turnover, lengthy vacancies, and recruitment challenges, Idaho believes the noncompliance is due to a resource and capacity issue.

Central office works with and provides regular technical assistance to this region to assist with problem solving and ensuring the timely service requirements are understood and being implemented correctly. In addition, the region continually provides training to new and existing staff and contractors on the requirement for timely services.

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

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

## 1 - Prior FFY Required Actions

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

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

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

Idaho demonstrated that it corrected two findings of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the two EIS regional programs with noncompliance in FFY 20: (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 20, 105 children did not receive services in a timely manner. These 105 children were located across all 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20 and four (4) of the regional EIS programs were not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing the timely services requirement in FFY 20. Details of this analysis include:

• 2/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 1 data for the program.
 o The review revealed that both programs were at 100% for this requirement.

• 1/7 regional EIS programs that was issued findings of noncompliance did not correct noncompliance within one year of written findings based on a review of one new month of indicator 1 data for the program.

• 4/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 1 data during the FFY 20 R-APR review process.
 o The review revealed that each of the four programs were at 100% for this requirement based on a review of one new month of indicator 1 data
 for the program. (None of the 4 programs were issued a finding of noncompliance since they also corrected child-specific noncompliance prior to
 issuing a written notification of findings).

To support the correction of noncompliance for all regional EIS programs, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

For individual child level correction, data from ITPKIDS was used to verify child-specific correction for the 105 children who did not receive timely services in FFY 20 by determining that the child received the service although untimely or the child never started the service prior to exiting the program.

Correction of each individual incidence of noncompliance is verified through ITP KIDS. ITP KIDS 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, ITP KIDS requires users to record a Delay Reason before they can save the service record.

## 1 - OSEP Response

## 1 - Required Actions

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

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

# Indicator 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.70% | 95.90% | 96.00% | 96.50% | 96.80% |
| Data | 99.89% | 99.80% | 100.00% | 99.95% | 100.00% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 2,009 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 2,009 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,009 | 2,009 | 100.00% | 97.00% | 100.00% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

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2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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.

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Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**Historical Data**

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

**Targets**

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

 **FFY 2021 SPP/APR Data**

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

1,303

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 5 | 0.38% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 454 | 34.84% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 125 | 9.59% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 275 | 21.11% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 444 | 34.08% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 400 | 859 | 44.92% | 45.20% | 46.57% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 719 | 1,303 | 55.13% | 56.10% | 55.18% | Did not meet target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 5 | 0.38% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 471 | 36.15% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 261 | 20.03% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 380 | 29.16% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 186 | 14.27% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 641 | 1,117 | 56.20% | 56.60% | 57.39% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 566 | 1,303 | 46.70% | 46.70% | 43.44% | Did not meet target | Slippage |

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

• Staff and contractor turnover may have affected state performance in regard to the understanding and scoring of the ECOs. In FFY 21, ITP implemented a mandatory annual ECO-Social Emotional training to help support maintenance of knowledge in the ECO process and typical/atypical social emotional development. Training was completed by all regions statewide in November 2022 with a 99% attendance. We anticipate this training will help improve providers understanding and scoring of the child outcomes, resulting in positive data impacts of future ECO Process Fidelity survey results. Anecdotal information shows that due to turnover and high caseloads, service coordinator participation in the ECO teaming process is not consistent. Additionally, information showed many families exited suddenly, resulting in the inability to complete the ECO exit process with the family.

Additionally, local level leadership provides support as needed on issues they identify from the ECO fidelity surveys. In FFY 21, local level leadership identified and addressed the following regional issues: providers feeling more confident with having the ECO conversations with families thus resulting in families having a better understanding of the ECOs; addressing scheduling challenges to ensure service coordinators are participating in all aspects of the ECO process; and reviewing regional action plans to determine if updates and/or changes are necessary.

• Anecdotal data shared from the regions indicates families report spending less time in community and social engagement/ learning opportunities, such as playgroups, going to the park, and attending childcare, due to lingering pandemic related health concerns.

• While ITP has returned to providing in-person services, we still offer and provide services virtually. Staff and contractors have indicated when trying to effectively and completely explain the ECO process and review ECO related materials with families virtually, families tend to be less engaged and responsive versus when done in person. These barriers have made ECO measurement more difficult.

Idaho will continue to monitor our ECO measures, conducting in-depth analyses to discover the effect of process improvements on both accuracy and on measured growth, with the focus on sustainability, supporting improvements, and fidelity.

**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 | 6 | 0.46% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 349 | 26.78% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 177 | 13.58% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 385 | 29.55% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 386 | 29.62% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 562 | 917 | 60.74% | 60.74% | 61.29% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 771 | 1,303 | 58.58% | 58.75% | 59.17% | Met target | No Slippage |

**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 | 1,938 |
| 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. | 637 |

| **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 ITP KIDS.

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2015 | Target>= | 92.93% | 93.00% | 94.00% | 95.00% | 96.20% |
| A | 92.93% | Data | 92.11% | 94.67% | 94.21% | 98.28% | 96.23% |
| B | 2015 | Target>= | 92.68% | 93.00% | 94.00% | 94.50% | 95.75% |
| B | ###C04BBASEDATA### | Data | 92.98% | 94.33% | 95.75% | 98.28% | 99.06% |
| C | 2015 | Target>= | 90.98% | 92.00% | 93.00% | 94.00% | 95.00% |
| C | 90.98% | Data | 92.98% | 95.33% | 95.37% | 96.57% | 95.60% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,863 |
| Number of respondent families participating in Part C  | 292 |
| Survey Response Rate | 15.67% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 262 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 292 |
| 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 | 281 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 292 |
| 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 | 272 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 292 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 96.23% | 96.20% | 89.73% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 99.06% | 96.00% | 96.23% | 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) | 95.60% | 95.00% | 93.15% | Did not meet target | Slippage |

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

Idaho recognizes slippage in this area and believes it may be due to inconsistent messaging used by the service coordinators, such as interchanging the term procedural safeguards and parental rights; therefore, creating confusion for families when answering the family survey question regarding knowing their rights. Additionally, while ITP has returned to providing in-person services, we still offer and provide services virtually. Although staff and contractors use screen sharing to review and discuss the procedural safeguards, staff and contractors have voiced it is tougher to describe procedural safeguards to a family virtually due to challenges with both parties being able to follow along together and potential distractions affecting the families ability to remain engaged.

Idaho will continue to work with service coordination staff and contractors to ensure consistent messaging to the families related to procedural safeguards.

