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

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

**For reporting on
FFY 2021**

**Louisiana**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Introduction and System Description:
EarlySteps, Louisiana’s Individuals with Disabilities Education Improvement Act (IDEA)-Part C program, is administered by the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD). The Louisiana Department of Health has served as the Lead Agency since 2003. In 2007, the leadership was changed from the LDH Office of Public Health to OCDD, which is also responsible for managing the developmental disabilities service system for Louisiana including Medicaid waiver programs and state-funded supports for persons with developmental disabilities. The Louisiana Part C service delivery system, an “independent vendor” model of service delivery, includes the following administrative staffing and infrastructure to support its operations:

• Central Office has 4 employees: Program Manager, Assistant Program Manager-Professional Development Coordinator, Monitoring Coordinator, and Provider Relations Specialist. These staff coordinate state-level activities, professional development and technical assistance, manage contracts, provide oversight and supervision for system implementation and assurances that requirements are met and recommend system changes and improvements.

• The State Interagency Coordinating Council (SICC) is coordinated through the Governor’s Office of Disability Affairs and employs an executive director to manage its activities. The SICC members are appointed by the Governor to represent the required constituency groups. The EarlySteps program manager represents OCDD on the SICC. Also representing LDH on the SICC are staff from Medicaid, Maternal Child Health, and Children’s Services in the Office of Behavioral Health. The SICC and its committees meet quarterly, the SICC Executive Committee meets quarterly in the month prior to the SICC meeting. Committees and workgroups meet more often as needed. Each committee/workgroup develops its own plan comprising the details for the APR and SSIP implementation steps and activities. SSIP workplans are updated in the SSIP Year 7 Evaluation Plan posted to the EarlySteps website.

•Regional Operations: There are 9 regional coordinators responsible for the implementation of EarlySteps components in their respective regions who are responsible for training, technical assistance, provider enrollment and referral source outreach, and regional implementation of the general supervision system including complaint investigation, quality assurance, and follow up. Each regional coordinator manages their Regional Advisory Councils (RICCs): coordinating the RICC activities and meetings with regional/local providers, families, agency representatives, and other stakeholders. A report of their activities is presented quarterly to the SICC. RICC input flows from the regional level to the SICC for recommendations, input, follow up etc. Information from SICC meetings is also shared at the RICC meetings. The RICCs are part of the state's SSIP communication system for state-regional-local communication and feedback and also part of the support mechanism for local implementation of the program including the SSIP improvements. The RICCs were the primary groups responsible for reviewing performance data for recommending targets for the next APR reporting periods as described in the 2019-2020 APR.

• 10 System Point of Entry Offices (SPOEs)—are contract agencies responsible for taking referrals, intake, developmental screening and eligibility determination, initial service coordination, and the development of the initial IFSP for all children who are determined eligible following referral. There is one SPOE contractor for each LDH-OCDD region. The contracts are awarded through a competitive RFP process which was underway during 2020-21 and is now complete. SPOE staff consist of a program director, data entry specialist, intake/support coordinators and an early intervention consultant. Following the development of the initial IFSP, the SPOE intake coordinators assist families with ongoing provider and family support coordinator selection for the implementation of the IFSP. Subsequent activities are managed by the IFSP teams consisting of providers, the family, an eligibility evaluator, and a support coordinator. SPOEs have the ongoing responsibility for data management and record keeping for the system.

• 1 Central Finance Office (CFO) contractor—provides the data system supports: provider enrollment and maintenance, claims processing and payment for non-Medicaid-paid services and/or services for children who are not Medicaid-eligible, and the maintenance of the central service directory or “service matrix.” The CFO hosts the Early Intervention Data System (EIDS) and supports data reporting. Included in their operations with Medicaid is a monthly eligibility verification batch file submission to Medicaid’s fiscal intermediary (FI) to accurately identify Medicaid-eligible children so that the appropriate fund source can be billed for service delivery.

• 9 Community Outreach Specialists (COSs) and 1 COS State Parent Liaison through contracts with Families Helping Families agencies and Southeast Louisiana Area Health Education Center. COSs are parents/family members of children with disabilities who provide parent-to-parent support, conduct outreach for EarlySteps, and conduct the Family Surveys for Indicator 4 reporting. The COSs provide family support for approximately 20 hours per week, the state parent liaison is full time.

• Provider Affiliation Agreements are completed for individual and agency service providers and support coordination agencies enrolled in the system. There are approximately 800 providers representing the service disciplines enrolled in the system statewide.

Additional information related to data collection and reporting

Introduction - Indicator Data Collection and Reporting
Executive Summary
Overview of Annual Performance Report Development – 2021-22
The Louisiana State Performance Plan and Annual Performance Report were developed with broad stakeholder input conducted through regional and state level activities and through SICC committee and workgroup recommendations as described in the Stakeholder Involvement section which follows. The processes for setting targets, reviewing APR data, establishing the focus for the State Systemic Improvement Plan, and for developing the SSIP improvement activities have been the result of participation by families, providers, contract and early intervention agency staff. The main participation strategy has been through committees formed to address identified needs and included these members, providers, EarlySteps central office staff, regional coordinators, and regional Community Outreach Specialists (COSs) for the development of the SPP, APR, and State Systemic Improvement Plan (SSIP). EarlySteps regional staff also solicits input and provides reports to the nine regional ICCs which meet at least quarterly to provide updates to and solicit recommendations from stakeholders on program activities, review data, and identify and develop areas for improvement ongoing.

Data collection for reporting performance for this APR varies across each indicator; and the following procedures were used:
•Desk audits from central data system reports
• Data review supported by agency chart review using state-developed protocols.
• Monitoring conducted by Regional Coordinators and central office staff which included onsite agency visits and records review
• Self-assessments and monthly reporting conducted by System Point of Entry (SPOE) agencies
• Technical Assistance and on-site follow-up monitoring by Regional Coordinators
•Family surveys collected by Community Outreach Specialists (Parent-to-Parent Liaisons)
• Complaint investigations

The specific data collection procedure for each indicator is provided in the appropriate indicator sections which follow. The status of the correction of findings from the previous fiscal year including how the state verified correction according to the verification requirements is detailed in the appropriate indicator section. For the 2020-2021 reporting period, there was an error in submitting and saving some data in EMAPS, therefore, correction of findings for 2020-21 is reported in this APR submission, but all findings were corrected timely, just not available in the February, 2022 APR submission.

**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 administrative structure described above supports the general supervision activities in EarlySteps: OCDD uses a continuous quality improvement (CQI) model for the developmental disabilities service system and this serves as the framework for the system of general supervision for IDEA, Part C implementation. The components for this model are based on these components: plan, do, check, act which outline the framework for the general supervision system as follows:

The “plan” phase incorporates the components of the SPP/APR, including the SSIP, that involve preparation for the plan, gathering stakeholder input, identifying data sources and collecting baseline and other performance data, setting targets, budgeting for system activities, strategic planning to identify improvement strategies, determining staff responsibilities for implementing the plan and identifying professional development needs. All staff, the SICC, and stakeholders are involved in this phase of the process. Central office staff compile data, make recommendations, and report results to present to and receive recommendations and feedback from stakeholders prior to annual APR submission to OSEP.

The “do” phase incorporates training/professional development (PD), communication flow, policy development and implementation, memoranda of understanding and interagency agreements, and the implementation of the strategic plan action items/improvement strategies. Central office staff and the SICC Executive Director provide the administrative oversight of the implementation activities such as contract development. The actual “implementation” of system components occurs at the regional and local levels through the SPOEs and early intervention service providers. The regional coordinators have the responsibility to oversee implementation at the local/regional level. This phase incorporates the professional development components of the system and includes ensuring that provider credentials and qualifications are monitored and that providers participate in required PD and continuous quality improvement. The activities of professional development are managed through central and regional office staff with support from the SICC CSPD committee/Professional Development Workgroup when needed.

The “check” phase includes the “monitoring” components of the system which include all of the following: agency/provider onsite monitoring, EIDS reporting review, chart review, family surveys/interviews, fiscal management/monitoring, and the dispute resolution system. This phase also involves staff, providers and stakeholders at all levels. Central office staff guide report development and set timelines for monitoring, regional staff are responsible for the monitoring activities, corrective action and analysis of results. Central office staff aggregate performance results to present and receive feedback from stakeholders. An example of implementation of the "check" phase applies to APR performance results for the Indicators (1, 8a, and 8c, for example) where targets were not met or slippage occurred or performance is being reviewed. Follow up and action from results regarding these indicators is discussed in the Indicator sections. The SICC committees and stakeholders are responsible for reviewing and updating the evaluation plan activities based on performance results or other identified issues. The dispute resolution system is managed primarily by regional staff. Complaints are responded to by the regional coordinator and entered into OCDD’s complaint management system. This system assists with generating responses and correspondence to the complainant and with tracking timelines for resolution. Complaint tracking is reviewed at the central office level. At the state level, the Louisiana Division of Administrative Law is responsible for dispute resolution if mediation or a due process hearing is requested.

