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

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

**For reporting on
FFY 2020**

**Illinois**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Illinois is pleased to indicate with the submission of the FFY20/SFY21 State Performance Plan/Annual Performance Report that in this reporting year, the state continues to move forward in ensuring the citizens are afforded appropriate and viable services with a focus on those required by law. Illinois continues to engage stakeholders in reviewing APR data and planning for improvement. Illinois has also received much needed technical assistance and support from the Office Special Education Program (OSEP) State Lead and our Early Childhood Technical Assistance partners to develop strategies for addressing our longstanding non-compliance. Attached is the FFY20/SFY21 Prior Indicator 09 Findings document with our progress. We have also worked with the OSEP funded technical assistance centers, the Center for IDEA Early Childhood Data Systems (DaSy) and the Early Childhood Technical Assistance Center (ECTA), to improve data quality and the child outcomes summary process. We are also working with them to identify specific strategies for correcting longstanding noncompliance at several Child and Family Connections (CFC) offices. Illinois continues to enhance systems and practices to address the compliance indicators and has dedicated efforts to supporting practice in Illinois' Early Intervention (EI) system which will be demonstrated in future APRs.

Additional information related to data collection and reporting

Unlike last year, Illinois' decision to utilize October data as our representative month for most indicators was impacted by COVID-19. The ongoing uncertainty of conditions and staffing limitations impacted both the completeness and reliability of our data. As anticipated, COVID-19 impacted both the indicators that use October 2020 as a representative month as well as those that use a full year of data (Indicators 3 and 4). While we had moments of opportunity, COVID-19 once again impacted our ability to provide support to local programs related to the correction of longstanding noncompliance. We continued meeting with technical assistance providers from DaSy and ECTA to refine and further develop a process for investigating and addressing longstanding noncompliance for the three compliance indicators. We also involved the CFC with the longest standing noncompliance in a technical assistance opportunity. While we were able to implement portions of the plan, e.g. subsequent reviews of data subsets and initial reviews of program requirements, we were not able to engage CFCs in the enhanced level of support we had hoped to provide. Both lead agency staff and program resources were instead devoted to addressing the changing needs of the program due to the pandemic. Program staff reported high levels of stress and challenges with staff recruitment. For these reasons, we were concerned about the additional activities/responsibilities that would be necessary in order to move our process forward in the way we had anticipated and delayed certain activities.

**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 Illinois Department of Human Services (Department) serves as Illinois' Lead Agency. The Bureau of Early Intervention (Bureau) has staff allocated for general administration and supervision for compliance with the requirements set forth in the Individuals with Disabilities Education Act (IDEA) Part C. Illinois enacted the Early Intervention Services System Act (Act) (325 ILCS20 et. seq.) which establishes a statewide system of coordinated, comprehensive, interagency and interdisciplinary programs to be used in planning, implementation, coordination and evaluation of the statewide system of locally based early intervention services. As authorized and required by the Act, the Department promulgated detailed rules and regulations to reflect the intent of federal regulations contained in IDEA Part C. They are set forth in the Illinois Administrative Code (89 IL Admin. Code 500 et. seq.).

The Department, through its EI Bureau, sets and disseminates policies and procedures for the provision of EI services through administrative rule, the Child and Family Connections Procedure Manual, the EI Provider Handbook, administrative contracts and payee agreements, and the State of Illinois Infant/Toddler & Family Rights under IDEA booklet. Again, in FFY20, there were no substantive changes to policy or procedure. However, legislation was passed to support extend EI services past children's third birthday for a subset of children. We know that this will require the development of new policies and procedures in FFY21.

There are 25 Child & Family Connections (CFC) offices covering all geographic areas of Illinois, and Cornerstone remains the statewide data system that collects and stores child and family information, generates authorizations for services, and interfaces with other systems to track and produce payments. The Bureau relies extensively on this data system to monitor the performance of the 25 CFC offices. The monthly review of performance measures are, in turn, shared back with the CFC offices. Annually, based on the review of these performance measures, the Bureau issues a letter of Findings of Noncompliance and Determinations to each CFC. Additionally, each CFC office has a Determination Scorecard based on their performance. The CFC's scorecard guides monitoring, technical assistance, training and CAP reporting. Dispute Resolution is handled by staff in the Bureau. Resources are provided to parents both as they enter and while they are engaged in Early Intervention to assist them in understanding their rights for Dispute Resolution. Online forms and contact information are part of the process that makes information available through various avenues. Translation for Spanish-speaking families is also available. The Bureau accepts and dispositions all Dispute Resolutions, including Mediation and Due Process Hearings. The Bureau has an inter-agency agreement with the Illinois Department of Healthcare and Family Services for impartial and unbiased officials to organize the Due Process Hearings when needed. The State adopted Mediation and Due Process procedures in 34 CFR §300.506 through §300.512 and developed procedures that meet the requirements of §303.440. Several Legal staff within the Department are available to facilitate the development and negotiation of all resolution session agreements. An electronic database is in place to track Due Process complaints.

Multiple other functions of supervising the Early Intervention system are performed through contracted partners. There are five contracts covering the Illinois Early Intervention Monitoring, Credentialing, Clearinghouse, Training/Professional Development and Centralized Billing/Family Fees components.

The Illinois EI Monitoring Program (http://www.earlyinterventionmonitoring.org/) conducts monitoring activities of the CFC offices and EI direct service providers. During FFY20, CFC offices and credentialed and/or enrolled service providers were monitored through offsite file reviews. All 25 CFC offices and 65 percent of the approximately 2000 EI payees that billed for services during the preceding fiscal year were subject to the compliance monitoring process. EI Monitoring additionally provides each CFC office a focused verification monitoring review at a minimum of once every three years or upon the request of the Bureau. The focused verification monitoring review includes 1) an in-depth file review; 2) CFC Program Manager and CFC Service Coordinator interviews; and 3) Family, Service Provider, and Stakeholder surveys. Through file reviews (offsite only for FFY20) and annual monitoring visits, the EI Monitoring Program assesses compliance with determinations relating to administrative processes and procedures. During this review, the EI Monitoring Program identifies any areas of noncompliance, documents the correction of noncompliance, and provides technical assistance as necessary. The provision of technical assistance is an integral part of this monitoring process, and issues are addressed immediately upon the completion of an onsite monitoring visit. Annually, 65% of EI payees receive a compliance monitoring review. Payees who were previously monitored could be scheduled for subsequent compliance monitoring based upon the outcome of the previous review. The EI Monitoring Program randomly selects a percentage of the EI payee's caseload for file reviews. The EI Monitoring Program also safeguards the rights of families to receive appropriate services and supports by investigating parent billing complaints submitted to the Bureau or to the EI Central Billing Office, who is our contracted billing agent, regarding the appropriate billing of services. The EI Monitoring Program continues to be a major stakeholder in the work of the State Systemic Improvement Plan (SSIP) as outlined in Indicator 11.

The Department contracts with the EI Central Billing Office, CBO, (http://www.eicbo.info/) to process paper and electronic service provider claims and to create provider claim summaries as part of the fee-for-service delivery system; generate vouchers; submit Medicaid claims to the Illinois Department of Healthcare and Family Services (HFS); and, prepare and forward claims for federal matching funds. In addition, the CBO maintains insurance coverage information, including waivers and exemptions, provides insurance billing services, and invoices, collects and updates the family participation fee accounts (which has included issuing all families fee credits during the pandemic). They also provide the family with an Explanation of Benefits (EOB), which accounts for all monthly provider claims to families. The CBO maintains the linkage between EI data systems and Cornerstone for direct service authorizations.

**Technical Assistance System:**

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

Illinois’ system for technical assistance encompasses the Bureau and its contract entities. These vital partners support the delivery of high quality and evidence-based technical assistance. Monthly meetings with the EI Contracted Partners provide current and informed supports to the various partners to disseminate within their interactions with EI participants, providers, local community partners and families currently being served or those interested in the program. Illinois benefits from its relationship with state and national recognized leaders in early childhood development and education that contribute a wealth of knowledge and expertise.

The Bureau supports technical assistance as a key function described in the contracts with the local CFC offices, the EI Training Program, the EI Monitoring Program, the EI Clearinghouse, the EI Central Billing Office, and the EI Credentialing program. The Bureau’s website and its contractual partners’ websites ensure the availability of Illinois-specific as well as national information and resources to EI providers, the CFCs, stakeholders and families.

Each CFC office houses Local Interagency Council (LIC) activities to provide technical assistance to its provider community. The needs are assessed through current events and/or needs assessments. The technical assistance is supported through responses to phone calls and emails, provider meetings, and activities of the LIC. In addition, each CFC office has a required contract with a developmental pediatric consultant for specific services to implement quality assurance activities such as periodic participation in IFSP meetings, consultation on requests for IFSP service changes, technical assistance and training to EI providers and services coordinators to address local system needs, specific disabilities, specific family situations, and outreach to primary referral sources. Each CFC also houses a social emotional consultant for the purposes of reflective consultation to the CFC Program Manager, individuals or groups consultation as well as coordination of components including overseeing the implementation of social emotional screening and specialized assessment and/or offering support to IFSP teams when needed.