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

Idaho recognizes slippage in this area and believes it may be due to the challenges of receiving services virtually. Anecdotal feedback from some families stated that their ability to support their child with making progress in a virtual setting was more challenging versus while receiving in-person services.

| **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** | **2020** | **2021** |
| Survey Response Rate | 19.43% | 15.67% |

**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. To reach more families, follow up calls are made by a Family Survey Response Team to each family who hasn’t completed a survey two months after the 6-month review, with an average success rate of 43%.

In FFY 21, The Idaho Infant Toddler Program enhanced our outreach efforts to those communities that are typically underserved, to include homeless shelters, foodbanks, refugee center, and Salvation Army. ITP implemented an underserved workgroup with seven staff and contractors across the state whose focus is to increase outreach to our underserved populations. Additionally, we began communications with the DHW tribal relations specialist to strategize outreach opportunities to tribal families as well as met with DHWs Public Information Officer to explore opportunities and parameters for reaching out to the public.

**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’s response rate for this year’s family outcomes survey is 15.67%. Multiracial families had the highest response rates (17.6%), followed by White families (16.1%), American Indian or Alaska Native families (16%), African American or Black families (15.4%), Hispanic families (11.4%), Asian families (9.5%), and Native Hawaiian or Pacific Islander families (0%). Multiracial, White, and American Indian or Alaska Native family response rates are above the statewide percent while African American or Black, Hispanic, Asian, and Native Hawaiian or Pacific Islander family response rates are below the statewide percent.

There is indication of nonresponse bias since African American or Black, Hispanic, Asian, and Native Hawaiian or Pacific Islander family response rates are below the statewide percent. The steps Idaho will take to address nonresponse bias and promote response from a broad cross section of families will be to continue to make follow up phone calls to each family who does not complete a survey within two months after the Family Survey was provided to them at their 6-month review. In an attempt to reach these families, a minimum of two follow up phone calls will be completed and made at various times of the day with the call attempts and results tracked on a call record. Additionally, Idaho’s Family Survey results and response rate will be analyzed thoroughly using reports generated by Tableau software. The Part C Data Manager will meet tri-annually with the ITP Central Office Policy Team and regional Hub Leaders to identify trends and possible remedies. Idaho will explore additional methods to increase the statewide survey response rate.

**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.**

Representativeness was analyzed by comparing the percentage of survey responses received from by race and ethnicity (within each subgroup) by the percentage of families enrolled by race and ethnicity. The distribution of families in Part C shows the following: White families had the highest percentage enrolled (76.5%), followed by Hispanic families (13.7%), Multiracial families (6.2%), American Indian or Alaska Native families (1.6%), Asian families (1%), African American or Black families (.8%), and Native Hawaiian or Pacific Islander families (.2%). Multiracial families had the highest representation in surveys completed (17.6%), followed by White (16.1%), American Indian or Alaska Native (16.0%), African American or Black (15.4%), Hispanic (11.4%), Asian (9.5%), 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 (0% difference), American Indian or Alaskan Native (0% difference), Asian (-1% difference), Native Hawaiian or Pacific Islander (0% difference), Hispanic (0% difference), White (0% difference), and Multiracial (1% difference) were representative in the survey.

Idaho used results from July 1, 2021 – June 30, 2022 to report data for FFY 2021. The response rates by Region for that time period ranged from 0% to 17.6% with a statewide percentage of 15.67%, down by 3.76% from FFY 2021. The family of each child with a 6-month IFSP review between July 1, 2021 – June 30, 2022 was provided the survey. In total, 292 valid, complete surveys were received in FFY 2021.

**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 (0% difference), American Indian or Alaskan Native (0% difference), Asian (-1% difference), Native Hawaiian or Pacific Islander (0% difference), Hispanic (0% difference), White (0% difference), and Multiracial (1% difference) were representative in the survey.

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

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. Additionally, follow up calls are made by a Family Survey Response Team to each family who hasn’t completed a survey two months after the 6-month review. 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).

Idaho will continue to evaluate our family survey process with an emphasis on ensuring families understand the survey questions and have equitable opportunities to respond.

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

(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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.70% | 1.73% | 1.76% | 1.76% | 1.43% |
| Data | 1.36% | 1.50% | 1.57% | 1.84% | 1.43% |

**Targets**

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

Targets: Description of Stakeholder Input

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 348 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 21,203 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 348 | 21,203 | 1.43% | 1.43% | 1.64% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.81% | 2.85% | 2.91% | 2.95% | 2.80% |
| Data | 2.74% | 2.92% | 3.04% | 3.17% | 2.84% |

**Targets**

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

Targets: Description of Stakeholder Input

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 2,009 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 66,497 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,009 | 66,497 | 2.84% | 2.80% | 3.02% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 93.61% | 94.45% | 91.94% | 92.63% | 91.47% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,357 | 2,279 | 91.47% | 100% | 92.19% | Did not meet target | No Slippage |

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

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

744

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

Statewide, 178 children experienced delays in IFSPs due to agency reasons. Examples of agency reasons for delay include:
• Conflict with agency scheduling appointment
• Staff/contractor unavailability
• Staff/contractor turnover/vacancies leading to higher caseloads for remaining staff
• Delay in receiving documentation to determine eligibility

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 for the 744 children with exceptional family circumstances include:
• Child/family illness or hospitalization
• Conflict with family schedule/appointments
• Difficulty making contact with family
• 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 2021 reporting year July 1, 2021 – June 30, 2022.

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

An IFSPs by Child report used to identify 45-day compliance and noncompliance for each child statewide with an IFSP during the reporting period is generated from the program’s ITP KIDS data system. The report provides IFSP timeliness details during the reporting period to include the child, the referral date, the date the IFSP was created, the number of days from case date to IFSP creation date, the service provider, and IFSP delay reason if the IFSP exceeds 45 days.

To ensure the IFSPs by Child report reflects accurate IFSP data and is representative of the children we serve, Idaho has a number of methods to confirm the data correctness, including:
• Timeliness of an initial Individualized Family Service Plan is based on the referral date recorded in the ITP KIDS data system. If the initial IFSP date is greater than 45 days from the referral date, ITP KIDS requires the user to record a late reason using the drop-down menu to specify whether it is a family reason or agency reason.
• The program’s ITP KIDS data system is programmed to capture the dates of initial IFSPs for a specified period of time.
• Only members of the Central Office ITP KIDS business team have access to modify the date of a referral or Individualized Family Service Plan recorded in the data system.
• Regional hub leaders pull and review the report monthly to identify missing or inaccurate data.
• Central Office program managers generate the report for each region for the annual R-APR, SPP/APR, and Corrective Action Plan processes to identify missing or inaccurate data.
• Central office program managers and the Infant Toddler Program data analyst analyze the 45-day late reasons data to identify and correct errors in the ITP KIDS data system.