The “act” phase is the component which responds to the other phases based on the results of their functions. This phase includes development, implementation of, and follow up with findings and corrective action plans; determinations, public reporting of performance results, enforcement of requirements, revising policy and strategies based on performance and system needs/changes, and developing pilot activities. These activities occur at all levels of the system. Regional staff are responsible for follow up with monitoring findings and verification to ensure correction and at the central office level, staff review results and review correction, issue determinations, enforce sanctions, and recommend revisions to the improvement process. SICC committees/workgroups will recommend improvement strategies based on performance results or complaints.
Based on results of system performance both for APR Indicators and SSIP improvement activities several PDSA cycles were implemented to add activities to stimulate improvement. These improvement cycles are detailed in relevant Indicator sections which follow.

Use of this CQI model to support Louisiana’s general supervision system has proven to be effective in improving the state’s performance results since 2007. It is an integrated model which is informed by data, responsive to stakeholder input, and based on the assumption that improvement is ongoing and continuous.

**Technical Assistance System:**

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

As mentioned in the general supervision system description section above, the EarlySteps technical assistance (TA) system is a component of its General Supervision system. The infrastructure which supports the TA system relies strongly on the support provided by the regional staff and the central office professional development coordinator. EarlySteps' TA model has traditionally relied on on-line training modules and face-to-face training with follow up TA/ fidelity monitoring provided by the regional coordinators. TA activities might include initial system training following completion of the online modules with new provider/agency enrollment. The regional coordinators use a standard orientation module for this purpose. The module requires a series of scheduled contacts with the agency/provider covering certain content with built-in follow up activities. When new policies, etc. are forthcoming, regional staff are responsible for coordinating the implementation and conducting monitoring to ensure that implementation occurs as intended. Follow up after monitoring, to ensure effective implementation after noncompliance or other issues are identified, is also the responsibility of regional coordinators. Regional staff are responsible for information sharing at RICC meetings, agency and provider meetings, and through email listservs. This TA model is the basis of support for systems improvement with the SSIP. For example, as part of the SSIP infrastructure improvements completed in 2016-17, the process by which teams make service decisions was updated. A new training module was developed and training was conducted. Regional coordinators are responsible for the follow up monitoring and coaching activities to ensure practice implementation fidelity for the process which are reported quarterly to state office staff. As part of an SSIP Infrastructure improvement area, the Professional Development Framework was developed and a Professional Development coordinator hired to support and sustain its implementation.

**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 EarlySteps professional development (PD) system is designed to operate hand-in-hand with the TA system. As a component of the general supervision system, it is designed to be responsive to identified provider/agency/family needs, to inform the system when new procedures and policies are required, to address practice change to improve child and family outcomes and to implement evidence-based practices. The system includes entry level online synchronous and asynchronous training modules, information sharing and resource sharing, posting information on the EarlySteps website, and information and training for families, face-to-face professional development activities provided through EarlySteps staff and/or contracted professionals who work with central office staff and the appropriate content area workgroup to recommend and/or develop training modules based on system needs. Follow up TA/coaching after training is then provided by central and regional staff. The SSIP Professional Development workgroup, as a major infrastructure focus for the SSIP, proposed a framework for improving the state's PD system. This activity was completed in 2016-17 and is ongoing using the framework with a focus on the EarlySteps SSIP evidence-based practices, the DEC Recommended Practices. The PD framework system includes the components already in place, such as the online and face-to-face orientation modules, specific topical content presented at RICC meetings (example, information on velo-cardio-facial syndrome, Child Abuse Protection Act [CAPTA-CARA] requirements, background check changes, etc.). New components of the framework include the SSIP training activities, the development of individualized continuous quality improvement plans (CQI) for trainees to support training content implementation and follow up, assessment of and recommendations for future topics based on identified needs. Activities which evolve from SSIP implementation, such as learning activities related to the SSIP Practice Profiles and Implementation Fidelity Tools are included in the framework. This model ensures system-wide focus on the SSIP, specifically on the state’s evidence-based practices, the DEC Recommended Practices. With the resources provided by American Rescue Plan Act (ARPA) funds, Louisiana is working with the Central Finance Office contractor to develop and implement an online PD platform to identify and track learning activity participation and the CQI plans submitted by early interventionists. The platform will streamline the CQI process.

**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).**

Stakeholder involvement is a major aspect of Louisiana’s early intervention system throughout its history in the state. This involvement began during the planning years of “Part H” under the LDOE at that time, when SICC committees were formed to assist the lead agency in the design of what evolved to become the current early intervention system. Although the focus of the committees has changed over time, their work has continued to contribute to changing needs and to system improvement. At Strategic Planning sessions, the focus and roles of the stakeholder workgroups is always reviewed when the system strategic directions are identified. The focus on and value of stakeholder involvement continues with the work on the SSIP and recently with the activities related to APR target setting.

Communication occurs through structured activities from the SICC to the 9 RICCs. The SICC has formal committees as well as ad hoc workgroups to address priorities. The Committees meet at least quarterly and report at SICC meetings. These family members, stakeholders, lead agency staff and SICC members were also involved in the development and update of the State Performance Plan (SPP) in 2005 and 2010 and target setting in 2018 and 2020, and the Annual Performance reports for Federal Fiscal Years (FFYs) 2005 through 2020. Additional committees were formed which included these members, providers, EarlySteps central office staff, regional coordinators, and regional Community Outreach Specialists (COSs) for the development of the SPP and APR. EarlySteps regional staff also solicits recommendations and provides reports to the nine regional ICCs which meet at least quarterly.
In addition, APR data results are reported monthly to the SICC Executive Committee and/or at SICC meetings as soon as performance results are available for the reporting period. The monthly report is disseminated at these meetings and through the SICC listserv. The regional coordinators also distribute the report at their quarterly regional ICC meetings. Once the APR results are complete, an Executive Summary is shared with the SICC at its January meeting and distributed via the listserv and Regional Interagency Coordinating Council (RICC) meetings. The APR including the SSIP, revised SPP, and local performance reports are posted on the state’s website in February each year. OSEP’s response to the APR and the annual determination are shared in the same fashion.
When OSEP proposed the SPP-APR process in 2013 including the Indicator C-11 State Systemic Improvement Plan, the SICC voted at its July, 2013 meeting to re-visit its Strategic Plan for the purpose of updating and to use it as the framework for the preparation for the Statewide System Improvement Plan (SSIP). Subsequently, staff/stakeholder workgroups were formed to address the identified SSIP priorities, to develop the SSIP Evaluation Plan, and to participate in the SSIP implementation.
Following the submission of the Phase III, Year 1 report in April, 2017, the state leadership team met in May, 2017 to revisit the SSIP workgroup structure. The SSIP implementation activities were at a transition point, having completed major infrastructure improvements and ready to transition to the initial implementation phase to focus on practice change. As a result of that May meeting, the workgroups were re-designed into the 3 practice component areas to address the State-identified Measureable Result (SiMR): Family Assessment, Services supporting Family Priorities, and Team-based Practice Supports. Membership for the 3 workgroups was proposed and solicited to address needed input. Subsequently, a new workgroup, Evaluation and Assessment, was formed to address improvement strategies related to the evaluation and assessment process in EarlySteps. Membership of each workgroup comprises stakeholders representing racial, geographic, and role diversity including parents of children with disabilities.

As with SSIP development and implementation, each year, as the APR results are compiled and the data is analyzed, it is presented by indicator to the RICCs, SICC and committees, at least monthly with targets, raw data and percentages. A comparison from prior year results is included to show progress and slippage, explain results and propose improvement strategies. Committee and SICC recommendations are solicited for ongoing improvement. For example, to solicit recommendations for updates to the PD Framework, the SICC Professional Development stakeholder committee was reconvened to review needed changes and make recommendations for implementation changes.

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

NO

**Number of Parent Members:**

7

**Parent Members Engagement:**

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

Louisiana’s ICC has 24 members including 7 parent members (30%) There is currently a vacant parent position. Parent membership includes parents from 5 of the 9 regions of the state. Two parent members are African American, the remaining 5 are White. The ICC also has an Executive Committee including SICC officers, the lead agency and SICC committee chairs. It is a priority of the SICC that the officers of the ICC are parents. Currently, the Vice-Chair and Secretary are parent members. In January, 2023, the the Governor appointed a new chair, Kahree Wahid, the Louisiana Department of Education Head Start representative. Mr. Wahid served many years on the SICC and on the Executive Committee as an officer and SSIP stakeholder workgroup member.
SICC members, including parents, participate in activities related to the State Systemic Improvement Plan (SSIP) by serving on the workgroups. Currently, 3 SICC parent members and 6 parents of children with disabilities participate in the workgroups. In addition, each workgroup reports at SICC Executive Committee, SICC quarterly meetings and RICC to update activities, recommendations, results of implementation and solicit additional stakeholder input.
Other sections of this Introduction and APR describe how parent members of the SICC, RICCs, and agencies participate in making decisions on improvements, analyzing data, developing improvement strategies, and evaluating progress through the Communication Plan and workgroups developed as part of the SSIP Infrastructure Improvements to ensure continuous information sharing and opportunities for feedback throughout the implementation of the early intervention system and its APR and SSIP.