Most functions of the EI Monitoring Program and the EI Central Billing Office are described in the General Supervision System section. Other partners, such as the EI Training Program, the EI Clearinghouse, and Provider Connections are described in the Professional Development section. All are very important sources of technical assistance for the Illinois EI system. In addition, the EI Training Program’s contract includes an EI Ombudsman position. The Ombudsman works with the Bureau, CFC offices and EI providers to ensure fidelity with EI laws, rule, policies, practice and procedures, and promotes the highest attainable evidence-based practices that support the key principles of Illinois’ Early Intervention Program. Illinois’ EI Ombudsman is also thoroughly involved in multiple, national activities centered on early childhood development including such activities as the workgroup for establishing the DEC's Recommended Practices and the aRPy Ambassador program through the Early Childhood Technical Assistance Center!

To best support our CFCs, Bureau staff meet monthly with CFC managers to provide clarification to policies and procedures and address questions and concerns. During the pandemic, an additional monthly meeting has been added for additional support to the CFCs. EI contract partners are also welcome to help support the CFCs as well during these monthly calls. EI contractual administrative entities (outside of the CFCs) and Bureau staff also meet monthly to leverage resources, coordinate efforts, and identify additional strategies to meet system needs for technical assistance. Designated Bureau staff provide responses to all inquiries from CFC offices and EI Providers usually via the telephone or email. Informational memos are posted on all available EI websites (DHS and contractual partners) and distributed via email to CFC managers. Updates to manuals and/or documents are provided to all partners and posted on partners' websites to help support the population we serve. During the pandemic, frequent updates were posted on Partners' websites to keep stakeholders informed about changing conditions and system responses.

The Bureau continues to request and receive technical assistance from a number of national and regional resources, including the ECTA, DaSy, and OSEP. The Bureau staff have participated in several cross-state learning collaboratives and other learning communities and have also benefited from technical assistance partners' assistance in the development and implementation of the SSIP.

The Bureau has continued to receive technical assistance from their OSEP State Lead to support resolution of long standing noncompliance. The attachment (il-c-ffy2020prior09findings) outlines the historical correction with a narrative of the practices Illinois has chosen to address noncompliance and ensure quality services are delivered in accordance with Part C regulations to all eligible Illinois children and families.

In response to our Needs Assistance determination, Illinois has availed itself of many technical assistance opportunities. Given our historical difficulties resolving longstanding noncompliance, Illinois participated in a cross-state technical assistance (TA) effort through DaSy, ECTA, and NCSI that addressed establishing effective monitoring for compliance and results. For this TA effort, we included system partners as well as program staff from the CFC with the longest standing noncompliance. The TA offering helped us examine many aspects of our transition process, including local program's staff understanding of system requirements, written program guidance about requirements, available data for monitoring compliance with requirements, incentives/penalties tied to performance, and this particular program's detailed performance data across the past few years. This technical assistance allowed us to develop a process for examining noncompliance not only for the transition indicators, but also for other compliance indicators. In general, this process will involve: beginning with program understanding of tasks/responsibilities, understanding what has been tried to address the issue, discussing what has or has not been successful and why, reviewing contributing factors resources, conducting root cause analyses, and considering available system supports to address the root causes. The state also received IL-specific TA from ECTA/DaSy to continue our ongoing work around addressing longstanding non-compliance. Technical assistance has been critical in improving our understanding of how to assess the current status of findings, the general supervision components that exist to support improved practice, the options for addressing individualized needs to help support best practice, and the importance of consistent approaches for developing and monitoring improvement plans at the effected CFCs. This past year's technical assistance supported our capacity to address longstanding noncompliance, particularly in regard to the transition indicator.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The Early Intervention Services System Act (Act) (325 ILCS20 et. seq.) and the Illinois Administrative Code (89 IL Admin. Code 500 et. seq.) require and define a system of personnel development and personnel standards to ensure that EI providers are effectively providing services that improve results for infants and toddlers with disabilities and their families. EI families, service providers, and primary referral sources have access to a wealth of information provided through various EI specific websites as well as through online (both synchronous and asynchronous) and face-to-face training opportunities (pre-pandemic).

For credentialing matters, Illinois contracts with the EI Provider Connections office (http://www.wiu.edu/ProviderConnections/) to coordinate the credentialing process and the enrollment of service providers in compliance with state and federal requirements. The Illinois Department of Healthcare and Family Services (HFS), our Medicaid state lead, implemented an enrollment system for all Medicaid providers in Illinois. This system greatly impacted the EI providers and CFC offices who provide services to Medicaid-eligible children. This system continues to evolve and is intended to support EI's ability to maximize reimbursements and provider compliance. The EI CBO submits reimbursement claims on their behalf as part of our fee-for-service practice. A dedicated Bureau staff member and EI Provider Connections staff meet quarterly to address system issues and support the smoothest transition to the new system for EI providers.

EI Provider Connections processes credential and enrollment applications to comply with the HFS system and maintains a system of credentialing which ensures new providers are qualified and prepared with appropriate pediatric experience and education to provide services to infants and toddlers with developmental delays or disabilities and their families. This office ensures that individuals providing EI services have documentation on file of all applicable licenses, degrees, education and/or certification, EI systems overview training, background checks, documentation of consultation, and all other requirements. In addition, they provide technical assistance on the credentialing and enrollment process and verify that the individuals maintain competencies through documentation of continuing professional education and ongoing professional development at credential renewal every three years.

Illinois also contracts with the University of Illinois Early Intervention Training Program (EITP) (http://eitp.education.illinois.edu/) to provide a comprehensive system of personnel development, using a variety of methodologies that has included face-to-face, virtual, and online training modules, and to coordinate with other entities to offer a broad calendar of EI training events. These efforts ensure that service providers and CFC staff enter the EI system with an understanding of the basic components of the EI services system, evidence-based practices and Illinois’ EI key principles. Additional and ongoing efforts are in place to focus on continually expanding competencies and to provide information on evidence-based practices, specifically in four core knowledge areas: development of young children, working with families of young children with developmental disabilities and delays, intervention strategies and activities for young children with special needs, and assessment of young children with special needs. The EITP also works to coordinate with other professional entities to provide training on transition services for children exiting the EI system. The EITP develops, publishes and distributes a quarterly newsletter for EI service providers and uses social media to reinforce important system messages/information.

The EITP coordinates the family outcomes process which includes a project coordinator that oversees the survey process for all families who have exited the EI program. The coordinator also facilitates the Child and Family Outcomes Workgroup and represents the EI program on all child and family outcomes activities. The EITP is a major stakeholder in the work of SSIP.

The EI Clearinghouse (http://www.eiclearinghouse.org/) collects research-based and best-practice early intervention information to share with families to support their children’s growth and development. They provide current, up-to-date information and reference materials for parents to learn more about typical child development and specific disabilities, and for educators and EI professionals to improve competencies in the evaluation and treatment of children with developmental disabilities and delays. Additional resources in English and in Spanish are available to EI families, providers, stakeholders and primary referral sources. They are tasked with maintaining Illinois’ EI Central Directory, operating and maintaining a free EI lending library, generating parent newsletters, information notes, podcasts, and resource links to support evidence-based practices, and general contact and program information. The EI Clearinghouse serves as a communication link between the EI Program and the families served by the program through a family friendly, bilingual (English-Spanish) website. This past year, the EI Clearinghouse received additional GEERS funding to make a large purchase of technology items to lend to families. This will allow more families to access services in a way that would not be possible without this technology. The Clearinghouse has also convened a Parent Advisory Council to provide input on system improvement activities. The EI Clearinghouse is also a stakeholder in the work of the SSIP.

**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).**

Illinois Interagency Council on Early Intervention (IICEI): Pursuant to 34 CFR §300.600 - 300.605, the IICEI is a Governor-appointed advisory board that meets the federal requirements for a State Interagency Coordinating Council. The membership of the council includes parents, public and private service providers of the Early Intervention (EI) system, a member from the State legislature, a personnel preparation representative, and representatives from various designated State agencies and programs. Its membership also includes representatives from advocacy organizations, Child and Family Connections (CFC) managers, and a designee from the Illinois Early Learning Council. The IICEI discusses program and Bureau specific challenges and opportunities, reviews and approves the annual performance report (APR), helps determine the setting of State Performance Plan (SPP)/APR target values, and advises the Bureau in the overall performance of the program. The IICEI also, as needed, creates ad-hoc workgroups composed of both council and other subject-matter experts on a variety of subjects to help develop any potential recommendations for consideration by the Bureau. Current IICEI workgroups are exploring the continued use of tele-intervention, working to improve system communication and coordination with other statewide initiatives that impact birth to three year olds, addressing equity and access issues in early intervention, coordinating with the Governor’s Office - Raising Illinois initiative which seeks to double the number of low income prenatal to three year olds served, and monitoring legislation and funding activities.