Infant Toddler Program Central Office staff and data analyst work together to identify any state- or local-level patterns or trends. When patterns are identified, actions may be requested and may include the following:
• Staff training through ITP KIDS 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 hub leadership meetings so that hub leaders can inform their local staff and contractors.
• In-person, phone, or email communication from Central Office with regional hub leaders identifying data areas to be addressed and necessary follow up.
• The ITP KIDS business team discusses potential modifications to the data system to prevent future issues.

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

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

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

**FFY 2020 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 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the two EIS regional programs with noncompliance in FFY 20: (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 20, 150 children did not have an initial evaluation/assessment and an initial IFSP conducted within the 45-day timeline. These 150 children were located across all 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20 and four (4) of the regional EIS programs were not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing the 45-day timeline requirement in FFY 20. Details of this analysis include:

• 2/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings.
o The review revealed that each of the two programs were at 100% for this requirement based on a review of one new month of indicator 7 data for the program.

• 1/7 regional EIS programs that was issued findings of noncompliance did not correct noncompliance within one year of written findings based on a review of one new month of indicator 7 data for the program.

• 4/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 7 data during the FFY 20 R-APR review process.
o The review revealed that each of the four programs were at 100% for this requirement based on a review of one new month of indicator 7 data for the program. (None of the 4 programs were issued a finding of noncompliance since they also corrected child-specific noncompliance prior to issuing a written notification of findings).

To support the correction of noncompliance for all regional EIS programs, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

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

For individual child level correction, data from ITP KIDS was used to verify child-specific correction for the 150 children who did not have an initial evaluation/assessment and an initial IFSP conducted within the 45-day timeline in FFY 20 by determining that the child had an IFSP developed although untimely or the child exited the program before the initial IFSP meeting could be held.

Correction of each individual incidence of non-compliance is verified through ITP KIDS. ITP KIDS captures the referral date and initial IFSP date, and calculates the 45-day timeline based on the referral date. If the initial IFSP date is greater than 45 days from the referral date, ITP KIDS requires users to record a Delay Reason before they can save the IFSP in ITP KIDS.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One of Idaho’s 7 regional EIS programs has not yet corrected their FFY 20 noncompliance (subsequent data- not at 100%) within one year of written findings. A corrective action plan with strategies to reach and sustain compliance was developed in FFY 20. The regional EIS program continues to submit required data pulled from ITPs data system. Data reports are submitted according to the regions benchmarks identified in their corrective action plan.

The local early intervention program with not-yet-corrected FFY 20 noncompliance continues to experience high caseloads and continues to encounter high staff and contractor turnover, lengthy vacancies, and difficulty recruiting. 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. The hub leaders and supervisors in this program continue to find efficiencies, but with high caseloads and turnover, lengthy vacancies, and recruitment challenges, Idaho believes the noncompliance is due to a resource and capacity issue.

Central office works with and provides regular technical assistance to this region to assist with problem solving and ensuring the 45-day timeline requirements are understood and being implemented correctly. In addition, the region continually provides training to new and existing staff and contractors on the 45-day timeline requirement.

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

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

## 7 - Prior FFY Required Actions

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

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

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

Idaho demonstrated that it corrected two findings of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the two EIS regional programs with noncompliance in FFY 20: (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 20, 150 children did not have an initial evaluation/assessment and an initial IFSP conducted within the 45-day timeline. These 150 children were located across all 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20 and four (4) of the regional EIS programs were not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing the 45-day timeline requirement in FFY 20. Details of this analysis include:

• 2/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 7 data for the program.
 o The review revealed that both programs were at 100% for this requirement.

• 1/7 regional EIS programs that was issued findings of noncompliance did not correct noncompliance within one year of written findings based on a review of one new month of indicator 7 data for the program.

• 4/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 7 data during the FFY 20 R-APR review process.
 o The review revealed that each of the four programs were at 100% for this requirement based on a review of one new month of indicator 7 data
 for the program. (None of the 4 programs were issued a finding of noncompliance since they also corrected child-specific noncompliance prior to
 issuing a written notification of findings).

To support the correction of noncompliance for all regional EIS programs, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

For individual child level correction, data from ITP KIDS was used to verify child-specific correction for the 150 children who did not have an initial evaluation/assessment and an initial IFSP conducted within the 45-day timeline in FFY 20 by determining that the child had an IFSP developed although untimely or the child exited the program before the initial IFSP meeting could be held.

Correction of each individual incidence of non-compliance is verified through ITP KIDS. ITP KIDS captures the referral date and initial IFSP date, and calculates the 45-day timeline based on the referral date. If the initial IFSP date is greater than 45 days from the referral date, ITP KIDS requires users to record a Delay Reason before they can save the IFSP in ITP KIDS.

## 7 - OSEP Response

## 7 - Required Actions

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

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

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 92.38% | 92.38% | 92.23% | 95.24% | 97.12% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 102 | 103 | 97.12% | 100% | 99.03% | 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.**

Statewide, 1 child experienced delays in the development of IFSP transition steps and services due to an agency reason. The reason for delay was due to 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)

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 2021 reporting year (July 1, 2021 – June 30, 2022).

**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 generates a random file sample from the ITP KIDS data system using a stratified random process. The random file sample is based on the population of active files in each region during the reporting period, so as to ensure representativeness of the children served across all programs. Each region is split into sections based on its number of field offices, with 5% of files being reviewed, or at least a minimum of 15 files for any region where 5% is less than 15.

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 ITP KIDS, 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)**

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

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

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

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

Idaho demonstrated that it corrected three findings of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the three EIS regional programs with noncompliance in FFY 20: (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 20, 3 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 3 children were located in three of the 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITP KIDS web-based data system) was used to verify the regional EIS programs were correctly implementing 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 20. Details of this analysis include:

• 3/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings.
o The review revealed that each of the three programs were at 100% for this requirement based on a review of one new month of indicator 8A data for the program.

To support the correction of noncompliance, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

**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 for the 3 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. The review of data showed that two of the children had transition steps and services developed in their IFSP although untimely, and one of the children did not have transition steps and services developed in their IFSP prior to exiting the program.

Local programs revisited the transition policies, timelines, and work lists in the ITP KIDS 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 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 2020**

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

## 8A - Prior FFY Required Actions

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

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

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

Idaho demonstrated that it corrected three findings of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the three EIS regional programs with noncompliance in FFY 20: (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 20, 3 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 3 children were located in three of the 7 regional EIS programs. Three (3) of the 7 regional EIS programs were issued findings of noncompliance in FFY 20.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITP KIDS web-based data system) was used to verify the regional EIS programs were correctly implementing 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 20. Details of this analysis include:

• 3/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 8A data for the program.
 o The review revealed that both programs were at 100% for this requirement.