**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 role of parents in the state's early intervention has always been a priority and activities to increase capacity of diverse groups of parents is an ongoing activity. The SICC established a priority to have parent leadership on the SICC and parents also are the leaders on the Executive Committee. This priority builds capacity for these members in developing leadership in the operations of the SICC as well as a heightened role in advising and assisting the lead agency. Annually an overview of the APR is presented at the SICC and RICCs including an explanation of the results across two performance periods. An additional priority has been established to increase geographic representation on the SICC. As previously described, EarlySteps contracts with the Families Helping Families agencies around the state for Community Outreach Specialists, parents/family members of children with disabilities and a statewide coordinator serving as the Parent Liaison. Up to 40% of COSs are African American. SSIP workgroups actively recruit and have family members on the workgroups who are responsible for development and implementation of the four SSIP focus areas: Family Assessment, Service Delivery Supporting Family Priorities, Team-based Service Delivery, and Evaluation and Assessment. With diverse membership on these groups, these parent members are supported to develop their roles as workgroup members to propose improvements, review data, and provide recommendations throughout the discussions. Procedures are described in the Public Input section which follows, in the preceding Parent Member Engagement section, and in the preceding Broad Stakeholder Input section that identify how diverse groups of parents are supported throughout the development and implementation of activities for improving outcomes:

1.Sharing and soliciting input and including parent recommendations on the APR results through the regional and SICC listservs and meetings in a monthly report from July-January each year with explanations of the APR process, indicator descriptions and comparison of year-to year results as the data is finalized.

2. Involving family members representing geographic distribution and race distribution in the SSIP workgroups for input on both development and implementation of improvement activities as well as sending out progress and updates of those activities and reporting on them at regional and SICC meetings.

3. Establishing “sub-groups” of the improvement workgroups comprising parents representing geographic areas of Louisiana across race/ethnicities to recommend improvement strategies for the SSIP. For example, recommending potential community settings as natural environments when home visits cannot be held in a family’s home.

These sections detail the intentional activities to build the diversity and capacity of the parent parent participation in decision-making roles who were targeted and/or participated in those activities. Each SSIP workgroup plans include activities related to increasing diversity and minimizing the impact of inequities in the early intervention system.

**Soliciting Public Input:**

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

The process for setting targets for the APR reporting period was outlined as follows in the February, 2022 APR:

1. Slides were prepared by state staff to use for regional meetings to solicit stakeholder input. Content included:
 a. Review of the SPP-APR Process
 b. History of Stakeholder recommendations in setting targets when APR process started and subsequent changes
 c. Review of OSEP guidelines for setting targets
 d. A description of each indicator
 e. State’s performance for each indicator from 2013 to 2019 with percentages and trends overtime and comparisons to national trends.

2. The slides and the data were reviewed with regional staff so that the presentations would be consistent. This agenda item was included in quarterly RICC meetings in each region. At the meetings, the slides were presented and participants were asked to recommend targets according to the following options:
 a. Keep the current target
 b. Make incremental changes year to year
 c. Make changes based on performance trends
 d. Discuss any issues that should be considered to make a decision.

3. A spreadsheet was developed for reporting data back to the state office with recommendations for each target and demographic and other information about the participants.
4. Results from the recommendations were plugged into the spreadsheet and recommendations were reviewed by state staff. Processes used to make the final decisions were frequency of the responses, averages of targets recommended, performance trends, etc.

A total of 239 persons participated in the data review in 7 meetings in the Spring 2021, including 20 parents (8%). Other participants in the meetings included representatives from Head Start/Early Head Start, local education agencies, Child Protection, EarlySteps providers, support coordination agency staff, system point of entry contractors, Families Helping Families agency staff, and other community resource agency representatives. The information was shared via listservs to solicit as broad input as possible.

The recommendations from the meetings were finalized and presented to the SICC at the October 14, 2021 quarterly meeting. A motion was made and passed without opposition to accept the targets recommendations as presented from the stakeholder input. The slides from the SICC meeting were distributed to the entire listserv and shared at RICC meetings. The targets selected were therefore shared with the SICC and its state listservs, RICCs, and regional stakeholders and listservs based on the stakeholder recommendations. The target setting process was completed during the 2020-21 reporting period.

The SSIP Communication Plan process is always used in a similar fashion to solicit input and make recommendations for improvement strategies and evaluating progress.

**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.**

Beginning in Phase I of the SSIP process, the state leadership team developed a Communication Plan using the "Leading by Convening" model. The plan details the mechanisms and timelines for soliciting input and making results of any activities available to the public. The plan uses a "top down-bottom up" approach to information sharing. Information on Lead Agency and SICC activities are shared quarterly at SICC Executive Committee and SICC meetings. Slides from the presentations are shared with the SICC listserv. Regional staff then present the information at their RICC stakeholder meetings and share the slides with their listservs. Input from the regional meetings is then brought back to the lead agency and SICC. Regional coordinators submit quarterly reports to the SICC on these and other information-sharing activities. Each month EarlySteps staff share the activities of the SSIP workgroups on which they serve and report the activities of all the workgroups at their regional meetings. Workgroup activities are also reported quarterly at the SICC Executive Committee and SICC meetings and recommendations and additional information are requested. For example, following the target setting activities described in the previous section, the regional stakeholder recommendations for the targets were presented to the SICC at its October 2021 meeting and approved through a unanimous vote then shared via the slides through the listservs and RICC meetings.

**Reporting to the Public:**

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

The reports of FFY 2020 performance were reported quarterly at SICC Executive Committee and SICC meetings prior to the submission of the APR in February 2022. Local performance of regional programs is posted to the EarlySteps website at https://ldh.la.gov/index.cfm/page/139/n/139.

Due to a system glitch in reporting targets for the February, 2022 APR submission, some targets may not have been uploaded. Targets are provided in each indicator section which follows, but no changes are recommended following approval by stakeholders and the SICC in October, 2021.

## Intro - Prior FFY Required Actions

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

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

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

Technical Assistance obtained and subsequent actions resulting from Year 2 Needs Assistance Determination.
1. Louisiana received a results matrix score of 1 in the data completeness section of the matrix. This is due to the low percentage of exit scores available compared to total exits. To address the issue, the state’s ECTA TA consultant provided a parent resource for how other states explain and collect outcome scores. Implementation of TA provided:
a. Staff and COSs reviewed the resources and developed two “talking points” documents on the importance and use of entry to exit scores. One document is used to train FSCs and one to use to talk with families during transition planning for exit.
b. A data review process comparing entry to exit scores was developed and implemented for Regional Coordinators to use each month and report to central office to track improvement.
c. A performance target was set to increase the percentage of exit evaluations to exits to 50% for 2022-23.
The results of these activities have already shown a performance improvement to an average of 59% for April to November 2022..
2. One impact of COVID-19 was a decrease in referrals to EarlySteps and the resulting child count. With grant funds from the Pritzker Foundation to the Louisiana Policy Institute for Children, Louisiana participated in an assessment process of its Child Find and Referral activities:
a. Data was collected and shared with the TA consultant for analysis
b. Focus groups held with stakeholders, SICC members and state and other agencies
c. The result was a recommendation report called “Promoting Early Intervention in Louisiana: Recommendations for Increasing Enrollment in EarlySteps” and posted to the ECTA website at: https://www.ectacenter.org/enotes/enotes\_day.asp?enoteid=948.

Results of the activities have yielded an 18% increase in referrals of and a December 1, 2022 child count that is the highest point-in-time child count in the history of the program.
3. The state showed a significant decrease in the Indicator 8a performance from 98% in 2019-2020 to 82% in 2020-21. To improve performance the following TA activities were utilized:
a. Training materials from the DEC Recommended Practices DECRPs modules were required for all FSC agencies and completion of the Transition Checklist from the DEC RPs.
b. Participation in a Transition session at the Improving Data Improving Outcomes conference in 2022.
c. Supporting development and/or updates to FSC agence review procedures to ensure that transition conference procedures are followed.
FSC agencies were expected to participate in the improvment activities in item a. as part of their CAPs following issuance of findings. The activities started later in 2021-22, so only minimal improvement occurred in this performance period to 86%.

4. Participation in the monthly OSEP TA calls
a. Review of guidance materials issued including “Working Together to Support All Infants and Toddlers with Disabilities” Webinar and resources especially the Outreach and Family Engagement Guide and Monitoring, Screening and Referral Guides to support SSIP workgroup plans.

EarlySteps posted the required documents: Stakeholder version of the APR and SSIP, local reporting, posted to the EarlySteps website in April, 2022.

## Intro - OSEP Response

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) 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 the IDEA, those reports do not contain the required information. Specifically, the State Target and State Actual Target data for several indicators do not match the targets and data reported to OSEP in the State FFY 2020 SPP/APR.

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

## Intro - Required Actions

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) 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 2022 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 2020. In addition, the State must report with its FFY 2022 SPP/APR, how and where the State reported to the public on the FFY 2021 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 2022 and 2023 is Needs Assistance. In the State's 2023 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 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 50.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 91.58% | 92.71% | 90.06% | 93.66% | 95.69% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 501 | 643 | 95.69% | 100% | 94.25% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Louisiana did not meet its target for 2021-22 showed slight slippage of 1.75 percentage points from the previous fiscal year. System delays in meeting the 30-day timeline are largely related to availability of specific disciplines (primarily occupational and physical therapy) and availability of services in rural/underserved areas to provide early intervention services. This has been a focus for the state's SICC infrastructure improvement and is ongoing. As part of the improvement activities, for the first time in 10 years a rate increase went into effect on July 1, 2022. Once this information was shared, provider enrollment began to increase and it is hoped that availability will improve performance for timely services in 2022-23.