Child and Family Outcomes Workgroup: The Child and Family Outcomes workgroup is a stakeholder group formed years ago that is tasked with the goal of reviewing processes that improve outcomes for children and families, as well as the quality of child and family outcomes data. The workgroup includes representation from families, the EI Bureau, EI providers, CFC managers, EI Ombudsman and the EI Training Program (EITP). The Child and Family Outcomes Workgroup focuses its efforts to:
• Ensure that valid and reliable data are collected with consistency by field staff;
• Improve the validity of data reported on child and family outcomes;
• Improve response rates for Family Outcomes surveys, to increase representativeness and validity;
• Promote public awareness and training of child and family outcome measures;
• Explore options for linking child and family outcome data;
• Support data review and analysis;
• Set baseline and target values; and
• Develop and implement improvement activities.

CFC Managers: Illinois has 25 CFC offices that serve as the regional points of entry, and each CFC office is responsible for the implementation of the Early Intervention Services System within its specific geographic region. A CFC Program Manager is assigned to each CFC and they are the point of contact to disseminate information to be shared within the CFC staff and their community as appropriate. CFCs are responsible for ensuring all referrals to the Early Intervention Services System receive a timely response in a professional and family-centered manner. Other responsibilities of the CFCs include: child find activities; family-engaged intake; coordination of evaluation/assessment and eligibility determination activities for children; for eligible children- oversight of the development of timely individualized family service plans (IFSP); ongoing service coordination, and transitioning activities before a toddler exits the program or reaches three years of age and is potentially eligible for Part B. CFC managers meet monthly with EI Bureau staff to review policies and procedures, provide statewide and local perspectives, offer feedback to the APR and SSIP, identify system challenges, and provide input on improvement strategies.

Additionally, annual CFC Conferences are held to invite all CFC staff to network, learn from subject-matter experts and to meet directly with EI Partner contract entity staff. The CFC conferences are designed to respond to the specific needs conveyed by the Service Coordinators, CFC Managers, Social Emotional Consultants and others working in or with a CFC. Planning is organized through the EITP, but multiple stakeholders are involved in the annual event. This year's conference was held virtually and continued to respond to needs expressed by CFC staff.

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

NO

**Number of Parent Members:**

3

**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.**

Family members are an integral part of most of the system-created workgroups. There are also parent members on the Interagency Coordinating Council (ICC), the State Systemic Improvement Plan (SSIP) large stakeholder group (and local leadership teams), Family Outcomes Topic Cohort, Reopen Illinois EI, and the Outcomes Workgroup. Family members have been involved in discussions about target-setting, data analysis, improvement strategies, and evaluation. For example, the ICC had two different discussions on target-setting, data analysis, improvement strategies, and evaluation. Minutes of these discussions can be found on the IDHS website. Since ICC meetings are open to the public, families who wish to provide input may contact the Bureau directly or reach out to their family representative on the ICC. The SSIP large stakeholder group has also been involved in target-setting, data analysis, improvement strategy generation, and evaluation. This group includes parents, parent center staff, and advocates. The Outcomes workgroup also participates in target setting, data analysis, improvement strategy generation and evaluation. The Reopen IL EI workgroup was involved in analyzing program data and developing improvement strategies during the pandemic. Our Family Outcomes Topic Cohort, which includes Parent Training and Information Staff and other parents, has helped with data analysis, improvement strategies, and evaluating progress. In addition, for the upcoming fiscal year, the EI Clearinghouse will convene a parent advisory body to ensure that materials prepared for families are meaningful and to solicit input on programmatic changes and activities.

**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.**

The IDHS is currently engaging in agency-wide activities to address equity and inclusion. As part of these efforts, the Bureau of Early Intervention will be engaging national equity experts to examine system practices that may be contributing to inequities. This work will begin in the next fiscal year. It is hoped that families who engage in this examination will consider participating in future system activities. In addition, the Bureau has committed to diverse parent representation on any new workgroups that are convened and to examine membership of current workgroups with a focus on diversity when replacing members. As noted above, system workgroups (and the parents that serve on them) have an integral role in many aspects of our Annual Performance Report activities. In addition, the EI Clearinghouse is currently working to expand accessibility to system information by creating family videos and translating system materials into languages beyond English and Spanish. In addition to these items, the state has also worked to increase the capacity of diverse groups of parents by providing training and resources to help them learn about the system as well as their role in developing implementation activities. For instance, IICEI members received an orientation webinar, participated in required trainings for board/council members, and reviewed information contained in the target setting guide.

**Soliciting Public Input:**

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

The primary mechanism for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress occurred through the ICC meetings in October and January. These meetings are open to the public and included discussions of all of these elements. The public can submit direct comments/questions for consideration via the chat for the virtual meetings or can contact their representative on the ICC to share comments/questions/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.**

The mechanisms and timelines for making these results publicly available are similar to general reporting to the public. The Illinois Annual Performance Report and the State Systemic Improvement Plan reports are used to annually report to the public on the targets, data, improvement strategies, and evaluation. The Illinois Interagency Council for Early Intervention participates in target-setting and improvement strategy discussions during their meetings, they also provide input to the draft report, and provide final approval prior to APR submission. The APR is posted on the Department’s website no later than 120 days following the State’s submission. A hard copy of the APR is also available for public review at each of the 25 CFC offices. The SSIP reports are also posted on the Department’s and contractual partners’ websites. Progress on the SSIP is communicated through a SSIP Quarterly Summary which is widely distributed to stakeholders. The SSIP work is also described in the contract partners' quarterly newsletters and discussed at each monthly CFC Manager’s meeting. The Illinois APR, SSIP, 618 data, Annual Federal Grant Applications, and Monthly Statistical reports are available online at: http://www.dhs.state.il.us/page.aspx?item=36192.

**Reporting to the Public:**

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

The Illinois Annual Performance Report and the State Systemic Improvement Plan reports are used to annually report to the public on the EI performance targets. The Illinois Interagency Council for Early Intervention is the principle stakeholder group that reviews and provides final approval to the APR. The APR is posted on the Department’s website no later than 120 days following the State’s submission. A hard copy of the APR is also available for public review at each of the 25 CFC offices. Most APR indicators include a table that compares the performance of each CFC office with statewide performance and target values.

The SSIP reports (Phases I, II and III (in progress)) are also posted on the Department’s and contractual partners’ websites. Progress on the SSIP is communicated through a SSIP Quarterly Summary which is widely distributed to stakeholders. The SSIP work is also described in the contract partners' quarterly newsletters and discussed at each monthly CFC Manager’s meeting.

Document Posting: The Illinois APR, SSIP, 618 data, Annual Federal Grant Applications, and Monthly Statistical reports are available online at: http://www.dhs.state.il.us/page.aspx?item=36192. The EI Training Program website has links to the EI Reports and informational notices located at https://uofi.illinois.edu/blog/view/6039/114615?count=1&ACTION=DIALOG&sort=asc.

## Intro - Prior FFY Required Actions

While the State has publicly reported on the FFY 2018 (July 1, 2018-June 30, 2019) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2020 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2018. In addition, the State must report with its FFY 2020 SPP/APR, how and where the State reported to the public on the FFY 2019 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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

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

The web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program on the targets in the SPP/APR for FFY19 is: https://www.dhs.state.il.us/OneNetLibrary/27897/documents/EI/APRs/FFY2019StatePerformancePlanAnnualPerformancePlan.pdf and for FFY18 is: http://www.wiu.edu/coehs/provider\_connections/pdf/ILSPPAPRPARTCFFY201819FINALwcharts.pdf. The link to the FFY19 APR includes all charts, even those not able to be posted to the OSEP website due to 508 noncompliance.

## 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.

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## Intro - Required Actions

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

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

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.53% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.87% | 98.23% | 97.89% | 99.52% | 94.23% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,438 | 1,451 | 94.23% | 100% | 99.79% | Did not meet target | No Slippage |

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

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

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

Reasons for delays included: unable to find a provider, unable to provide as many services as recommended by the IFSP team, service provided in a setting other than the natural environment due to not enough providers to deliver service in natural environment, and family circumstances.

**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).**

Illinois Early Intervention considers a service to be timely if the consented service begins no later than 30 days from the IFSP creation. Illinois has 25 regional points of entry called Child & Family Connections (CFC) offices which house the Service Coordination component. Each of the 25 CFCs report monthly on IFSP consented services that have not yet started due to various factors including insufficient number of qualified early intervention direct service providers as well as family exceptional circumstances and delays. The data is collected and utilized to create monthly statistical reports on the status of each of the 25 CFCs service delays as well as other components of performance for each CFC. A Statewide statistical report is also prepared and shared so each CFC can compare their performance with the Statewide average for service delays and other components.

Through the work of our data manager, we have been able to eliminate duplicative data for the same child. Historical reporting had been based on individual services rather than individual children.