To support the correction of noncompliance, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

For individual child level correction, data from the FFY 20 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction for the 3 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. The review of data showed that two of the children had transition steps and services developed in their IFSP although untimely, and one of the children did not have transition steps and services developed in their IFSP prior to exiting the program.

Local programs revisited the transition policies, timelines, and work lists in the ITP KIDS 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 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.

## 8A - OSEP Response

## 8A - Required Actions

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

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

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 95.19% | 97.14% | 93.20% | 92.38% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 103 | 103 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

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

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 2021 reporting year (July 1, 2021 – June 30, 2022).

**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 generates a random file sample from the ITP KIDS data system using a stratified random process. The random file sample is based on the population of active files in each region during the reporting period, so as to ensure representativeness of the children served across all programs. Each region is split into sections based on its number of field offices, with 5% of files being reviewed, or at least a minimum of 15 files for any region where 5% is less than 15.

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 ITP KIDS, 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 experienced delays in the SEA/LEA timely notification due to exceptional family/extenuating circumstances.

Statewide, no (0) children experienced delays in the SEA/LEA timely notification due to an agency reason.

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

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

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

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

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 85.58% | 92.38% | 96.12% | 78.10% | 98.08% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 100 | 103 | 98.08% | 100% | 97.09% | 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.**

0

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

In FFY 2021, three (3) 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 late

In Idaho, exceptional family circumstances were categorized as “timely” when calculating the percentage of children with a timely transition conference held. Statewide, no (0) children experienced delays in holding a timely transition conference 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 2021 reporting year (July 1, 2021 – June 30, 2022).

**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 generates a random file sample from the ITP KIDS data system using a stratified random process. The random file sample is based on the population of active files in each region during the reporting period, so as to ensure representativeness of the children served across all programs. Each region is split into sections based on its number of field offices, with 5% of files being reviewed, or at least a minimum of 15 files for any region where 5% is less than 15.

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 ITP KIDS, 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).**

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

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

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

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

Idaho demonstrated that it corrected one finding of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the EIS regional program with noncompliance in FFY 20: (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 20, 2 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 2 children were located in two of the 7 regional EIS programs. One (1) of the 7 regional EIS programs was issued findings of noncompliance in FFY 20, and one (1) of the 7 regional EIS programs was not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of one new month of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing Part C transition conference being 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 in FFY 20. Details of this analysis include:

• 1/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 8C data for the program (completed later than June 30, 2020).
 o The review revealed that this program was at 100% for this requirement.

• 1/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 8C data (completed later than June 30, 2020).
 o The review revealed that this program was at 100% for this requirement based on a review of one new month of indicator 8C data for the program. (This EIS program was not issued a finding of noncompliance since they also corrected child-specific noncompliance prior to issuing a written notification of findings.)

To support the correction of noncompliance, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

**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 for 2 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 months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B. The review of data showed the children had a Part C conference held, although untimely.

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 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 2020**

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

## 8C - Prior FFY Required Actions

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

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

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

Idaho demonstrated that it corrected one finding of noncompliance identified in FFY 20. Consistent with the requirements in OSEP Memo 09-02, Idaho reports verification that the three EIS regional programs with noncompliance in FFY 20: (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 20, 2 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 2 children were located in two of the 7 regional EIS programs. One (1) of the 7 regional EIS programs was issued findings of noncompliance in FFY 20, and one (1) of the 7 regional EIS programs was not issued findings due to achieving pre-finding correction (performing at 100% and correcting all child specific noncompliance) during the R-APR review process. The R-APR review process occurs prior to issuing written findings.

For EIS program level correction, a subsequent review of data (completed later than June 30, 2020 and generated from the ITPKIDS web-based data system) was used to verify the regional EIS programs were correctly implementing Part C transition conference being 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 in FFY 20. Details of this analysis include:

• 1/7 regional EIS programs that were issued findings of noncompliance were verified as correcting noncompliance within one year of written findings by reviewing one new month of indicator 8C data for the program.
 o The review revealed that this program was at 100% for this requirement.

• 1/7 regional EIS programs achieved pre-finding correction by reviewing one new month of Indicator 8C data during the FFY 20 R-APR review process.
 o The review revealed that this program was at 100% for this requirement based on a review of one new month of indicator 8C data for the program. (This EIS program was not issued a finding of noncompliance since they also corrected child-specific noncompliance prior to issuing a written notification of findings.)

To support the correction of noncompliance, the following were implemented:
• Policies and procedures were reviewed, and staff/contractors received TA on regulatory requirements.
• Regional hub leaders and human services supervisor received TA on a regular basis, to include strategies and resources.
• Attempted to fill long term ITP staff and contractor vacancies.

For individual child level correction, data from the FFY 20 file sample reviews (also contained in ITPKIDS) was used to verify child-specific correction for 2 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 months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B. The review of data showed the children did not have the Part C conference held timely prior to exiting the program.

Local programs revisited the transition policies, timelines, and work lists in the ITP KIDS 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 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.

## 8C - OSEP Response

## 8C - Required Actions

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

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

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

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

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

**Historical Data**

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

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

**Targets**

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

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

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.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

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 and two intermediate outcomes to the Professional Development Strand.

The two outcomes added in the ECO strand further support statewide sustainability by strengthening the early childhood process for ITP staff, contractors, and families. The two outcomes added are:
1. Families statewide have an awareness and understanding of the ECOs
2. Families statewide are involved in the ECO process including determining the ratings

The two outcomes added in the PD strand further support statewide sustainability in early intervention evidence-based practices. The two outcomes added are:
1. All tracks of the Early Intervention Evidence-based Practices Practitioner Training Continuum are being implemented statewide
2. Primary Coach Teaming Practices are being implemented statewide

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

https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24569&dbid=0&repo=PUBLIC-DOCUMENTS

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 400 | 859 | 44.92% | 45.20% | 46.57% | Met target | No Slippage |

**Provide the data source for the FFY 2021 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.

Idaho conducts standard statewide ECO Fidelity Check surveys 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.

Additionally, Idaho utilizes an ECOs by Provider data report to review and monitor ECO scores by provider. The report data is analyzed and used for ongoing improvement by state and local level leadership.

**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 ten key measures during the reporting year utilizing data extraction and analysis from the ITP KIDS 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 staff and contractors statewide maintaining their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development using the ECO Process-Social Emotional Development Annual Sustainability Training attendance tracker. Evaluation data shows 99% of staff and contractors statewide participated in the required ECO-SE Annual Sustainability Training implemented in FFY 21.

2. 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 21 survey of families in the non-demonstration sites who responded to the 4 ECO survey questions shows 79.3% having an awareness, understanding, and involvement in the ECOs. This is a 4.9% increase over last year’s data and met the performance indicator for this outcome. A new outcome to assess all families statewide in their awareness and understanding of the ECOs has been added this year and will begin reporting data beginning next reporting period.