**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.***

105

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

Louisiana had 105 delays in service start dates due to family reasons and 37 delays due to system reasons.
As mentioned in the Introduction section, results were also impacted by COVID-19 and Hurricane Ida. The impact of COVID-19 began to be minimized during the quarter from which Indicator 1 data was reviewed until December when the increasing positivity rates from the impact of the Omicron variant rose significantly. The major impact to the indicator results is the impact of Hurricane Ida which hit Louisiana on August 29 causing significant damage to 5 regions of the state and displaced children, families and early interventionists. As the areas began to recover and families and early interventionists were available, service delivery was normalized, but some services were provided late. The OSEP Memo, "Non-Regulatory Guidance on Flexibility and Waivers for Grantees and Program Participants Impacted by Federally Declared Disasters (US Department of Education, September, 2017)," was used to guide state responses to timely service delivery.

**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).**

Timely services are defined as the delivery of early intervention services identified on the initial IFSP and any additional early intervention services identified on subsequent IFSPs that are provided within 30 days of parent consent for IFSP services.

**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).**

Louisiana collected and analyzed data from both the state's database and from state monitoring. The time period for data analysis was July 1, 2021 through September 30, 2021 for all IFSPs written during the time period.

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

Data collected for this indicator is accurate and valid as it was collected from all regions of the State in all 32 family support coordination (FSC) agencies for all children for whom IFSPs were developed in the first quarter of 2021-2022. This period selected for data review for this indicator has been consistently used for several years and when quarterly results are compared each year have consistently reflected the full reporting period. Selection of the first quarter each fiscal year for data review allows time for service claims to be submitted, paid, and payment discrepancies resolved prior to monitoring and analysis for the APR. In addition, time is required to conduct service data matching for services paid for by Medicaid to be added and combined with those paid for by Part C for analysis of all service start dates for each child.
For this reporting period, the first quarter of 2021-2022 was significantly affected by COVID-19 and Hurricane Ida. As the months progressed, IFSP development and services delivery increased in each subsequent quarter by as much as 20% in the final quarter compared to the first quarter. Therefore, the number of IFSPs used for analysis during 2021-22 is less than the subsequent quarters and the participation rates increased over the year with the increases in the referral rates. Despite this difference, the data does accurately reflect the data for the full reporting period when compared with the annual results over the fiscal years using the same first quarter reporting period. Louisiana's results range from 95.69% in 2021 to 93.66% in 2020 compared to results for this year of 94.25%. Reasons for delays in service delivery within 30 days have been consistent over time--provider shortages for specific disciplines and service delivery in rural/underserved areas despite ongoing efforts to improve availability. For these reasons, the state feels strongly that the results are representative of the full reporting period when analyzing all IFSPs written during the first quarter and comparing trends across fiscal years.

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

The process for data collection was an EIDS report comparing IFSP dates for the July-September 2021 with service start dates within 30 days of parent consent for the IFSP. The report queried IFSP dates within the date range to identify the IFSPs written and the report includes service authorization dates and service date ranges from July 1, 2021 through December 31, 2021. Analysis of the report and the instances of untimely services revealed that 105 children did not receive services within the 30 days due to system reasons resulting in 19 findings of noncompliance for the FSC agencies. One of the report fields provided with the EIDS report gives the service date following the IFSP date. Therefore, the start date of the service, although late, can be verified for each child to establish that services have been initiated for each child reviewed. Late service start dates for 105 children were due to family circumstances, some of which resulted in closure of cases when families chose not to access early intervention services following the development of the IFSP. For every child, the service that was not provided timely for any reason (except case closure) had a service date no later than December 31, 2020. Prior to determining noncompliance, regional staff conducted child-specific review of charts and billing data to verify that the EIDS report produced valid data for reporting for this indicator.
As of the submission of the APR in February, 2023, verification of correction of the resulting 19 findings is underway.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 13 | 13 | 0 | 0 |

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

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

For the 13 cases of noncompliance, each finding is reviewed with each specific FSC agency receiving a finding as part of the notice of findings letter and individual agency-specific CAPs are were developed to specifically address the finding and compliance with the Indicator 1 regulatory requirements. Each specific agency with a finding and the regional coordinator establish an “end date” on the CAP based on the level of need and time to implement correction. Following the end date of the CAP, follow up monitoring is conducted by the regional coordinator through IFSP and service billing reviews using the report of service dates for IFSPs written during the next period following completion of the CAP end date to verify for each case reviewed that adherence to the regulatory requirements is implemented at 100% performance, that is, that service start dates are within the 30-day timeline following the development of the IFSP with parent consent for services. All follow up monitoring reviews resulted in implementation of the regulatory requirement at 100% for each agency with a finding.

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

Each specific case of noncompliance from the Indicator 1 EIDS protocol report is reviewed with each agency receiving a finding as part of the notice of findings. The EIDS report used for monitoring timely services data in Quarter 1 gives the service start dates for each IFSP service authorized during that Quarter for each child. Therefore, the service start date, is available in the report and can be verified with the agency that, although late, each individual child service start date establishes that services were initiated for each child. All follow up monitoring reviews revealed that implementation of the regulatory requirement for service start dates within 30 days of the IFSP for each agency was implemented at 100% for each agency with a finding.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 27 | 27 | 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.***

In 2019-20, there were 27 findings of noncompliance for services not being provided timely. As of the submission of the APR in February, 2021, the findings were under corrective action through a jointly developed Corrective Action Plan (CAP) between the Early Intervention Services (EIS) agency and the EarlySteps regional Coordinator.
For the 27 cases of noncompliance, each finding is reviewed with each specific FSC agency receiving a finding as part of the notice of findings letter and individual agency-specific CAPs are were developed to specifically address the finding and compliance with the Indicator 1 regulatory requirements. Each specific agency with a finding and the regional coordinator establish an “end date” on the CAP based on the level of need and time to implement correction. Following the end date of the CAP, follow up monitoring is conducted by the regional coordinator through IFSP and service billing reviews using the report of service dates for IFSPs written during the next period following completion of the CAP end date to verify for each case reviewed that adherence to the regulatory requirements is implemented at 100% performance, that is, that service start dates are within the 30-day timeline following the development of the IFSP with parent consent for services.

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

Each specific case of noncompliance from the Indicator 1 EIDS protocol report is reviewed with each agency receiving a finding as part of the notice of findings. The EIDS report used for monitoring timely services data in Quarter 1 used for Indicator 1 review gives the service start dates for each IFSP service authorized during that Quarter for each child. Therefore, the service start date, is available in the report and can be verified with the agency that, although late, each individual child’s service start date establishes that services were initiated for each child. All follow up monitoring reviews revealed that implementation of the regulatory requirement for service start dates within 30 days of the IFSP for each agency was implemented at 100% for each agency with a finding.

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 27 uncorrected findings of noncompliance identified in FFY 2019 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

2020-2021: : Louisiana did not meet the 100% target for Indicator 1 and issued 13 findings of noncompliance for IFSP services that were not provided timely in Fiscal Year 2020-2021. The process for verifying correct implementation of the regulatory requirements and for correction of each individual case of noncompliance is addressed in the previous Indicator 1 sections and is consistent with OSEP Memo 09-02:
Meeting regulatory requirements: Following completion of CAPs, regional staff conducted follow up monitoring for timely service delivery and verified 100% compliance in meeting the requirements from this monitoring.
Correcting each individual case of noncompliance: The Timely Services EIDS report provides the service date for each service, even if late. Therefore, each individual case of services not provided timely can be verified as provided for each individual child.

2019-2020: Louisiana did not meet the 100% target for Indicator 1 and issued 27 findings on noncompliance for IFSP services that were not provided timely in Fiscal Year 2019-2020. Correction of noncompliance was verified timely according to the state’s procedures, but was not reported in the February, 2022 due to a system glitch. The process for verifying correct implementation of the regulatory requirements and for correction of each individual case of noncompliance is addressed in the previous Indicator 1 sections and is consistent with OSEP Memo 09-02:
Meeting regulatory requirements: Following completion of CAPs, regional staff conducted monitoring for timely service delivery and verified 100% compliance in meeting the requirements from monitoring.
Correcting each individual case of noncompliance: The Timely Services EIDS report provides the service date for each service even if late. Therefore, each individual case of services not provided timely can be verified as provided for each individual child.