**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).**

Illinois continues to utilize the reporting period of October 1 - October 31 for the reporting Federal Fiscal Year (FFY). In the case of this APR, the reporting period is October 2020.

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

Illinois has historically utilized the single month of October to represent our collection period. When comparing the full fiscal year (FY) data, the October data still continues to reflect the average with consistency as well as overall data reporting on multiple indicators. Additionally, utilization of the 618 data to prepopulate multiple indicators improves consistent reporting as Illinois uses the October data from the reporting FY period for the 618 Child Count and Setting reporting

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

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

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

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

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

Through a subsequent review of the two non-compliant program's monthly service delay data, Bureau staff were able to determine that both of the program's with noncompliance were now demonstrating full compliance with regulatory requirements. The review of subsequent data included a sample pulled from the service delay list. Based upon this review, the state was able to verify that all children in the program during this timeframe received their services in a timely manner-100%

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

For this indicator in accordance with OSEP Memo 09-02, the state examined the individual cases of noncompliance. The state verified via the service delay list that all the individual children identified in FFY2019 ultimately received services, even though they were delayed. Therefore, all children whose services were delayed were no longer waiting for services.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2015 | 11 | 11 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

Through a subsequent review of the non-compliant programs' monthly service delay data, Bureau staff were able to determine that all eleven programs with noncompliance were now able to demonstrate full compliance with regulatory requirements. The review of subsequent data included a sample pulled from the service delay list. Based upon this review, the state was able to verify that all children in the program during this timeframe received their services in a timely manner-100 compliance%

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

For this indicator in accordance with OSEP Memo 09-02, the state examined the individual cases of noncompliance. The state verified that all individual cases of noncompliance were resolved because the individual children identified in FFY2015 were no longer under the jurisdiction of the program.

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 11 uncorrected findings of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2015: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

While the state issued two findings for Indicator 1 in FFY2019, both programs corrected their noncompliance within the year timeframe. Of the 11 remaining findings from FFY 2015, all 11 programs have now come into compliance (see details within the narratives under FFY 2019 and FFY 2015 findings section).

## 1 - OSEP Response

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

## 1 - Required Actions

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

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

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 88.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |
| Data | 98.71% | 98.72% | 98.92% | 98.87% | 99.23% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 90.00% | 95.00% | 95.50% | 96.00% | 96.50% | 97.00% |

**Targets: Description of Stakeholder Input**

Stakeholder input was gathered from several sources. Proposed targets were reviewed with Illinois Interagency Council on Early Intervention (IICEI) members as well as Child and Family Connections Managers. The target-setting guide from DaSy was used to support these discussions. Stakeholders commented on the challenge of setting rigorous yet achievable targets given the recent impact of the pandemic but lauded the Bureau's transparency with sharing the data for informed decision-making.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 12,095 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 12,122 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 12,095 | 12,122 | 99.23% | 90.00% | 99.78% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

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

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Illinois received stakeholder input via the Child & Family Outcomes workgroup and the Illinois Interagency Council on Early Intervention (IICEI). The Child & Family Outcomes workgroup helped set the targets that were approved by the IICEI. The workgroup routinely reviews the data and makes recommendations about improvement to the state’s processes. For example,

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2020 | Target>= | 67.70% | 68.10% | 68.50% | 68.90% | 68.00% |
| **A1** | 67.01% | Data | 69.84% | 65.97% | 66.70% | 67.71% | 67.99% |
| **A2** | 2020 | Target>= | 63.90% | 64.10% | 64.30% | 64.50% | 63.50% |
| **A2** | 51.20% | Data | 61.82% | 54.48% | 57.29% | 54.39% | 52.51% |
| **B1** | 2020 | Target>= | 79.20% | 79.60% | 80.00% | 80.40% | 77.10% |
| **B1** | 75.28% | Data | 79.31% | 74.95% | 75.78% | 76.27% | 76.22% |
| **B2** | 2020 | Target>= | 50.40% | 50.60% | 50.80% | 51.00% | 49.70% |
| **B2** | 42.09% | Data | 50.80% | 42.81% | 47.06% | 44.90% | 43.48% |
| **C1** | 2020 | Target>= | 76.90% | 77.30% | 77.70% | 78.10% | 75.60% |
| **C1** | 73.40% | Data | 77.14% | 72.68% | 73.88% | 73.67% | 73.48% |
| **C2** | 2020 | Target>= | 56.80% | 57.00% | 57.20% | 57.40% | 56.10% |
| **C2** | 47.08% | Data | 56.33% | 49.87% | 53.44% | 50.26% | 48.50% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 66.50% | 67.05% | 67.10% | 67.15% | 67.20% | 67.25% |
| Target A2>= | 63.30% | 51.25% | 51.30% | 51.35% | 51.40% | 51.45% |
| Target B1>= | 77.00% | 75.35% | 75.40% | 75.45% | 75.50% | 75.55% |
| Target B2>= | 49.60% | 42.15% | 42.20% | 42.25% | 42.30% | 42.35% |
| Target C1>= | 75.50% | 73.45% | 73.50% | 73.55% | 73.60% | 73.65% |
| Target C2>= | 56.00% | 47.15% | 47.20% | 47.25% | 47.30% | 47.35% |

 **FFY 2020 SPP/APR Data**

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

11,104

**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 | 3 | 0.03% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,857 | 25.73% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,559 | 23.05% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 3,250 | 29.27% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,435 | 21.93% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 5,809 | 8,669 | 67.99% | 66.50% | 67.01% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 5,685 | 11,104 | 52.51% | 63.30% | 51.20% | N/A | N/A |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 9 | 0.08% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,574 | 23.18% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3,847 | 34.65% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 4,020 | 36.20% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 654 | 5.89% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 7,867 | 10,450 | 76.22% | 77.00% | 75.28% | N/A | N/A |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 4,674 | 11,104 | 43.48% | 49.60% | 42.09% | N/A | N/A |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 9 | 0.08% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,604 | 23.45% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3,263 | 29.39% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 3,946 | 35.54% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,282 | 11.55% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 7,209 | 9,822 | 73.48% | 75.50% | 73.40% | N/A | N/A |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 5,228 | 11,104 | 48.50% | 56.00% | 47.08% | N/A | N/A |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 18,355 |
| 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. | 3,491 |

| **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.**

As stated above, Illinois uses the ECO Center’s COS process. This involves using information collected from a variety of sources including parent report, observation, evaluation/assessment, and, for exits, intervention information. For evaluation/assessment, providers in Illinois are allowed to use any of the tools found on this list: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By\_Division/DCHP/EI/EIAssessInstruments08- 2016/ILEIAppEvalAssessInstruR08-16.pdf.

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

Stakeholders recommended resetting baseline to FFY2020 data. Reasons for this included: changes to overall landscape of EI due to COVID, what we have learned through the SSIP pilot work, improved data quality, larger numbers of matched pairs, and a desire to have the
targets reflect current status of system. Additionally, over the past several years there has been a focus on Professional Development and Technical Assistance surrounding Child Outcomes. We believe that the original ratings were too high, and we know they were based on a smaller number of children. Stakeholders no longer felt that the original targets were meaningful and wanted the baseline to reflect current practice and improved data for target-setting.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

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

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

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2010 | Target>= | 69.70% | 70.00% | 70.30% | 70.60% | 70.60% |
| A | 67.82% | Data | 74.14% | 73.14% | 71.88% | 72.57% | 75.12% |
| B | 2010 | Target>= | 77.90% | 78.20% | 78.50% | 78.80% | 78.80% |
| B | 76.51% | Data | 79.03% | 78.37% | 77.06% | 78.43% | 80.50% |
| C | 2010 | Target>= | 74.50% | 74.80% | 75.10% | 75.40% | 75.40% |
| C | 74.31% | Data | 77.30% | 77.09% | 76.06% | 77.47% | 78.52% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 70.60% | 67.87% | 67.92% | 67.97% | 68.97% | 69.97% |
| Target B>= | 78.80% | 77.00% | 77.05% | 77.10% | 77.20% | 77.35% |
| Target C>= | 75.40% | 76.25% | 76.32% | 76.37% | 76.47% | 76.57% |

**Targets: Description of Stakeholder Input**

Illinois received stakeholder input via the Child & Family Outcomes workgroup and the Illinois Interagency Council on Early Intervention (IICEI). The Child & Family Outcomes workgroup helped set the targets that were approved by the IICEI. The workgroup routinely reviews the data and makes recommendations about improvements to the state’s processes. The workgroup has recently been expanded to include family members.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 16,634 |
| Number of respondent families participating in Part C  | 2,489 |
| Survey Response Rate | 14.96% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 1,799 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,489 |
| 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 | 1,850 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,414 |
| 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 | 1,790 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,343 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 75.12% | 70.60% | 72.28% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 80.50% | 78.80% | 76.64% | Did not meet target | 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) | 78.52% | 75.40% | 76.40% | Met target | No Slippage |