3. Assessment of non-demonstration site families’ involvement in the ECO process including determining ECO ratings using the Family Survey tool to evaluate the ECO processes effect on families. Evaluation data from the FFY 21 survey of families in the non-demonstration sites who responded to the survey shows 88.1% report involvement in the ECO process including determining the ratings. This is a 5.8% increase over last year’s data and met the performance indicator for this outcome. A new outcome to assess families statewide in their involvement in the ECO process has been added this year and will begin reporting data beginning next reporting period.

4. Assessment of families’ statewide involvement in ECO discussions to help them plan how to help their child learn and grow using the Family Survey tool to evaluate the ECO processes on families. Evaluation data from the FFY 21 survey of families statewide who responded to the survey shows 88.9% report involvement in ECO discussions to help them plan how to help their child learn and grow.

5. 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 21.

6. Assessment of final ECO processes are being implemented in a standardized way statewide using ECO Process fidelity check Key Survey tool. FFY 21 evaluation data shows 89.6% of the completed statewide ECO fidelity checks demonstrate that the ECO processes are being implemented following the standard, effective, planned method.

7. Assessment of EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity using Coaching Log Summary forms. FFY 21 evaluation data shows 86% of providers statewide are implementing coaching in Natural Learning Environments with fidelity.

8. Assessment of FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity using the Mentor Log Summary form. FFY 21 evaluation data shows 100% of FIP-EI Certified Mentors implementing mentoring practices with fidelity. The performance indicator has been met for this outcome and the outcome to assess mentors statewide will be used for ongoing mentor assessment.

9. Assessment of EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity using Mentor Log Summary forms. FFY 21 evaluation data shows 100% of mentors are implementing mentoring practices with fidelity.

10. Assessment of Primary Coach Teaming Practices being implemented statewide using Checklists for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush). FFY 21 evaluation data from the checklists shows teaming practices are being implemented 100% of the time on two checklists, 86% of the time on one of the checklists, and 57% of the time on one of the checklists.The four checklists are used to inform state level leadership of regional practice consistency and will help guide ongoing supports as needed.

**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 FFY21; however, state level leadership is concerned that Idaho’s high staff and contractor turnover and high caseloads may impact the quality of the ECO data. In FFY21, Idaho experienced a 21% turnover rate with direct services providers, a 9% increase from FFY 20, and a 23% turnover rate with service coordinator providers.

Consistent turnover with increased caseloads makes it difficult for regional programs, service providers and service coordinators to implement activities identified in the SSIP. Regional programs have expressed concerns regarding the time needed to ensure newly hired staff and contractors have a solid understanding of the ECO process and scoring of the ECOs as well as the time required to implement the ECO process. Additionally, anecdotal information shows the turnover and high caseloads has impacted the consistency of service coordinator participation in the ECO teaming process as well.

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. Additionally, state level leadership implemented an annual ECO Process-Social Emotional Development training. We anticipate this training will help improve providers understanding and scoring of the child outcomes, resulting in positive data outcomes.

While ITP has returned to providing in-person services, we still offer and provide services virtually. Staff and contractors have indicated when trying to effectively and completely explain the ECO process and review ECO related materials with families virtually, families tend to be less engaged and responsive versus when done in person. These barriers have made ECO measurement more difficult. Idaho provides the ECO materials via email or through the regular mail system prior to completion of the ECO process in an effort to support family engagement.

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)**

NO

Section B: Implementation, Analysis and Evaluation

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

https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24566&dbid=0&repo=PUBLIC-DOCUMENTS

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

YES

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

Idaho’s evaluation plan has been revised since last year’s submission. Updates and changes included modifications, additions, and/or completion of activities as well as the initiation, completion, and addition of outcomes in each of the three strands.

Early Childhood Outcomes Strand
Activities completed:
• Develop and implement plan for ongoing statewide training to maintain ECO and social emotional knowledge

Outcomes completed:
• Non-demonstration site families have an awareness and understanding of the ECOs
• Non-demonstration site families are involved in the ECO process including determining ECO ratings

Outcomes started:
• Staff and contractors statewide maintain their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development
• Families statewide are involved in ECO discussions to help them plan how to help their child learn and grow

Outcomes added:
• Families statewide have an awareness and understanding of the ECOs
• Families statewide are involved in the ECO process including determining the ratings

Monitoring and Accountability Strand
Activities modified and/or completed:
• Develop and implement process for state and local level leadership to have knowledge of ECO process fidelity check data to use for ongoing improvement
• Develop and make available an ECO score data report to use for ongoing statewide improvement

Professional Development Strand
Activities modified, added and/or completed:
• Implement Checklists for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush) statewide
• Identified existing mentors attend Early Intervention Fidelity Coach Certification Institute
• Implement scale-up plan for statewide measurement and tracking of practitioner EBP fidelity

Outcomes completed
• FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity

Outcomes started:
• EI providers statewide who have been trained and mentored implement EBP (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

Outcomes added:
• All tracks of the Early Intervention Evidence-based Practices Practitioner Training Continuum are being implemented statewide
• Primary Coach Teaming Practices are being implemented statewide

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

The rationale for updates and changes to the evaluation plan is focused on sustainability of the infrastructure improvements the program has made. Modifications, additions, initiation, and completion of activities and outcomes allows the program to continuously measure progress and identify necessary adjustments as needed.

Early Childhood Outcomes strand changes for this reporting period focused on staff and contractors statewide maintaining their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development, and the scale-up of measuring the ECO process’ effect on families statewide.

Monitoring and Accountability strand changes for this reporting period focused on ensuring ECO process fidelity data is utilized for ongoing statewide improvement.

Professional Development strand changes for this reporting period focused on continued progress toward practitioner and mentor training and fidelity, including increasing the mentor pool; continued advancement of EBP implementation; and teaming practice consistency.

**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 long-term scale-up and sustainability.

To support the sustainability of the standardization of the ECO processes, Idaho implemented an annual ECO-SE training to ensure staff and contractors statewide maintain their knowledge of the ECO process to include determining the ECO ratings and typical/atypical social emotional development. The ECO Process-Social Emotional Development Annual Sustainability Training is a PowerPoint training developed by state leadership and is provided by hub leaders to staff and contractors statewide. This is a mandatory annual training which covers federal reporting, ITP ECO processes, family involvement, how ECOs support Evidence-based Practices, quality practices=quality data, how the ECOs translate into the reportable data, and an overview of the key points from ITPs three online social emotional modules. Additionally, the state level leadership worked with ITPs data analyst to develop and make available an ECO score data report for hub leaders and supervisors statewide to use for reviewing and monitoring ECO score trends.