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 and FFY 2019 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020 and FFY 2019 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 13 uncorrected findings of noncompliance identified in FFY 2020 and 27 uncorrected findings of noncompliance identified in FFY 2019 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |
| Data | 99.65% | 99.63% | 99.68% | 99.75% | 99.87% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |

**Targets: Description of Stakeholder Input**

Stakeholder involvement in the development of data collection and target setting for Indicator 2 was completed in the 2020-2021 fiscal year and described in the Introduction Section of the APR submitted in February 2022 and 2023. No changes in targets are proposed.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 5,024 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 5,029 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,024 | 5,029 | 99.87% | 98.00% | 99.90% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2008 | Target>= | 22.00% | 22.00% | 22.00% | 45.00% | 46.00% |
| **A1** | 20.10% | Data | 38.47% | 43.22% | 47.90% | 46.03% | 47.90% |
| **A2** | 2008 | Target>= | 37.00% | 37.00% | 37.00% | 70.00% | 70.00% |
| **A2** | 32.40% | Data | 59.40% | 70.06% | 70.38% | 68.86% | 69.95% |
| **B1** | 2008 | Target>= | 43.10% | 43.10% | 43.10% | 74.00% | 74.00% |
| **B1** | 42.60% | Data | 56.07% | 73.88% | 75.43% | 70.35% | 70.78% |
| **B2** | 2008 | Target>= | 34.00% | 34.00% | 34.00% | 34.50% | 34.50% |
| **B2** | 28.90% | Data | 36.19% | 35.69% | 34.62% | 30.50% | 27.21% |
| **C1** | 2008 | Target>= | 29.60% | 29.60% | 29.60% | 87.00% | 87.00% |
| **C1** | 29.10% | Data | 52.06% | 87.19% | 87.44% | 86.10% | 84.87% |
| **C2** | 2008 | Target>= | 46.20% | 46.20% | 46.20% | 59.00% | 59.00% |
| **C2** | 45.70% | Data | 49.85% | 59.54% | 59.23% | 55.85% | 51.08% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 47.00% | 48.00% | 48.00% | 48.00% | 48.00% |
| Target A2>= | 70.00% | 70.00% | 70.00% | 70.00% | 70.00% |
| Target B1>= | 74.00% | 74.00% | 74.00% | 74.00% | 74.00% |
| Target B2>= | 34.50% | 34.50% | 34.50% | 34.50% | 34.50% |
| Target C1>= | 87.00% | 87.00% | 87.00% | 87.00% | 87.00% |
| Target C2>= | 59.00% | 59.00% | 59.00% | 59.00% | 59.00% |

 **FFY 2021 SPP/APR Data**

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

2,402

**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 | 49 | 2.04% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 560 | 23.31% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 132 | 5.50% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 350 | 14.57% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,311 | 54.58% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 482 | 1,091 | 47.90% | 47.00% | 44.18% | Did not meet target | Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,661 | 2,402 | 69.95% | 70.00% | 69.15% | Did not meet target | No Slippage |

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

Louisiana did not meet its targets for either summary statement for Outcome A and experienced slippage of 3.72 percentage points for Summary Statement 1 and a slight performance decrease of .8 percentage points in Summary Statement 2. Discussion of performance slippage/decrease follows in the section following Outcome B performance.

**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 | 16 | 0.67% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 667 | 27.77% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,029 | 42.84% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 474 | 19.73% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 216 | 8.99% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,503 | 2,186 | 70.78% | 74.00% | 68.76% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 690 | 2,402 | 27.21% | 34.50% | 28.73% | Did not meet target | No Slippage |

**Provide reasons for B1 slippage, if applicable**

Louisiana did not meet targets for either Summary Statement. There was slight slippage of 2.02 percentage points for Summary Statement 1 and slight improvement of 1.52 percentage points in Summary Statement 2. For Outcome C below, Louisiana experienced slight performance decrease of .85 percentage points for Summary Statement C1 and performance improvement of 2 percentage points for Summary Statement C2.Discussion regarding performance results for these outcomes has been part of an ongoing trend since targets were re-set in 2019-20. Two contributing factors have been considered which may have influenced the child outcome results for the subsequent reporting periods. Reasons for performance results have been proposed as follows:
--Changes to the child outcomes measurement process are a focus of the state's SSIP infrastructure improvements that was fully implemented in March, 2017. Louisiana set targets for Indicator 3 using the new outcome measures based on only two full years of results (2017-18 and 2018-19). Two reporting periods using the new measures may have been insufficient to set targets for children exiting and may not reflect actual performance based on results available thus far.
--The number of available exit scores for the 2019-22 reporting periods: There was a 4% decrease in the number of exit scores available for 2021-22 compared to the previous reporting period. Availability of scores is a result of the impact of COVID-19 and two hurricanes (2020 and 2021) where families chose to withdraw their children or refused the exit evaluation to minimize contacts, possible exposure to the virus, or were displaced after the storms. This probably had the most significant impact on the child outcome results. For example, there were 30% fewer exit scores available in the quarter impacted by Hurricane Ida in 2021 than in the last quarter of 2021-22. The state has been participating with other states which use the BDI-2 to address assessment and evaluations conducted virtually and accessing other Technical Assistance resources to ensure that the number of exit evaluations increases despite the ongoing effects of the COVID-19 pandemic and weather disasters. Improving the number of available exit evaluations has been an Infrastructure improvement focus for the SSIP. The SSIP evaluation and assessment workgroup will review and revise the workplan activities for this area to improve across the state.
Louisiana has used the BDI-2 as the evaluation for eligibility determination and exit assessement since 2007. The BDI-3 has recently been released and the Evaluation and Assessment workgroup has been researching tools to replace the BDI-2. In addition to replacing the tool, revisiting the evaluation and assessment process, and subsequently revising the process used the used to calculate results for the progress categories a-e and for defining “comparable to same-aged peers” and procedures for gathering data for the indicator will be part of the upcoming work for the SSIP. Although these changes will take 2 to 3 years, the state is confident that child outcome results will show improvement through these efforts.

**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 | 15 | 0.62% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 274 | 11.41% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 838 | 34.89% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 681 | 28.35% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 594 | 24.73% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,519 | 1,808 | 84.87% | 87.00% | 84.02% | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,275 | 2,402 | 51.08% | 59.00% | 53.08% | Did not meet target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 6,963 |
| 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. | 1,253 |

| **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)**

NO

**Provide the criteria for defining “comparable to same-aged peers.”**

Revised Child Outcomes Measurement Process description:
The new measurement system was installed in March 2017. The measurement process for defining comparable to same-aged peers and placing child-outcome results in progress categories a-e using all subdomain scores in all BDI2 domain areas:
Category a--The exit DQ is less than 80 and all exit raw subdomain scores are less than or equal to entry raw subdomain scores
Category b--The exit DQ is less than 80 and less than or equal to entry DQ and one or more exit raw subdomain scores are greater than the entry raw subdomain score
Category c--The exit DQ is less than 80 and greater than entry DQ and one or more exit raw subdomain scores are greater than the entry raw subdomain score
Category d--The entry DQ is less than 80 and the exit DQ is greater or equal to 80
Category e--The entry and exit DQs are greater than or equal to 80.

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

The Battelle Developmental Inventory, 2nd edition (BDI-2) is the statewide tool used for eligibility determination and outcome reporting. During the eligibility determination process, the BDI-2 is administered and results are entered into EIDS. Subsequently at annual eligibility determination and/or exit, the BDI-2 is re-administered and the new results entered. The data system uses the formula provided in the previous section to calculate results for each child who has been in the system for at least 6 months. Louisiana received a data completeness score of 1 on the results matrix due to the percentage of exit scores available compared to national data. Improvement activities are underway to increase the number of entry to exit scores available. Complete entry and exit scores were collected on 2,402 children for the 2021-22 reporting period using the measurement method. This number represents a 4.2% decrease in the number of exit evaluations available for the period compared to last year. The decrease is felt to result from the impact of COVID-19 and Hurricane Ida when families chose to withdraw their children without participating in an exit evaluation or were otherwise impacted by the storm. The state developed two Talking Points documents and monitoring activities to track monthly exit evaluations conducted. The Talking Points documents are used for training new FSCs and for families at transition conferences that address the benefits to the family of completing the exit evaluation prior to leaving the program regardless of the reason for the exit. Also included in the improvement activities is training for the SPOE and FSC agencies, on the importance of obtaining exit scores. There is also an 48% decrease in the number of children who received services for less than six months compared to the previous year. This is also felt to be a result of the lessening impact of COVID-19. The trend improved beginning in January 2021 as the COVID rates improved and the referral and child count rates began to improve.

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

In summary, Louisiana is reporting child outcome data for the full reporting period for 2021-22 using the measurement process detailed above. The average age at entry to EarlySteps for 2021-22 was 13 months and the average age at exit was 34 months. The average length of stay in the program was 21 months. More information regarding the state’s infrastructure improvements related to child outcome measures, the results of the data analysis, and comparison to national data included in the SSIP Indicator C-11 section.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 80.00% | 80.00% | 80.00% | 90.00% | 90.00% |
| A | 78.00% | Data | 95.49% | NVR | 93.30% | 95.37% | 96.86% |
| B | 2006 | Target>= | 84.30% | 85.00% | 85.10% | 90.00% | 92.00% |
| B | ###C04BBASEDATA### | Data | 94.64% | NVR | 83.24% | 92.15% | 94.24% |
| C | 2006 | Target>= | 91.00% | 91.00% | 91.00% | 91.00% | 92.00% |
| C | 81.00% | Data | 95.08% | NVR | 87.47% | 94.77% | 95.29% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 91.00% | 91.00% | 91.00% | 91.00% | 91.00% |
| Target B>= | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| Target C>= | 92.00% | 93.00% | 93.00% | 93.00% | 93.00% |