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

We have heard from stakeholders that this has been a particularly challenging year for families due to increased demands related to the pandemic. We feel that this is reflected in the general downward trend of all three outcomes. We are also hearing from more families and so this reporting may include families that we would not have traditionally heard from in the past. This may also be impacting the downward trend. We also note attrition (roughly 150 fewer responses) as the survey continues as noted in A2, B2, and C2. We have changed the order of questions for next year in an attempt to get an increased number of responses to these important questions. In regard to this particular outcome, we did hear from some families that the gap in services experienced when the state entered lockdown and the switch to live video visits (telehealth) impacted their ability to access supports in the way they desired.

| **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. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

Although the responses were representative in some ways, stakeholders are concerned about the representativeness by race/ethnicity of the responders. We continue to find Black families under-represented with White families over-represented. For the first time, however, Hispanic families were over-represented. This was regarded as a positive trend. In the coming year, we will continue analyzing the parts of the survey process to determine where bias might be introduced (undeliverable surveys and opt outs) so that we can work with stakeholders to address these biases and create strategies that are meaningful for improving responses for the under-represented groups. Depending on what these analyses reveal, we may consider alternate methods of survey delivery for those unable to receive surveys via text message.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 7.66% | 14.96% |

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

We have changed the order of the questions for the coming year to make sure that families who provide partial responses answer the items we report. We are also providing families an option of choosing which language they would like to use for completing the survey (English vs. Spanish). We are also examining the trends for undeliverable surveys to see if we can do anything to make sure more families receive the electronic survey. In terms of reaching underrepresented groups, we need to see if the delivery method is disproportionately impacting delivery to Black families. As a general strategy for increasing response rate, service coordinators have been asked to remind families about the family outcomes survey during the monthly contact preceding the child’s exit from the system.

**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.**

For this year, we have examined response rate by race/ethnicity, region/geographic location, gender and primary language. The responses are generally representative (and improved over prior years), with a slight under-representation of Black families and over-representation of White and Hispanic families. We have not yet been able to identify where bias may be introduced in our survey process, but we have plans to examine our undeliverable and opt out survey demographics more closely to see if anything can be done to increase the number of families the survey reaches. On a positive note, Hispanic families and families whose primary language is Spanish were over-represented in the respondents for the first time.

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

Race (% surveyed versus % responded)
• White: 54.1 vs. 59.9
• Hispanic: 27.9 vs. 37.0
• Black/African American: 15.0 vs. 10.6
• Asian American: 3.0 vs. 2.4
• Amer Indian/Alaskan Native: 0.10 vs. 0.10

Region/Geographic Location (% surveyed versus % responded)
• Region 1 (Chicago): 25.6 vs. 24.8
• Region 2 (Suburban): 22.3 vs. 24.6
• Region 3 (Collar Counties): 24.2 vs. 26.1
• Region 4 (Downstate): 28.0 vs. 24.4

Gender (% surveyed vs. % responded)
• Female: 35.7 vs. 35.4
• Male: 64.3 vs. 64.6

Primary Language (% surveyed vs. % responded)
• English: 87.3 vs. 84.4
• Spanish: 10.7 vs, 14.0
• Other: 2.0 vs. 1.6

**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).**

Stakeholders determined that the metric used to determine representativeness would be +/-4% discrepancy in proportion of responders to those surveyed. Stakeholders felt this metric allows Illinois some flexibility while still being innovative with ways to address potential inequities. This allows us to continue to examine both respondents and non-respondents and develop strategies to address any ongoing under- or over representativeness. Variables examined for representativeness included race/ethnicity, geographic location, gender, and primary language. Given the +/- 4% threshhold, respondents were representative in all areas except race/ethnicity.

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

## 4 - Prior FFY Required Actions

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

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

For this year, we have examined response rate by race/ethnicity, region/geographic location, gender and primary language. Although the responses were representative on three of the four aspects examined (analysis included in analysis section above), stakeholders are concerned about the representativeness by race/ethnicity of the responders. We continue to find Black families under-represented with White families over-represented. For the first time, however, Hispanic families were over-represented. This was regarded as a positive trend. In the coming year, we will continue analyzing the parts of the survey process to determine where bias might be introduced (undeliverable surveys and opt outs) so that we can work with stakeholders to address these biases and create strategies that are meaningful for improving responses for the under-represented groups. Depending on what these analyses reveal, we may consider alternate methods of survey delivery for those unable to receive surveys via text message.

## 4 - OSEP Response

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

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.07% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.27% | 1.28% | 1.29% | 1.30% | 1.31% |
| Data | 1.24% | 1.32% | 1.35% | 1.42% | 1.44% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.25% | 1.10% | 1.15% | 1.20% | 1.30% | 1.40% |

Targets: Description of Stakeholder Input

Stakeholder input was gathered from several sources. Proposed targets were reviewed with Illinois Interagency Council on Early Intervention (IICEI) members. The target-setting guide from DaSy was used to support these discussions. Stakeholders commented on the challenge of setting rigorous yet achievable targets given the recent impact of the pandemic but lauded the Bureau's transparency with sharing the data for informed decision-making.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 1,285 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 140,052 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,285 | 140,052 | 1.44% | 1.25% | 0.92% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Again this year, the under one population continued to decline in Illinois. Stakeholders reported that the pandemic impacted families’ ability to engage in Early Intervention as most in-person meetings were not a viable method for interaction due to fluctuating positivity rates. Stakeholders also reported concerns with Primary Referral sources who did not stay aware of changing circumstances and the option of using LVVs during the pandemic. While efforts in the state continue to address bringing more eligible children into EI, families are still struggling to engage due to the additional stress of the ongoing pandemic. Illinois continues to implement efforts to mitigate the spread of the virus but it has been reported that this may also be impacting engagement, e.g. mask refusal, mismatch between provider and family preference for service delivery.

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

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

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 3.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 3.73% | 3.81% | 3.89% | 3.97% | 3.97% |
| Data | 3.28% | 3.37% | 3.48% | 3.77% | 4.01% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.50% | 3.05% | 3.20% | 3.40% | 3.75% | 4.20% |

Targets: Description of Stakeholder Input

Stakeholder input was gathered from several sources. Proposed targets were reviewed with Illinois Interagency Council on Early Intervention (IICEI) members. The target-setting guide from DaSy was used to support these discussions. Stakeholders commented on the challenge of setting rigorous yet achievable targets given the recent impact of the pandemic but lauded the Bureau's transparency with sharing the data for informed decision-making.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 12,122 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 427,044 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 12,122 | 427,044 | 4.01% | 3.50% | 2.84% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Similar to Indicator 5, the loss of the general population in Illinois continues including children under the age of three. Various initiatives are in process to help engage the birth to three population in efforts to increase participation in early childhood services but the affects of the loss of population and the pandemic continue to impact the desired increase. Federal funds are being used to support widespread marketing efforts which should increase general public awareness. In addition, expanded marketing to families, using multiple languages, and to Primary Referral sources is beginning soon.

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

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

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.67% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.83% | 99.98% | 99.99% | 100.00% | 99.80% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,473 | 1,473 | 99.80% | 100% | 100.00% | Met target | No Slippage |

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

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

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

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

State database

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

October 2020

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

The number of children with new initial IFSPs across the fiscal year is relatively close to this single collection month. This single collection month also is consistent with other compliance indicator collection activity.

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

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

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

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

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

A single finding was issued for 2019, but the state was able to verify through a subsequent review of a full month of data collected through the State data system that the program is now correctly implementing timely IFSP development/implementation.

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

The state was also able to verify each individual case of noncompliance had been corrected by verifying that the one child with a delayed IFSP did subsequently have an IFSP developed, albeit late.

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

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

## 7 - Prior FFY Required Actions

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

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

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

The state did issue a single finding of noncompliance in FFY2019 for CFC 24, the only program not demonstrating 100% compliance for this indicator. The state was, however, able to verify through a subsequent review of a full month of data collected through the State data system that CFC 24 is now correctly implementing timely IFSP development/implementation. The state was also able to verify through the data system that each individual case of noncompliance had been corrected by verifying that the one child with a delayed IFSP did subsequently have an IFSP developed, albeit late.

## 7 - OSEP Response

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

## 7 - Required Actions

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 71.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.97% | 95.01% | 94.54% | 96.01% | 96.01% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 29 | 33 | 96.01% | 100% | 87.88% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

For Indicator 8A, we feel that the slippage is due to the challenges experienced with holding meetings during the pandemic. Specifically, CFCs experienced challenges with convening IFSP teams to update the IFSP with transition steps and services in a timely manner. While the shift to LVVs eventually supported practice, it was a slow transition for some. In addition, many families were harder to engage due to competing demands on their time such as remote work and e-learning. It is hoped that increased familiarity with LVVs and technology and an increased return to in-person learning will improve this Indicator in the future.