To support the scale-up and sustainability of evidence-based practices, Idaho implemented the Checklists for Implementing a Primary Coach Approach to Teaming statewide to ensure consistent teaming practices statewide. Checklists will be completed annually for ongoing measurement to guide supports and improvements. Additionally, we implemented a statewide scale-up plan for the measurement and tracking of practitioner EBP fidelity. The scale-up plan expands the number of practitioners, mentors and master mentors who are trained to fidelity to support ITPs evidence-based practices through the standardized process of consistently and reliably observing and analyzing the fidelity of EI practices and increase practitioner consistency and competency.

**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.**

Early Childhood Outcomes Process Strand: Strengthen the early childhood outcomes process for ITP staff, contractors, and families through training for staff and contractors and the development of additional resources for staff and families.

Intermediate Outcome achieved – Staff and contractors statewide maintain their knowledge in the ECO process including determining the ECO ratings and typical/atypical social emotional development. In FFY 21 99% of staff and contractors statewide completed the mandatory training, exceeding the 80% performance indicator goal.

Intermediate Outcome achieved - Non-demonstration site Families have an awareness and understanding of the ECOs. In FFY 21, 79.3% of families in the non-demonstration sites who responded to the family survey report having an awareness and understanding of the ECOs, which is a 4.9% increase over last year’s data and exceeded the performance indicator goal of a 3% increase.

Intermediate Outcome achieved - Non-demonstration site families are involved in the ECO process including determining ECO ratings. In FFY 21, 88.1% of families in the non-demonstration sites who responded to the family survey report involvement in the ECO process including determining the ratings, which is a 5.8% increase over last year’s data and exceeded the performance indicator goal of a 3% increase.

Intermediate Outcome achieved - Families statewide are involved in ECO discussions to help them plan how to help their child learn and grow. In FFY 21, 88.9% of families statewide who responded to the family survey report being involved in the ECO discussions to help them plan how to help their child learn and grow, exceeding the 80% performance indicator goal.

Monitoring and Accountability Strand: Establish standardized statewide checks that review and monitor early childhood outcome data and social emotional practices.

Intermediate Outcome achieved - State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement. In FFY 21, 100% of state and local level leadership gained knowledge of the implementation and ongoing data from both statewide biannual ECO process fidelity checks, meeting the 100% performance indicator goal.

Professional Development Strand: Build a sustainable system to support social emotional development using the coaching in natural learning environments evidence-based practices.

Intermediate Outcome achieved - EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity. In FFY 21, 86% of the providers who were trained and mentored are implementing EBP with fidelity, exceeding the 75% performance indicator goal.

Intermediate Outcome achieved - FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity. In FFY 21, 100% of the mentors who have been trained and mentored are implementing EBP mentoring with fidelity, exceeding the 75% performance indicator goal.

Intermediate Outcome achieved - EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity. In FFY 21, 100% of statewide mentors who have been trained and mentored are implementing EBP mentoring with Fidelity, exceeding the 50% performance indicator goal.

**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: Implement Checklists for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush) statewide.

There are four checklists that describe different areas of teaming practices: 1) preparing for a team-based approach, 2) using a primary coach, 3) coordinating joint visits, and 4) conducting team meetings in which each section contains key characteristic practice indicators. Idaho intends to use these checklists to measure whether infrastructure supports are in place at the team level, ensure coaching practices are implemented, and to gather data on implementation of certain aspects of coaching practices. The regions use the checklists as an annual self-assessment tool to inform infrastructure and practice.

Intermediate Outcome - Primary Coach Teaming Practices are being implemented statewide was not achieved this reporting period, however this outcome is an ongoing yearly measurement, and we will be collecting and reporting data each 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 through annual training and the ECO processes’ effect on families’ through the Family Survey.

Anticipated Outcomes:
1. Intermediate outcome-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 . Data to be monitored using the ECO Process-Social Emotional Development Annual Sustainability Training attendance tracker-80% of identified staff and contractors statewide participate in annual training to maintain their knowledge of the ECO process to include determining the ECO ratings and typical/atypical social emotional development. This outcome began during this reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

2. Intermediate outcome-Families statewide have an awareness and understanding of the ECOs. Data to be monitored using the Family Survey-80% of families who respond to the Family Survey report an awareness and understanding of the ECOs. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

3. Intermediate outcome- Families statewide are involved in the ECO process including determining the ratings. Data to be monitored using the Family Survey-80% of families who respond to the Family Survey report being involved in the ECO process including determining ECO ratings. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

4. Intermediate outcome-Families statewide are involved in ECO discussions to help them plan how to help their child learn and grow. Data to be monitored using the Family Survey-80% 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. This outcome began during this reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

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 team will continue to ensure our ability to accurately evaluate ECO processes being implemented in a standardized way through ongoing ECO Fidelity surveys.

Anticipated Outcomes:
1. Intermediate outcome - State and local level leadership has knowledge of the ECO process fidelity check data to use for ongoing improvement. Data to be monitored using Hub Leadership Meeting minutes -100% of state and local level leadership have knowledge of the implementation and ongoing data from the ECO process fidelity checks. This outcome began during the FFY 19 reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

2. Intermediate Outcome - Final ECO processes are implemented in a standardized way statewide. Data to be monitored using the ECO Process fidelity check Key Survey results-90% of completed final statewide ECO fidelity checks demonstrate that the ECO processes are being implemented following the standard, effective, planned method. This outcome began during the FFY 19 reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

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

Despite the ongoing turnover and high caseload challenges the program continues to face, we continued to implement coaching in natural learning environments (Shelden & Rush) evidence-based practices statewide. Shelden and Rush’s Evidence-based Practice (EBP) model focuses on 7 key principles: 1) Infants and toddlers learn best through natural routines and everyday learning opportunities; 2) All families, with the necessary supports and resources, can enhance their children’s learning and development; 3) The primary role of the service provider is to work with and support family members and caregivers in children’s lives; 4) The early intervention process and program, from initial contacts through transition, must fit the individual needs of the family and child while honoring family members’ learning styles, values, and beliefs; 5) Children’s and families’ needs and priorities determine functional IFSP outcomes, appropriate supports and services, and improve results for families and children; 6) The family’s priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support; and 7) Interventions must be based on Infant Toddler Program Key Principles, validated practices, best available research, and relevant laws and regulations.

Idaho remains committed to Shelden and Rush’s model and continues to focus our 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. The following evidence-based practices were implemented this reporting period:
• Checklists for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush) was implemented statewide to ensure consistent teaming practices and to use for ongoing support and improvement.
• A scale-up plan to measure and track practitioner EBP fidelity was implemented statewide to continue to expand the number of practitioners, mentors and master mentors who are trained to fidelity.