**Targets: Description of Stakeholder Input**

Stakeholder involvement in the development of APR Indicators is described in the Introduction Section of the APR and the process included the target setting for Indicator 4 during the 2020-21 fiscal year was detailed in the February 2022 APR. Stakeholders were involved in designing the family survey process with the EarlySteps Community Outreach Specialists (COSs) reviewing and recommending the Early Childhood Outcomes (ECO) Center, Family Outcomes Survey, Revised Version, and selecting this survey for use for the mailed surveys to which families responded. Prior to this time, the original version of the ECO Family Outcomes Survey was used in Louisiana. Additional State-developed questions were added to the revised survey in 2014-15. The revisions to the survey are intended to capture items related to the state's State Identified Measurable Result (SIMR): the EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities, and resources and provided through a team-based approach. The Family Outcomes Survey, Revised Version uses a 5-item rating scale. EarlySteps considers a response of "Somewhat helpful" or better as the criteria for determining if early intervention services “helped/describes their family.” There were 445 responses received to the Family Outcomes survey.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,608 |
| Number of respondent families participating in Part C  | 445 |
| Survey Response Rate | 27.67% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 416 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 445 |
| 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 | 401 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 445 |
| 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 | 407 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 445 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 96.86% | 91.00% | 93.48% | 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) | 94.24% | 92.00% | 90.11% | 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) | 95.29% | 92.00% | 91.46% | Did not meet target | Slippage |

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

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

The state met its target for Indicator 4a (families know their rights) but had a slight performance decrease of 3.38 percentage points. Louisiana missed its target for 4b (communicate needs) by 1.89 percentage points with slippage of 4.13 percentage points and for 4c (meeting child’s needs) by .54 percentage points with slippage of 3.83 percentage points.
Analyzing responses across regions for 4 b and 4c, is felt to be a result of the ongoing impact of the pandemic. Families are selected to participate in the survey as their children are exiting the system. Many of the families responding to the survey participated, for the majority of their time in EarlySteps, during the height of the COVID-19 pandemic. Due to the resulting barriers to access (families refusing home visits, access to and perceived benefit of virtual services, etc.) all resources and supports for a family may not have been as accessible as they have been in the past.

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

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 31.21% | 27.67% |

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

As part of its system improvement activities and State-Identified Measurable Result (SIMR) to improve child outcomes through a focus on family priorities, the EarlySteps Community Outreach Specialists (COSs), state parent liaison, other stakeholders, and state staff developed improvement strategies to improve the family outcomes measurement process including increasing the response rate to the family survey. The specific process used has varied slightly each year in an attempt to improve the return rate. Processes include telephone interviews with exiting families each month, mail-out surveys to families exiting in specific months, using an online survey, and incorporating Indicator 4 questions into the National Core Indicator Survey utilized annually by OCDD. For 2021-22, Louisiana used two methods to measure family outcomes:
The COSs across the state and the State Parent Liaison coordinated the family survey process using the revised version of the Family Outcomes Survey. In an attempt to improve the response rate, the surveys were mailed to families of children 2 years, 10 months of age (two months before their actual exit date) for the months of January 2022 through June 2022. For surveys that were not received within two weeks via the mail out, the families were called and given the option to complete the survey by phone or through an online Survey Monkey web link.

**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.**

As shown in the demographics section which follows, the demographics of the families who responded to the survey closely represents the demographics of the program overall, so only minimal bias could possibly be identified which may have been shown in the percentage disparity of children eligible for Medicaid at 76% of those responding compared to the typical percentage of Medicaid-eligible children in EarlySteps at 55%. Since follow up phone calls to families are part of the process to obtain responses and the majority are most often made during the day when families who are not working during the day may be available to take calls. Flexibility in making calls to families will be explored to increase the cross section of families responding to the survey.

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

Completed survey information was received from 445 families or 47% of the age 3 exits from January-June, 2022. Louisiana uses multiple questions from the survey for each Indicator 4 area: rights (4a), communicating needs (4b) and helping their child develop and learn (4c). Since multiple questions are used for each area, the response totals are averaged in each measure. The total responses scoring "somewhat helpful" or better for each area is the numerator.

As part of the collection of information about the surveyed families, they were asked to indicate the length of time their child was in EarlySteps:

o 11% of the respondent’s children had been in EarlySteps for less than 6 months
o 32.13% of the children had been in EarlySteps for 6 months to 1 year
o 34.83% of the children had been in EarlySteps for 1 to 2 years
o 20.9% children had been in EarlySteps greater than 2 years.
o 1.13% did not respond to the question.

The average length of time for a child to remain in EarlySteps during 2021-22 was 21 months.
The distribution of survey responses across races closely mirrored race distribution of the 2020 child count:
Comparison of responses from families designating their child’s race with the 2020 child count:

--White was 46% and the 2020 child count data for white children was 47%
--Black 41%, child count 40%
--Multi-racial 4.5%, child count 4.4%
--Hispanic 3.4%, child count 6%
--American Indian/Alaska Native 1.8%, child count <1%

Percentage responses by the child’s gender were compared with exit data:
--Male gender by responses was 63.6% and by exit data 61.2%
--Female gender by responses was 36.4% and by exit data 38.8%.

**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).**

Representativeness of responders was determined by comparing the demographics of the responders with the demographics of the general population of children in EarlySteps: responders’ race distribution compared to child count race distribution, gender, income, length of time in early intervention, and regional distribution of responders compared to regional distribution of the population. To further verify representativeness of the responses to the EarlySteps population, the Representativeness Calculator from ECTA was used verifying representativeness of income level and language of the respondents. The responses using the calculator indicated that the data were representative for language, regional distribution of responses compared to exits, and race.

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

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 1.17% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.40% | 1.50% | 1.50% | 1.50% | 1.32% |
| Data | 1.30% | 1.32% | 1.52% | 1.45% | 1.22% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.32% | 1.32% | 1.45% | 1.45% | 1.45% |

Targets: Description of Stakeholder Input

The process for selecting targets for the 2020-2025 reporting period was completed during 2020-21 and described in the February 2022 and 2023 APR Introduction Sections. Stakeholder involvement in the development of data collection and in target setting for Indicator 5 and 6 is described in the Introduction Section of the APR. Based on child count trends from the previous fiscal years and recent performance, recommendations for changes to targets for the next APR reporting period were made by stakeholders participating in target-setting activities, accepted by the State and approved by the SICC at its October 2021 meeting. Due to an issue with data entry in EMAPS to input the targets in the February 2022 APR template, the targets recommended by stakeholders last fiscal year are being submitted this year. No changes to the proposed targets are recommended.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 687 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 55,418 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 687 | 55,418 | 1.22% | 1.32% | 1.24% | Did not meet target | No Slippage |

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

Louisiana missed its target by .08 percentage points and experienced a decrease of 11 children in the birth to age one range compared to 2020-21. Following the decrease in referrals during months impacted by COVID-19, Louisiana participated in a technical assistance activity with a TA consultant in collaboration with a statewide initiative to improve the state’s early childhood system. The activities resulted were detailed in the Introduction section and resulted in recommendations in the report: Promoting Early Intervention in Louisiana: Recommendations for Increasing Enrollment in EarlySteps. The state has developed an improvement plan to improve referral rates which includes collaborating with the LDH Office of Public Health to improve rates of developmental screening by physicians which would generate referrals and to analyze referral trends over 3 to 4 years to observe and address referrals by referral source and conduct targeted outreach activities based on those trends. Referral rates are being tracked over the months since March 2020 and are increasing with an 18% increase in total referrals. The estimated birth to age one count for 2022 is 731 children an increase of 44 children compared to this reporting period.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.76% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.08% | 2.08% | 2.08% | 2.50% | 2.50% |
| Data | 2.62% | 2.75% | 3.05% | 3.10% | 2.69% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.60% | 3.00% | 3.00% | 3.00% | 3.00% |

Targets: Description of Stakeholder Input

Stakeholder involvement in the development of data collection and in target setting for Indicators 5 and 6 was completed for the 2020-2021 reporting period and described in the Introduction Section of the February, 2022 and 2023 APRs. With stakeholder input and based on data trends and recent performance, recommendations for changes to targets for the next APR reporting periods were made and accepted. No subsequent changes to targets are proposed at this time.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 5,029 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 167,430 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,029 | 167,430 | 2.69% | 2.60% | 3.00% | Met target | No Slippage |

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

Louisiana exceeded its target for birth to three year olds by .4 percentage points, and experienced a increase of 350 children compared to the previous fiscal year. The improvement activities described in the Indicator 5 section address the issues related to referrals and child count that resulted in improvement for this indicator. The estimated December 2022 child count indicates an increase of approximately 5,916 children the highest point-in-time child count in the history of the program. The results of the TA activities and improvement strategies implemented by the state have proven to be successful.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 95.02% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.90% | 100.00% | 99.95% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,832 | 4,953 | 100.00% | 100% | 99.80% | Did not meet target | No Slippage |

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

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

111

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

The EIDS report, 45-Day Referral to IFSP Timeline, was used to collect and analyze data for Indicator 7. This report generates a list of every initial IFSP written during during a queried period. This EIDS report also provides the reasons for IFSP delays based on reasons entered by SPOE staff. The system calculates the number of days from referral to IFSP based upon the referral dates entered. Following referral, the SPOE enters an IFSP date and if the 45th day has passed, the date triggers a window in which the SPOE must enter a reason for delay. Choices for entry related to delay reasons include: none, child deceased, child illness/hospitalization, family requests delay, family response time, system delay. SPOEs are able to run reports to check referral to IFSP timelines, and report this in their monthly self-assessment submitted to EarlySteps regional and central office staff. Staff also run a report for all SPOEs and compare with what has been submitted via self-assessment. Reasons for delay can also be identified in the EIDS report. Analysis of the reasons for untimely evaluations, assessments, and initial IFSPs indicates that 72 IFSPs were late due to exceptional family circumstances such as a child’s illness or hospitalization, response time by the family and family request. In addition, 39 IFSPs were late due to the impact of Hurricane Ida. These 39 late IFSPs were included with other exceptional family circumstances for a total of 111 late IFSPs due to family/disaster reasons and 10 IFSPs late do to system reasons. Included in the late IFSPs were 39 IFSPs late due to the impact of Hurricane IDA, a Federally-declared disaster, which made landfall in Lousiana on August 29, 2021. Most of the southern part of Louisiana was impacted by this storm. As stated in the Introduction, SPOE offices, FSC agencies and service providers in the area were all affected by this Category 4 storm, including staff and family evacuations, building and property damage, loss of electricity and internet, etc. Lead agency offices were closed for several days and the impacts from the storm lasted for weeks. When IFSPs were late due to closed offices, activities such as IFSP meetings and service delivery were resumed as soon as possible. The 39 late IFSPs were included in the count as late due to documented exceptional family circumstances according to the OSEP Guidance: Non-Regulatory Guidance on Flexibility and Waivers for Grantees and Program Participants Impacted by Federally Declared Disasters, US Department of Education, September, 2017.