**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.**

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

State monitoring

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

Historically, Illinois EI Monitoring monitors all 25 CFC offices. The number of files pulled is based on the number of children exiting within a specific month who are determined potentially eligible for Part B. EI Monitoring also assists the CFCs with technical assistance to ensure their understanding of policies and procedures. Many CFCs continue to be compliant but since not all children sampled displayed transition steps and services in their IFSP, Illinois did not meet the required goal of 100%. For FFY20, due to COVID and the inability to complete on-site reviews, the EI Monitoring program was not able to provide the necessary data to show a full set of data for the month of October. To avoid unnecessary stress and increased work required of the local programs to respond for all exiting cases potentially eligible, Illinois chose to accept the Performance Contracting data which is a sampling of potentially eligible children based on the overall caseload at the local level. Because that manually-pulled data was already on-hand, we utilized the existing data to determine compliance. This data is not collected within the current data management system, Cornerstone, but we hope to incorporate it in the near future as we move forward with a request for proposal for a new early intervention data management system! We plan to return to the normal Monitoring process of the full month effective with the FFY21 APR.

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

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

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

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

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

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

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

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

In FFY2019, no new findings were identified as the only CFC with non-compliance was CFC 11. However, with the FFY20 APR, Illinois is very excited to announce that the oldest long-standing noncompliance for Indicator 8A by CFC 11 has finally been resolved. As reported on the il-c-ffy2020prior9findings-final.docx attached document, the Bureau was able to confirm that the CFC is correctly implementing the requirements though a subsequent review of a sample of manually provided IFSPs. The State was able to verify that the program was 100% compliant and that all children received their transition steps and services timely in their IFSP. In addition, each individual case of noncompliance was also resolved as the children are no longer within the jurisdiction of the program.

## 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 202 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

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

## 8A - Required Actions

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

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

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 78.50% |

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

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,089 | 1,089 | 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.**

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

N/A

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

Illinois utilizes a data sharing agreement with the Illinois State Board of Education (ISBE), the State Education Agency (SEA), to assure that every child who reached 25 months of age or who started EI services after the age of 25 months were made known to the local education agency (LEA). This has been changed in response to stakeholder feedback from 27 months to ensure that transitions are achieved in a timely fashion. The Bureau of EI has confirmed that notifications were sent to the SEA and LEA at least 90 days prior to the toddler’s third birthday for all toddlers who reached 25 months of age. The calculation excludes children who were referred to the program less than 90 days prior to their third birthday. In FFY20/SFY21, Illinois demonstrated 100 percent compliance. ISBE implemented a new automated system to share the data with the LEAs in Illinois. Current improvement plans include a method to better update when a family relocates after the initial data is sent to help connect the more current LEA with the family to avoid any extra work of CFC to manually send the updated information. Illinois also continues to help update the data efficiently by working on reports indicating addresses not meeting United States Postal Service requirements. This practice has greatly reduced any misidentification of the LEA.

**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).**

October 2020

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

The month of October does reflect the average number of children potentially eligible who exit the program through the year. This also aligns the data collection and reporting across all Compliance Indicators as well.

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

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

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

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

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

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

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

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 77.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 83.70% | 83.76% | 82.51% | 82.26% | 88.32% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 716 | 1,089 | 88.32% | 100% | 82.94% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Data collection for timely Transition Planning Conferences was difficult during COVID, in general, due to CFC office and LEA office closures while transitioning to remote work and e-learning. Though every effort was made to keep families engaged, CFCs reported that many families stopped responding or did not follow through with scheduled Transition meetings. While some CFCs were able to attribute the cause of these delays to COVID using the available codes, not all were documented as such. The ability of CFCs, families and LEAs to perform the Transition Planning Conferences was just more difficult during COVID.
While many people have now become more familiar and appreciative of the opportunities that LVVs offer, it took time and practice to successfully utilize this technology. CFCs were offered support through the monthly CFC Manager calls as well as the additional CFC Supports call. This additional call was focused on supporting practice and continued compliance during the pandemic and problem-solving during the shift to virtual administration. CFCs continue to receive monthly data on the number of children exiting, who are potentially eligible for ECSE to support their continued efforts to ensure all families are offered timely Transition Planning Conferences.

**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.**

69

**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.**

130

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

In addition to the 130 delays attributed to families (92-COVID RELATED DELAYS/38-FEC), other delays included untimely transition planning conferences caused by the LEA and/or CFC delay.

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

State database

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

October 2020

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

The month of October does reflect the average number of children potentially eligible who exit the program through the year. This also aligns the data collection and reporting across all Compliance Indicators as well.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 4 | 0 | 1 |

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

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

Through a subsequent review of a sample of data from the state’s database, the State was able to verify that four of these programs are now demonstrating full compliance with the regulatory requirements for timely transition conferences. They had timely transition conferences for 100% of the children in the sample.

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

The State was also able to verify that individual instances of noncompliance were resolved because the individual cases of noncompliance were for children no longer under the jurisdiction of the program.

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

**Actions taken if noncompliance not corrected**

The program that continues to demonstrate noncompliance will have an improvement plan developed to improve performance. This program will work through a process of identifying barriers and will receive additional technical assistance from Bureau staff, Early Intervention Training Program staff, and other partners/program managers (as needed) on potential strategies for meeting the regulatory requirements and program expectations for Indicator 8c (timely transition planning conferences). Bureau staff will work closely with this program to identify additional resources and technical assistance opportunities to support timely transition planning conferences. The program will receive performance data and feedback on a frequent basis. It is hoped that the additional support planned that includes examining root causes and attempts to resolve barriers to timely transition planning conferences will not be delayed again due to the pandemic.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 2 | 0 | 2 |
| FFY 2017 | 3 | 1 | 2 |
| FFY 2015 | 1 | 0 | 1 |

**FFY 2018**

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

**Actions taken if noncompliance not corrected**

The programs that continue to demonstrate noncompliance will have improvement plans developed to improve performance. These programs will work through a process of identifying barriers and will receive additional technical assistance from Bureau staff, Early Intervention Training Program staff, and other partners/program managers (as needed) on potential strategies for meeting the regulatory requirements and program expectations for Indicator 8c (timely transition planning conferences). Bureau staff will work closely with these programs to identify additional resources and technical assistance opportunities to support timely transition planning conferences. These programs will receive performance data and feedback on a frequent basis. It is hoped that the additional support planned that includes examining root causes and attempts to resolve barriers to timely transition planning conferences will not be delayed again due to the pandemic.

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

For the three remaining 2017 Findings, the State was able to verify, through a subsequent review of a sample of data from the state database that one program,is now fully implementing the requirements for compliance with Indicator 8C and all Part B potentially eligible children had timely Transition Planning Conferences and/or timely declines.

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

Additionally, the individual instances of noncompliance are resolved as the state has verified that all of the individual cases of noncompliance are for children who are no longer under the jurisdiction of the program.

**FFY 2017**

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

**Actions taken if noncompliance not corrected**

The programs that continue to demonstrate noncompliance will have improvement plans developed to improve performance. These programs will work through a process of identifying barriers and will receive additional technical assistance from Bureau staff, Early Intervention Training Program staff, and other partners/program managers (as needed) on potential strategies for meeting the regulatory requirements and program expectations for Indicator 8c (timely transition planning conferences). Bureau staff will work closely with these programs to identify additional resources and technical assistance opportunities to support timely transition planning conferences. These programs will receive performance data and feedback on a frequent basis. It is hoped that the additional support planned that includes examining root causes and attempts to resolve barriers to timely transition planning conferences will not be delayed again due to the pandemic.

**FFY 2015**

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

**Actions taken if noncompliance not corrected**

The program that continues to demonstrate noncompliance will have an improvement plan developed to improve performance. This program will work through a process of identifying barriers and will receive additional technical assistance from Bureau staff, Early Intervention Training Program staff, and other partners/program managers (as needed) on potential strategies for meeting the regulatory requirements and program expectations for Indicator 8c (timely transition planning conferences). Bureau staff will work closely with this program to identify additional resources and technical assistance opportunities to support timely transition planning conferences. The program will receive performance data and feedback on a frequent basis. It is hoped that the additional support planned that includes examining root causes and attempts to resolve barriers to timely transition planning conferences will not be delayed again due to the pandemic.