**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.

The Checklists for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush) were implemented to measure whether infrastructure supports are in place at the team level, ensure coaching practices are implemented, and to gather data on implementation of certain aspects of coaching practices. The regions use the checklists as a self-assessment tool to inform infrastructure and practice. There are four checklists that describe different areas of teaming practices: 1) preparing for a team-based approach, 2) using a primary coach, 3) coordinating joint visits, and 4) conducting team meetings. Each of these four checklists include key practice indicators in which the regional programs will complete and submit to state level leadership annually.

The scale-up plan to measure and track practitioner EBP fidelity was implemented statewide to continue to expand the number of practitioners, mentors and master mentors who are trained to fidelity. The scale-up plan ensures evidence-based practices are supported in Idaho’s Infant Toddler Program through improving practitioner competency and align with nation-wide fidelity standards of practice ultimately leading to improved outcomes for children.

**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). Building a sustainable evidence-based practices 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.

During this reporting period, the three Mentors who attended the Early Intervention Fidelity Coach Certification Institute completed the institute and the EBP Fidelity Pilot wrapped up. The completion of the institute resulted in three additional Certified Fidelity Coaches for our state. The information learned from the pilot was used to develop a statewide fidelity scale-up plan that provides a path to fidelity for Master Mentors, Mentors, and coaches (practitioners). The EBP fidelity scale up plan is focused on building statewide capacity and will utilize our Certified Fidelity Coaches, Fidelity Master Mentors, and Fidelity Mentors to train and determine fidelity. Certified Fidelity Coaches can train and determine fidelity for Fidelity Master Mentor trainees, Fidelity Mentor trainees, and Fidelity Coach trainees (service coordinators or direct service providers). Fidelity Master Mentors can train and determine fidelity for Fidelity Mentor trainees and Fidelity Coach trainees (service coordinators or direct service providers). Fidelity Mentors can train and determine fidelity for Fidelity Coach trainees (service coordinators or direct service providers).

With the implementation of Primary Coach Approach to Teaming Checklists and the development and implementation of a scale-up plan for the measuring and tracking of 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, to support ITPs evidence-based practices.

Idaho’s continued work on EBP fidelity activities, fidelity training, fidelity mentoring, measuring fidelity, and building a pool of mentors, master mentors, and certified fidelity coaches 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 early intervention evidence-based practices statewide.

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

Idaho collected data to monitor EBP fidelity of implementation in three key measures in FFY 21.

1. Assessment of EI providers statewide who have been trained and mentored implement EBP (Coaching in Natural Learning Environments) with fidelity using Coaching Log Summary forms. In FFY 21, 86% of the providers who were trained and mentored are implementing EBP with fidelity, exceeding the 75% performance indicator goal.

2. Assessment of FIP-EI certified mentors who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity using Mentor Log Summary forms. In FFY 21, 100% of the mentors who have been trained and mentored are implementing EBP mentoring with fidelity, exceeding the 75% performance indicator goal.

3. Assessment of EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity using Mentor Log Summary forms. In FFY 21, 100% of statewide mentors who have been trained and mentored are implementing EBP mentoring with Fidelity, exceeding the 50% performance indicator goal.

Assessment of these three key measures will assist the program in consistently and reliably observing and analyzing the fidelity of early intervention practices as well as ensure practitioner EBP consistency statewide. Practitioner fidelity in evidence-based practices will lead to improved social emotional practices to better support families to enhance their understanding of how to support their child’s social emotional development.

**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 through 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. Data to be monitored using the Coaching Log Summary form-75% of providers who have been trained and mentored are implementing EBP (coaching in Natural Learning Environments) with fidelity statewide. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

2. Intermediate outcome-EI mentors statewide who have been trained and mentored implement EBP mentoring (Coaching in Natural Learning Environments) with fidelity. Data to be monitored using the Mentor Log Summary form-50% of mentors who have been trained and mentored are implementing EBP mentoring with fidelity. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

3. Intermediate outcome- All tracks of the Early Intervention Evidence-based Practices Practitioner Training Continuum are being implemented statewide. Data to be monitored using EI EBP Practitioner Training Continuum-100% of regions statewide are implementing all tracks of the practitioner training continuum tracks. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

4. Intermediate outcome- Primary Coach Teaming Practices are being implemented statewide. Data to be monitored using the Primary Coach Approach to Teaming checklists-100% of the Multidisciplinary Teams have in place: 1) At least eight of the nine practices of the Preparing for a Team-Based Approach component, 2) At least five of the six practices of the Using a Primary Coach component, 3) At least five of the six practices of the Coordinating Joint Visits component, and 4) At least eight of nine practices of the Conducting Team Meetings component. This outcome will begin next reporting period and will be an ongoing yearly measurement in which we will be collecting and reporting data each reporting period.

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

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

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 21 adjustments to Idaho’s improvement plan included modifying status and timelines 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 modified involved the development and implementation of a statewide maintenance training. This addition was made to ensure sustainability through ongoing training and maintenance of ECO processes and social emotional knowledge. Additionally, there were two added outcomes and one outcome started with the focus of the measurement of families statewide having an awareness and understanding of the ECOs and being involved in the ECO process.
• Families statewide have an awareness and understanding of the ECOs
• Families statewide are involved in the ECO process including determining the ratings
• Families statewide are involved in ECO discussions to help them plan how to help their child learn and grow

Monitoring and Accountability strand adjustments focused on ECO process fidelity check data use for ongoing statewide improvement. The activity modified involved state and local level leadership having knowledge of the ECO process fidelity check data to use for ongoing improvement. The activity started and completed involved the development 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.

Professional Development strand adjustments focused on consistent teaming practices and expanding our mentor pool to measure and track practitioner EBP fidelity. The activity added focused on the implementation of checklists for Implementing a Primary Coach Approach to Teaming. The two activities modified involved the extension of implementation timelines to allow for the FIP-EI certified mentors to complete the certification institute and the implementation of a statewide scale-up plan for the measurement and tracking of practitioner EBP fidelity. These adjustments were made to ensure statewide support of improving practitioner EI EBP implementation consistency through consistent EI EBP teaming practices and the addition of trained mentors who can measure and track practitioner EBP fidelity.

Additionally, the implementation timeline and status of three outcomes were modified to allow for implementation and two new outcomes added for 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
• All tracks of the Early Intervention Evidence-based Practices Practitioner Training Continuum are being implemented statewide
• Primary Coach Teaming Practices are being implemented statewide

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Discussions with stakeholders regarding Idaho’s FFY 2020-2025 SPP targets continued in FFY 21. State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss the previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator.

Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

Regularly scheduled stakeholder meetings include:

1. State Leadership Team Meetings. These are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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.