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

State database

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

The EIDS report, 45-Day Referral to IFSP Timeline, was used to collect and analyze data for Indicator 7. This report produced a list of every initial IFSP written during the fiscal year. The 45-day timeline from referral to IFSP was analyzed for each system point of entry office in the State for the fiscal year and included all of the initial IFSPs written in the reporting period.

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

The 45-day Timeline from Referral to IFSP Report was analyzed for each system point of entry office in the State for the fiscal year and included all of the initial IFSPs written in the reporting period. A total of 4,953 initial IFSPs were written with 4,832 meeting the 45-day timeline. The results represent all geographic areas of the State in all SPOE regions for all children with initial IFSPs. This EIDS report also provides the reasons for IFSP delays based on reasons entered by SPOE staff. The system calculates the number of days from referral to IFSP based upon the referral dates entered. Following referral, the SPOE enters an IFSP date and if the 45th day has passed, the date triggers a window in which the SPOE must enter a reason for delay. Choices for entry related to delay reasons include: none, child deceased, child illness/hospitalization, family requests delay, family response time, system delay. SPOEs are able to run reports to check referral to IFSP timelines, and report this in their monthly self-assessment submitted to EarlySteps regional and central office staff. Staff also run a report for all SPOEs and compare with what has been submitted via self-assessment.

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

In further analysis of the periods for which IFSPs were late, it was determined that 79 late IFSPs occurred in the first quarter of 2021-22 due to the impact of the Hurricane and 42 IFSPs were late in the three quarters of the remaining reporting period.
The average number of days for IFSP completion for the ten SPOEs during the reporting period analyzed was 34.6 days, the minimum was 1 day and the maximum was 77 days (family reason). For Fiscal Year 2021-22, there were three findings of non-compliance issued for system delay reasons. These are under correction at the time of this APP submission.

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

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

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 2 | 2 | 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.***

There were two findings issued for system delay reasons in FFY 2019-20: one due to a referral date data entry error (referral date entered was earlier than the actual referral date) and one due to a late, rescheduled appointment due to an intake coordinator who had COVID-19. In each case, the child’s IFSP was developed although late. The data entry error with the referral date resulted in a longer timeline, even though the IFSP was actually developed within 45 days. The second scenario was the result of a rescheduled appointment due to illness of an intake coordinator. Subsequent timeline tracking using the EIDS data report each quarter following the quarters for the late IFSPs, state was able to verify that the two SPOEs who exceeded the 45-day timeline are correctly implementing the regulatory requirements resulting from the two instances by using the 45-day Referral to IFSP Timeline report. Subsequent timeline tracking using the Referral to IFSP Timeline report each quarter of the 2020-21 reporting period for both SPOEs indicates that the regulatory requirements are met at 100%. These findings were actually corrected timely, but due to a data entry/data saving error in EMAPs, updates to the verification of correction language following the April clarification period were not saved and therefore not accepted and are being reported in this 2021-22 APR.

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

With the two occasions in which the 45-day timeline was exceeded, the state was able to verify that both children received IFSPs although late by checking the IFSP start dates in the Referral to 45-day Timeline report. For the two children impacted: one IFSP was held on the 55th day and one on the 71st day.

## 7 - Prior FFY Required Actions

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

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

Louisiana issued findings for both late IFSPs and verified that the two EIS programs with noncompliance are correctly implementing the regulatory requirements and achieved 100% compliance in the subsequent 12-month period for all initial IFSPs as determined by the 45-day Timeline Report. In both cases of noncompliance (data entry error and missed appointment) IFSPs were written for the individual children, although late.

## 7 - OSEP Response

## 7 - Required Actions

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

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

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 86.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.54% | 99.15% | 98.15% | 98.37% | 82.32% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 598 | 692 | 82.32% | 100% | 92.92% | Did not meet target | No Slippage |

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

45

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

Employee staffing issues have continued to impact the early intervention system with increased staff resignations and turnover during the reporting period. Transition conferences were typically held with dates indicated on IFSPs, but the section of the IFSP where the steps and services needed to support families in transition planning was blank for IFSPs which did not meet requirements. Many of the current FSCs are new and inexperienced resulting in incomplete data entry on the IFSP forms. An improvement activity has been added to the SSIP teaming work plan to address this area since IFSP transition conferences are part of the team meeting process. Improvement activities include mandatory participation by any agency with a finding or with new FSCs to participate in the Recommended Practice Module (RPM) Transition Module, self-assessment with the DECRP Transition Practice Guide, and to observe a transition meeting. In addition, installation of an online IFSP in EIDS is planned for 2023, the system will not allow steps and services to be omitted from data entry on the IFSP. It is hoped that this feature will support improved conversations about supporting families during transition. More information about late transition conferences is reported in the Indicator 8c section which follows.

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

State database

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

February, March and April 2022

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

The EIDS Transition Report produces the list of children exiting during the targeted months of February, March and April, 2022. Chart review is then conducted using the report for data collection for Indicators 8a and 8c for ISPs with steps and services and timely transition conferences. Reviews of SPOE and Family Service Coordination agency charts were then conducted for children exiting for the period--a total of 692 children (census data). This represents 10% of the children who exited EarlySteps in 2021-22 and 20% of the annual total of those exiting who were potentially Part B eligible (3,495 children). The review protocol used by regional staff requires them to contact the LEA or the parents and indicate the status of the child's transition if the LEA did not participate in the transition conference. Therefore, even when performance is less than 100% for an agency, the child's transition status is verified through the review and follow up activities by regional coordinators with families and LEA staff.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 21 | 21 |  | 0 |

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

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

The EIDS Transition Report and chart review were used for verification that IFSPs included steps and services. Regional staff review data, conduct chart review and contact LEAs and families to verify that transition occurred. For the 21 findings issued, notification of the findings was issued to the FSC agencies and corrective action plans were developed. After completion of the CAP, regional staff conducted follow up monitoring with agencies using the Transition Report and chart review as previously described. Follow up monitoring results indicated that 100% of the IFSPs reviewed included transition steps and services verifying that the regulatory requirements were met.

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

Through monitoring for Indicator 8a performance, regional staff reviewed the transition status for each child for whom the IFSP did not include steps and services. Staff contacted families and/or the LEA to verify that transition occurred for each individual child who exited verifying that transition occurred.

For the 2021-2022 reporting period 20 findings of noncompliance were issued for noncompliance with Indicator 8a and are under correction at the time of the February, 2023 APR submission.

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

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

## 8A - Prior FFY Required Actions

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

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

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

Louisiana verified that the agencies with cases of noncompliance for IFSPs with steps and services are now correctly implementing the regulatory requirements based on follow up reviews of IFSPs following the completion of CAPS and achieved 100% compliance. The verification process, following completion of the CAP, involved review of IFSPs of children selected from the EIDS Transition Report. All IFSPs reviewed had steps and services to support child transition. For the individual cases of noncompliance, regional coordinators contacted families and LEAs to verify that each child for whom an IFSP lacked steps and services successfully transitioned.

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

## 8A - Required Actions

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

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

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

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

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,693 | 2,693 | 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.**

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

For transition notification to the SEA and LEA, a data report is provided from the EIDS Transition Report run each month. This process is originally described in Louisiana's February 2007 APR. This report of active children ages 2 years, 2 months through 3 years of age is sent to the LDOE monthly. The LDOE staff acknowledge receipt of the list, then disaggregates and sends the list to the appropriate LEA. The receiving LEA staff review the list and contact families to begin the eligibility determination process for Part B. Discrepancies are discussed with the FSC agency and/or Regional Coordinator. Examples of identified discrepancies include the reporting of a child of the appropriate age whose case was closed when the notification was sent or an incorrect address or contact phone number by which to reach the family. In addition, the LDOE staff compares the lists with its data system to monitor timely completion of IEPs by the third birthday. Discrepancies for timely IEPs are resolved with each LEA according to the LDOE protocol.
Performance for this indicator is reported as 100%, since 100% of the active children within the age range are included in the submitted list. The total numbers of children vary each month as the ages of the children change and names are duplicated throughout the age range period. The average of 2,693 names per month, including duplicates, was received by the LDOE and is the number used to calculate performance for this indicator. All names are sent, regardless of the child's potential Part B status, since the EarlySteps eligibility requirements are more restrictive than Louisiana's Part B eligibility, all children are presumed Part B eligible for purposes of this notification.