Similar to the programs with remaining noncompliance from other years, the 3 programs still demonstrating noncompliance from FFY2012 will have improvement plans developed to improve performance. These three programs will work through a process of identifying barriers and receive technical assistance from Bureau staff, Early Intervention Training Program staff, and other partners/program managers (as needed) on potential strategies for meeting the regulatory requirements and program expectations for Indicator 8c (timely transition planning conferences). Bureau staff will work closely with these programs to identify additional resources and technical assistance opportunities to support timely transition planning conferences. The programs will receive performance data and feedback on a frequent basis. As with the others, it is hoped that the additional support around examining root causes and resolving barriers to timely transition planning conferences will not be delayed again due to the pandemic.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2018, three uncorrected findings of noncompliance identified in FFY 2017, one uncorrected finding of noncompliance identified in FFY 2015, and three uncorrected findings of noncompliance identified in FFY 2012 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, FFY 2017, FFY 2015, and FFY 2012: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

In FFY19, the state issued five findings for noncompliance with Indicator 8C. Through a subsequent review of a sample of data from the state’s database, the State was able to verify that four of these programs were now demonstrating full compliance with the regulatory requirements for timely transition conferences. The State was also able to verify that individual instances of noncompliance were resolved because the children were no longer under the jurisdiction of the program. For the three remaining 2017 Findings, the State was able to verify, through a subsequent review of a sample of data from the state database that one program,is now fully implementing the requirements for compliance with Indicator 8C and all Part B potentially eligible children had timely Transition Planning Conferences and/or timely declines. Additionally, the individual instances of noncompliance are resolved as the state has verified that all of these children are no longer under the jurisdiction of the program. The two FFY2018 findings and the one FFY2015 finding remain as these programs have not successfully implemented the regulatory requirements for timely transition planning. The three remaining finding from 2012 remain uncorrected. The Bureau continues to share data and strategies to help these CFCs to move toward the goal of 100% compliance.

## 8C - OSEP Response

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

OSEP notes that the State reported "[three] programs still demonstrating noncompliance from FFY2012 will have improvement plans developed to improve performance" when describing the actions taken if noncompliance was not corrected.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one (1) uncorrected finding of noncompliance identified in FFY 2019, two (2) uncorrected findings of noncompliance identified in FFY 2018, two (2) uncorrected findings of noncompliance identified in FFY 2017, and one (1) uncorrected finding of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019, FFY 2018, FFY 2017, and FFY 2015: (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. In addition, the State must clarify its reference to three programs with remaining noncompliance from FFY 2012.

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

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

**Prepopulated Data**

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

**Targets: Description of Stakeholder Input**

Stakeholder input was provided and approval received from the Illinois Interagency Council on Early Intervention, the state's Interagency Coordinating Council. Since the number of resolution sessions is less than 10, not baseline or targets have been established.

**Historical Data**

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

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

**Targets**

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

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

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

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

Stakeholder input was provided and approval received from the Illinois Interagency Council on Early Intervention, the state's Interagency Coordinating Council. Since the number of mediation requests is less than 10, no baseline or targets have been set.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data | 100.00% |  |  |  |  |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

To increase the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress in the acquisition and use of knowledge and skills in our pilot areas by .11 percentage points by FFY2025.

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

YES

**Provide a description of the system analysis activities conducted to support changing the SiMR.**

The state has updated the SiMR to reflect the current status of the system. Analyses of the changes in performance over the initial years of the SSIP revealed that baseline data was inaccurate. The SiMR has been updated to reflect the impact of current practices on child outcomes summary ratings.

**Please list the data source(s) used to support the change of the SiMR**.

Child outcomes summary data collected through the state's database was used to inform the change in the SiMR.

**Provide a description of how the State analyzed data to reach the decision to change the SiMR.**

The state reviewed data from all years of the SSIP and noted trends in performance. These trends were then shared with stakeholders. Analysis also included examining the patterns of entry ratings over time and it was noted that entry ratings have trended downward, indicating an improved understanding of age-anchored development rather than a decrease in actual child performance.

**Please describe the role of stakeholders in the decision to change the SiMR.**

Stakeholders reviewed data analysis and improvement activities and recommended the change. They feel the change better reflects the impact of improvement activities. Given the addition of more pilot sites in coming years, they felt an adjustment to the baseline and targets was warranted.

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

YES

**Provide a description of the subset of the population from the indicator.**

Current State Systemic Improvement Plan efforts have focused on three pilot areas. As stated in the Phase 2 Plan, these sites
(Williamson County, Aurora, and East St. Louis) were selected to leverage resources and continue the work started during the Race to the Top Early
Learning Challenge Grant.

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

NO

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

https://blogs.illinois.edu/files/6039/378910/105055.pdf (see Page 2)

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** |
| --- | --- |
| FFY20 | 67.28% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 67.28% | 67.23% | 67.25% | 67.27% | 67.29% | 67.31% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # of children demonstrating greater than expected growth | # of children exiting not comparable to same-aged peers | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 183 | 272 | 62.08% | 67.28% | 67.28% | N/A | N/A |

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

The state continues to use the state's database as the source for FFY2020 data.

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

Data for the SiMR are collected through the Child Outcomes Summary Process that utilizes input from all IFSP team members. The data for the ratings is then entered by the child's service coordinator. Data are then pulled for each of the three pilot areas and summarized based on progress category. Since Illinois is currently implementing their SSIP in three areas, we have historically used a weighted average to compute the SIMR for the subset of the state where the SSIP is being implemented. The weighted average is computed by multiplying the summary statement value for the area by the total number of matched pairs for the area. Then summing these weighted percentages across the three areas and dividing the sum by the total number of matched pairs across the three areas. The formula is ((SS1\_area1\* number of matched pairs\_area1)+ (SS1\_area2\* number of matched pairs\_area2) + (SS1\_area3\* number of matched pairs\_area3))/( number of matched pairs\_area1+ number of matched pairs\_area2+ number of matched pairs\_area3). To adapt this methodology to the new data entry format required by the APR submission system, this year we computed the numerator by multiplying the total number of matched pairs by the weighted average percent computed using the formula above. We used the total number of matched pairs as the denominator.

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

NO

**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.**

We feel that data quality is improving, so we are concerned about continuing to compare our current performance to the FFY13 baseline. The quality of the baseline data is concerning for two reasons, 1) a smaller number of matched pairs went into the baseline ratings (184 versus 267) and 2) the process for ratings at baseline was not age-anchored and likely an overestimation of children's skills. Having more complete data allows us to better understand the system, but also increases the likelihood of greater variability in performance. Given what we have learned from the Leadership Teams, the downward trend in this data is to be expected and not reflective of the value of the activities being implemented through the SSIP or the supports being provided by early intervention in general. We do not feel that these declining percentages are an actual reflection of decreases in performance by children leaving the program, rather they reflect inaccurate data during the baseline period (and, at times, initial ratings) and an improved (and more accurate) process for categorizing children's performance in more recent years. Due to these findings, we have reviewed the data with our stakeholders and made changes to our baseline. Stakeholders agreed that we should use FFY2020 data as our baseline as it is more reflective of the current system and current practices. We feel that this is warranted due to changes in practice and inaccurate information previously being used to establish the initial baseline. Stakeholders also felt that future year targets should reflect minor numeric improvements due to bringing on more programs and the pattern that has been previously observed.

We are still working to understand how adding additional programs to our phased expansion of the SSIP in the coming years will impact the baseline. We are concerned that the data being collected outside of the pilot sites is not yet reflective of desired practice and may experience the same patterns we have seen in the pilot sites. We believe as we ramp-up our efforts to ensure fidelity to the desired Child Outcomes Summary practice and Family Engagement, the COS data will undoubtedly decrease until all areas are fully implementing the desired practices at both entry and exit.

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

YES

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

While the state worked to rapidly implement live video visits, the number of families participating in the system declined during the fiscal year. In addition, despite significant efforts at engagement, many more families were lost to contact than what occurred in prior years. Due to this, we have fewer matched pairs than we did in FFY19. While we feel that the available data is valid and reliable, we were unable to complete exit ratings for many children we were serving. This, therefore, impacts our data completeness. We tried to mitigate the impact of COVID on data collection by offering options for hybrid service delivery. Teams within the pilot sites also increased the frequency for data collection, often moving beyond the initial, annual and exit requirements, to increase the likelihood that there was a usable rating if a family became unresponsive to communication attempts.

Section B: Implementation, Analysis and Evaluation

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

NO

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

Given the delays in activities that have resulted from COVID, the state feels that it would be premature to revise the evaluation plan. The state's current evaluation plan can be found here: https://www.dhs.state.il.us/OneNetLibrary/27897/documents/EI/SSIP/IL-CSSIPPhase3Yr3Final04-01-19.pdf (see pages 9-13 and 21-23). It is hoped that in the coming year, leadership teams will have more opportunities to focus on family engagement efforts and begin using the fidelity tool to evaluate these efforts. It is only through consistent use of the desired evidence-based practices that we expect to see the anticipated positive change in the SiMR.

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

The local leadership teams (LTs) are an integral part of our infrastructure change. They allow us to be responsive to local needs and provide local support for improved practices. These teams have been conducting professional development activities, participating in evaluation activities, and planning for future activities in their local area. The work of these teams has been guided by the Benchmarks of Quality. Updating their ratings on the Benchmarks of Quality highlighted the need for additional support around child outcomes. We were able to obtain technical assistance from ECTA to broaden teams' understanding of nuances within the child outcomes summary process.