Idaho’s stakeholders 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 3 parent representatives statewide, Dathan Rush (national expert on the primary coach approach), and a state-level EBP contractor.

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 3 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 are bi-monthly meetings held virtually between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP is a standing agenda item in which the improvement plan is reviewed and discussed.

2. State SSIP Evaluation/Data Team Meetings. These are bi-monthly meetings held virtually between state level leadership and is used to track and discuss ongoing SSIP improvement plan measurements, data, and timelines.

3. Statewide Hub Leadership Meetings. These are tri-annual meetings held in person between state level leadership and regional hub leaders. These meetings address a variety of Infant Toddler topics, with the SSIP as a standing agenda item in which we review state evaluation plan data, activities and initiatives, as well as for the hub leaders to provide feedback.

4. Infant Toddler Coordinating Council Meetings. These are quarterly meetings held in person between state level leadership and the ITCC members. The SSIP as a standing agenda item in which the members assist 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 are monthly meetings held virtually between state level leadership and the ITCC Executive Committee members. The SSIP is a standing agenda item in which they review 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 developing, implementing improvement, and evaluating progress for Idaho’s SSIP. FFY 21 SSIP stakeholder engagements in key improvement efforts include:

1. Continued strategy: 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. Survey data is presented and reviewed with stakeholders to solicit feedback with opportunities to ask questions and provide suggestions. Since the fidelity checks were implemented in FFY 20, the survey data shows fidelity to the entry ECO process increased from 91% to 93%, fidelity to the exit ECO process increased from 81% to 86%, and overall fidelity increasing from 80% to 89.8%.

2. Continued strategy: Discussions regarding Idaho’s Early Childhood Outcomes A1 SS1 (SiMR) baseline revision and target setting for FFY 2020-2025 continued in FFY 21. Stakeholder engagement: State level leadership met with the stakeholders virtually and in person on five separate occasions during FFY 20 and FFY 21 to review and discuss previous SPP indicator baselines, targets and actual data to identify potential starting points for the FFY 2020-2025 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 FFY 2020-2025 targets for each SPP indicator. Additionally, Idaho collaborates and engages with stakeholders in ongoing SSIP efforts. 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. Stakeholder meetings are used to discuss the SSIP, solicit input, collaborate, and provide outreach and community education. The newsletters are distributed to Infant Toddler Program staff and contractors, ITCC members, RECC members, and external stakeholders, and both inform and build common ground.

3. Strategy implemented: ECO Process-Social Emotional Development Annual Sustainability Training. Stakeholder engagement: State leadership developed a PowerPoint training in which regional hub leadership provides the training to local level staff and contractors statewide. This is a mandatory training required to be completed annually to maintain their knowledge of the ECO process and typical/atypical social emotional development. Completion data is presented and reviewed with ITCC members to solicit feedback with opportunities to ask questions, and provide suggestions.

4. Strategy implemented: Checklists for Implementing a Primary Coach Approach to Teaming. Stakeholder engagement: Checklists are provided to local level leadership to measure consistency of teaming practices statewide. Checklist data is used to inform state level leadership and local level leadership for ongoing program evaluation by monitoring the use of practices to guide support and improvements. Completion data is presented and reviewed with stakeholders to solicit feedback with opportunities to ask questions and provide suggestions.

5. Strategy implemented: Statewide scale-up plan for the measurement and tracking for practitioner EBP fidelity. Stakeholder engagement: Idaho’s two certified fidelity coaches developed and presented a plan to local level leadership to scale-up EBP fidelity statewide. The fidelity scale-up plan expands the number of practitioners, mentors and master mentors who are trained to fidelity to support ITPs evidence-based practices through the standardized process of consistently and reliably observing and analyzing the fidelity of EI practices, and increase practitioner consistency and competency. Fidelity training and completion data is presented and reviewed with stakeholders to solicit feedback with opportunities to ask questions and provide suggestions.

**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 indicated that the medical provider community partners were unaware that ITP had returned to providing services in person after the pandemic. ITP wrote a letter to communicate that our services are offered both in-person and virtually, and families have the option of either modalities or a combination of both modalities. This letter was sent to medical providers, the medical community, and to all of the families enrolled in the program so they too are aware that their services can be provided in person if that is what they would like.

**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).**

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

**Name:**

Dave Jeppesen

**Title:**

Director of Idaho Department of Health and Welfare

**Email:**

Dave.Jeppesen@dhw.idaho.gov

**Phone:**

208-334-5500

**Submitted on:**

04/24/23 1:05:54 PM

# Determination Enclosures

## RDA Matrix

**Idaho**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 76.79% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 11 | 78.57% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 1,303 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 1,940 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 67.16 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

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

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

**II. Child Performance**

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

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

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

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

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 46.57% | 55.18% | 57.39% | 43.44% | 61.29% | 59.17% |
| **FFY 2020**  | 44.92% | 55.13% | 56.20% | 46.70% | 60.74% | 58.58% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 93.90% | NO | 1 |
| **Indicator 7: 45-day timeline** | 92.19% | NO | 1 |
| **Indicator 8A: Timely transition plan** | 99.03% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 97.09% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 94.29% |  | 1 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **1,303** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 5 | 454 | 125 | 275 | 444 |
| **Performance (%)** | 0.38% | 34.84% | 9.59% | 21.11% | 34.08% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 5 | 471 | 261 | 380 | 186 |
| **Performance (%)** | 0.38% | 36.15% | 20.03% | 29.16% | 14.27% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 6 | 349 | 177 | 385 | 386 |
| **Performance (%)** | 0.46% | 26.78% | 13.58% | 29.55% | 29.62% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 46.57% | 55.18% | 57.39% | 43.44% | 61.29% | 59.17% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 886 | 44.92% | 859 | 46.57% | 1.64 | 0.0239 | 0.6896 | 0.4905 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 1,137 | 56.20% | 1,117 | 57.39% | 1.19 | 0.0209 | 0.5680 | 0.57 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 968 | 60.74% | 917 | 61.29% | 0.54 | 0.0225 | 0.2416 | 0.8091 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 1,364 | 55.13% | 1,303 | 55.18% | 0.05 | 0.0193 | 0.0251 | 0.98 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 1,364 | 46.70% | 1,303 | 43.44% | -3.26 | 0.0193 | -1.6938 | 0.0903 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 1,364 | 58.58% | 1,303 | 59.17% | 0.59 | 0.0191 | 0.3113 | 0.7555 | NO | 1 |

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

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

## Data Rubric

**Idaho**

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

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

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 0 | 1 | 2 |
|  |  |  | **Subtotal** | 8 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 16.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 16.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 33.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 0.9429 |
| E. Indicator Score (Subtotal D x 100) = | 94.29 |

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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