We also continued to focus on our second coherent improvement strategy: Implement effective training for EI providers that focuses on evidence based, family capacity-building practices, and make related changes to the local support structure by creating leadership teams, providing technical assistance, and revising state policy and guidance documents, so that early intervention teams utilize practices that encourage the active participation of families in the intervention process by embedding intervention strategies into family/caregiver routines and activities. To support this strategy, LTs offered professional development on the practices and provided focused conversations for ongoing support.

**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.**

The local leadership teams (LTs) are a vital part of our infrastructure change that allow us to be responsive to local needs and provide local support for improved practices which is critical for a high-quality professional development (PD) system. These teams have been conducting professional development activities, participating in evaluation activities, and planning for future activities in their local area. The work of these teams has been guided by the Benchmarks of Quality and all teams have demonstrated significant progress towards achieving the benchmarks necessary for a well-functioning leadership team (100% of items now partially/fully in place). The Benchmarks continue to help the teams develop action plans which guide the activities that will support practice change in their local area. The Benchmarks of Quality support governance, accountability, professional development and technical assistance in each local area. Using the Benchmarks to drive activities keeps teams on track for implementing strategies that will help achieve the SiMR, help sustain and further system improvement, and will be used to support scale-up.

**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*.***

As noted above, the LTs received additional training on the child outcomes summary process. This strategy helped build LT capacity so that they could better answer the questions that the teams in their local area have. We anticipated that the technical assistance would increase LT members' knowledge of the child outcomes summary process, e.g. breadth of outcomes, decision tree use, age anchoring, etc. Depending on the specific question, evaluation results indicate that 66.7-88.9% of respondents did gain new knowledge that would help them implement the process successfully.

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

LLTs will continue to receive and provide additional professional development (as needed) on the child outcomes summary process. This will build their capacity as well as the capacity of the teams providing services in their area. Evaluation data from these offerings will continue to be used to plan next steps. It is believed that building the capacity of the leadership team will add an important infrastructure element for those struggling with implementing the process. In addition, the State has plans to review additional pieces of data to ensure that the assumptions we are making about improved COS accuracy are real and not indicative of decreased performance for the children in the pilot sites.

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

We continue to utilize five Division for Early Childhood (DEC) Recommended Practices (RPs). These RPs were identified as critical for family engagement and addressing barriers to desired service provision.
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.
INS4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.

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

As noted above, our stakeholders selected five of the DEC Recommended Practices to guide our family engagement work. The first practice (F1) focuses on how practitioners interact with families and establish trusting, respectful partnerships. The second practice (INS4) focuses on the role of practitioners in helping families plan for and provide the support and adaptations the child needs in order to participate and learn across activities and routines. The third practice (TC2) focuses on the importance of practitioners and families working together to exchange information and expertise so that they build capacity and jointly plan and implement interventions. The fourth practice (INS13) focuses on the use of coaching with caregivers so that they experience positive adult-child interactions that promote child learning and development. The final practice (E1) highlights the importance of providing services within the context of daily routines and activities so that the child has multiple opportunities to engage in learning experiences.

**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.**

These evidence-based practices, when implemented with fidelity, are intended to change provider practice. Taken in combination, these practices support enhanced parent/child interactions in the context of the family’s daily routines. We believe that use of these practices will ultimately enhance the caregiver’s capacity to support their child’s development. This, in turn, will lead to greater parental confidence and competence and more support for the child’s ability to acquire and use their knowledge and skills.

Activities related to this strategy included ongoing professional development around the five selected Recommended Practices (addresses short-term outcome: Early intervention providers have acquired the knowledge necessary to implement selected RPs), continued focused conversations to support implementation (addresses intermediate outcome: Leadership teams will utilize reflection and ongoing PD activities to support local Early Intervention teams in implementing RPs), and the development of a practice profile to examine practice implementation (addresses intermediate outcome: Early Intervention teams utilize the selected RPs in their work with families).

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

The primary evaluations collected during this part of the implementation phase are related to professional development and attendees’ use of the RPs. These evaluations determine whether or not the intended outcomes were achieved by event participants and if there was a change in participants’ use of desired practices. Evaluation data continue to show positive changes. 92% of attendees reported gaining additional information or knowledge about the practices. 100% of respondents report using at least some of the recommended practices often/most of the time. In addition, over 90% of attendees report that the ongoing reflection activities support their competence with the practices.

**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.**

We intend to begin using the fidelity tool for the RPs as a self-assessment in the three initial pilot areas. This will provide additional information about where teams are with their use of the practices and provide next steps for professional development. Use of the fidelity tool will lead to greater awareness of desired practices as well as information for LTs to use for ongoing professional development offerings and focused conversations. Greater awareness paired with ongoing professional development and reflection are anticipated to lead to greater use of the practices.

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

Over the next five years, the State will begin implementing SSIP activities in additional areas. Given the success of the activities in the pilot sites, these activities will be replicated throughout the state. In addition, more use of the family engagement fidelity tool (as described above) will begin in the original pilot sites.We anticipate a replication of the initial activities in additional pilot sites to eventually improve statewide COS accuracy and family engagement.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The large SSIP stakeholder group continues to receive quarterly written updates summarizing implementation. Each summary asks for recipients to contact staff if they have questions about reported activities or suggestions for future activities. The summary also contains a reminder that those receiving the summary should share widely with those whose interests they represent on the large stakeholder group. Other stakeholders have been informed via information provided in the EI Partners’ quarterly newsletters (EI Training, EI Clearinghouse, and Provider Connections) and postings on their websites. The SSIP work has also been discussed at each monthly CFC Managers Meeting, each quarterly Illinois Interagency Council on Early Intervention (IICEI) meeting, and each monthly EI Partners’ meeting. In addition, the Early Intervention Training Program has a resource page dedicated to the State Systemic Improvement Plan (https://blogs.illinois.edu/view/6039/378910) and has created a specific resource page for materials that the local leadership teams are using.

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

In order to optimize stakeholder involvement and engagement, we continue to utilize the expertise of a variety of groups. For example, the SSIP Stakeholder group (consisting of the state interagency coordinating council members, direct service providers, contracted Child & Family Connections (CFCs which are regional entities that serve as points of entry for EI services) staff, parents, professional provider associations, the Part B/619 coordinator, IDHS planning/evaluation members, parent training and information center staff, and contracted EI partners for training, credentialing, monitoring and clearinghouse) were contacted about the practice profile. They were invited to a brief overview of the tool and provided input on the items that were being proposed. They provided feedback again when the next draft of the profile was available. The Leadership Team workgroup (consisting of Bureau staff, CFC managers, EI Training staff, EI Monitoring personnel, a parent liaison, and an external professional development/evaluation representative) met regularly to ensure that LT activities continued and to determine what (if any) system supports were necessary for continued functioning. The Performance Support workgroup (consisting of EI Bureau, Local Leadership Team members, ECTA representative, EI Training, EI Ombudsman, and EI Monitoring) provided input on the items within the practice profile, identified the need for new consents, shared concerns about the time it would take to score the profile and send feedback, and offered suggestions for making the process successful. Local Leadership Teams (consisting of CFC staff, EI Providers, EI Monitoring, EI Training and parents) continue to provide feedback on practice implementation successes/challenges and ongoing needs related to child outcomes summary support.

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

NO

**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.**

Illinois has been discussing the ramp-up plan with the various stakeholders for some time. Based on the current infrastructure and the intense work of implementing both coherent improvement strategies, we feel phasing in several CFC offices each year over the next 3-4 years is the most responsible use of available resources. The current plan would spread activities across the entire state in 4-5 years with full implementation by the end of FFY2025. These activities include establishing leadership teams, supporting the EI Partners with sufficient staff and resources to support the LTs and local providers in each new area. . Lastly, and with great excitement, the existing LLTs feel they can and should be a logical mentoring partner to the new LTs. The plan is to eventually phase in regional- level supports to ensure continuity across all locations and full implementation.

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

Illinois envisions phasing in four groups of new LLTs with training and on-going support (approximately 5-6 CFCs annually). The same evaluation and outcome measures used for the initial pilots will continue. Timing of activities and evaluation is dependent on which group a CFC is part of but will mirror the original work. Implementation will be guided by the local leadership team and the benchmarks of quality. Current pilots feel that this approach has been successful and recommend replicating. The next round of pilots, however, will benefit from the existing fidelity tools rather than having to wait for their development. While it is anticipated that the LTs will take time to form and come together as a unified support, the materials to support their work have already been developed.

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

Stakeholders have discussed concerns with all areas having the necessary resources to support the same level of LLT work currently in the three pilots. The ramp up plan is being written to support regional Hubs which should help address areas of lower resources. Also noted was the vital support of the EI Partners, specifically EI Training Program and EI Monitoring. Their use of staff and time have been vital to the success of the pilots but to increase those supports across all 25 CFCs will be a challenge. The planned resolution is to help LLTs and CFCs with additional supports to more quickly build capacity, recognizing the importance of local support for implementation.

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

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

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

## 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:**

Heather Hofferkamp

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Part C Coordinator

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**Submitted on:**

04/20/22 5:10:03 PM

# ED Attachments

  