**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).**

As described above, the data reported is an average of the number of children on the list send to the SEA each month for the full reporting period.

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

The EIDS Transition Report provides all active children between 2 years, 2 months and 3 years of age, so the data includes all children in the system each month.

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

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

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

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

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

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 96.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.86% | 96.18% | 95.42% | 96.51% | 95.18% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 612 | 692 | 95.18% | 100% | 94.94% | Did not meet target | No Slippage |

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

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

**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.**

45

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

As stated in the Indicator 8a section, FSC agencies experienced increased turnover in FSCs and FSC supervisors since the beginning of the Pandemic. This resulted in conferences that were not held within the timeline, specifically 35 conference not held timely due to system reasons resulting in 13 findings of noncompliance in 13 Family Support Coordination agencies.

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

State database

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

The data were collected from February, March and April 2022.

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

The EIDS Transition Report produced the list of children exiting during the targeted months of February, March and April, 2022. The list is disaggregated to the appropriate region. Chart review is then conducted by regional staff for data collection for Indicators 8a and 8c for timely transition conferences, IFSPs with transition steps and services, and LEA participation in transition conferences. Reviews of System Point of Entry and Family Service Coordination agency charts were then conducted for children exiting for the period--a total of 692 children (census data). The represents 20% of the children who exited EarlySteps in 2021-22 who were potentially Part B eligible (3,495 children). The review protocol used by regional staff requires them to contact the LEA or the parents and indicate the status of the child's transition if the LEA did not participate in the transition conference. Therefore, even when performance is less than 100% for an agency, the child's transition status is verified through the review.

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

There were 13 findings of noncompliance issued and under correction at the time of the APR submission in February, 2023.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 11 | 11 |  | 0 |

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

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

As stated in the Indicator 8a section, the EIDS Transition Report and chart review were used for verification that transition conferences occurred within the required timelines. Regional staff review dates, conduct chart review to verify that transition conferences occurred and were timely. When conferences were not timely, staff contact LEAs and/or families to verify that transition to the LEA occurred for each child. Subsequently, those agencies are issued findings and placed under corrective action. Upon completion of the CAP, the regional staff conducted follow up monitoring with agencies using the Transition Report and chart review to verify that regulatory requirements were implemented as required to establish correction. With this review following the completion of the CAP, all agencies were meeting regulatory requirements at 100% compliance.

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

As part of the monitoring for Indicator 8c, transition was verified with the LEA and/or parent for each individual child who exited for whom a transition conference was not held or was late. This review and follow up resulted in verification that each individual case of noncompliance was corrected since each child successfully transitioned.

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

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

## 8C - Prior FFY Required Actions

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

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

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

Louisiana issued 11 findings of noncompliance for transition conferences that were not held timely. Corrective Action Plans were developed to correct and improve performance and to ensure that agencies meet regulatory requirements. Following completion of the CAPs, regional coordinators reviewed Transition Report data for months following completion of the CAPs and established that agencies were meeting requirements at 100% compliance. For findings that were issued, staff followed up with LEAs and families and established that each child for whom a transition conference was late, that the individual child successfully transitioned

## 8C - OSEP Response

## 8C - Required Actions

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

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

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

Louisiana does not use Part B Resolution Sessions to resolve disputes.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

**Historical Data**

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

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

**Targets**

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

**FFY 2021 SPP/APR Data**

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

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

Louisiana has not had requests for mediation sessions, so the state does not have baseline data and has not set targets for performance to report for this indictor.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities, and resources (CPRs) and provided through a team-based approach.

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

NO

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

NO

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

YES

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

The Theory of Action details improvement plans for infrastructure capacity to implement evidence-based practices, for sustainability and scale up of practice improvements using the DEC RPs to achieve the SiMR to improve child/family outcomes. In SSIP Phase I, each Theory of Action Component Area was analyzed, reviewed by the stakeholder leadership team, and is updated annually. Brief updates follow below and the fully updated Theory of Action is posted to the EarlySteps website. Coding for the updates are: \*IS: Infrastructure Support, \*PI: Practice Improvement, Y7: Year 7 Updates.
1.GOVERNANCE-STATE LEVEL SUPPORT:
Aligns with Early Childhood Care and Education system to support children in ECE settings:
a. Child assessment
\*IS: Early Childhood Outcomes process revised through data system upgrade in 2017.
Y7: Results for 2,402 children, 4% decrease from Y6 and 35% of children exiting.
Y7: Developmental screening collaboration results in 33% increase in referrals from child care centers.
b. Support caregivers in ECCE settings to meet child needs
\*PI: Inform ECCE networks of SSIP components
Y7: Continue network activities and center visit adjustments from COVID-19 and referrals.
Y7: Participate in Early Childhood Advisory Council and Commission meetings: increased rate in the Child Care Assistance Program for children with IFSP or IEP.
Y7: Participate in LDE update to Early Learning Standards, to focus on supports for infants and toddlers with disabilities: delayed roll out by LDE to Y8.
\*IS: Financial resources for training/TA to improve support to child care and providers with eligible children in ECCE settings. Collaboration on proposed SPDG application for resources.
Y7: Collaborate with LDE on development of Early Childhood Family Engagement Model posted to:
https://www.louisianabelieves.com/beengaged

c. Focus on Practice Change:

\*PI: Full implementation stage of evidence-based practice improvements
Y7: Use of fidelity measures—in Section B, with scale-up around the state.
Y7: Evaluation/Assessment Practice Profile aligned with DECRPs: review assessment tools, medical eligibility criteria, increasing exit evaluations.

2.PD/TA/QUALITY STANDARDS:
PD Framework update with CQI process for all practitioners which:
a. Aligns with the ECCE PD system
b. Focuses on assessment process
\*IS: Child outcome measures in place, monitoring for fidelity—results for 2,402 children.
\*PI: Family Assessment includes DEC RP topics: Family, Assessment.
Y7: Family Assessment processes in full implementation statewide with fidelity measures.
\*PI: Evaluation/Assessment Workgroup targets DEC RP Assessment Area and Practice Profile Method.
Y7: Workgroup researches eligibility and exit evaluation process to replace BDI2 as well as Family Assessment tool to identify family concerns, priorities, and resources.

c. Ongoing coaching and mentoring
\*IS: PD Framework in place/updated
Y7: PD completed virtually with 306 new practitioners enrolled since August 2021 and 955 practitioners in virtual PD to support 2022 CQI plans.
\*PI: Continuous Quality Improvement Plans for support implemented.
Y7: Results from over 700 CQI plans reported in Section B.
\*PI: Staff trained on coaching strategies and resources tailored to regional improvement plans
Y7: Continued support for CQI plans described in Section B: Evidence-based practices. Workgroup researches coaching method to support practitioner practice improvement.
\*PI: Fidelity measures implemented for practice component areas
Y7: Results available from 254 measures analyzed.

3. GENERAL SUPERVISION, DATA, ACCOUNTABILITY, MONITORING:
System based on CQI model including incentives and accountability:

a. Teams use data-driven decision making
\*IS: Track member participation in Team Meetings
Y7: Virtual team meetings increased participation by 13%
\*IS: Fidelity reviews of team decision process
Y7: Expanded availability for discipline-specific shortages improved with use of virtual delivery.
\*PI: Survey responses from over 400 practitioners on team-based practices.
Y7: Practice Profile components in teaming scaled back to conduct training and implementation of Family Assessment Protocol in 42 agencies. Will resume in Year 8.
\*PI: Services Support Family Priorities (Instruction, Interaction) process
Y7: Process initiated for new practitioners: 32 observations and 32 self-assessments
\*PI: Family Assessment process includes DEC RP topics-Family, Assessment as targets.
Y7: Implementation scaled up around the state: training in all 42 FSC and SPOE agencies.
Y7: Evaluation/assessment workgroup conducts systematic scoping to identify practices, measures and areas for improvement.
\*PI: Team-based Practice Supports process include DEC RP topics-Teaming/Collaboration, Instruction.
Y7: Resume scale up, develop schedule for regular administration of the Fidelity Measure.

b. Data systems allow for real-time analysis, monitoring, and tracking
\*IS: Outcomes measures revised with data system upgrade and format for sharing individual child progress with families.
Y7: March 2017 implementation: 52 months of data for used to review for target setting for APR period. Stakeholder input for target setting complete.
\*PI: Regional reviews of team meeting participation to report improvements
Y7: 13% Increase in meeting participation across meeting types
\*PI: Quarterly review of provider availability fidelity protocol to ensure implementation fidelity.
Y7: Results for 367 children verifying accurate management of service authorizations by FSC/SPOE agencies when provider availability is an issue.
\*PI: Coaching, mentoring, PD activities based on DECRP CQI topics selected
Y7: Continue to support practice implementation using DECRPs: Section B. Updated PD Framework- 30 new learning activities added to library.
\*IS: Development of new PD Platform in EIDS
Y7: Phase 1 allows access to PD Library goes live in January 2023
4. FISCAL/RESOURCES
Identify/access adequate funding and resources

a. Training/technical assistance to providers
\*IS/PI: Staff assigned to develop/provide PD system support for DEC RPs.
Y7: PD on DEC RPs and CQI plans analyzed and used to support ongoing coaching at the regional level to demonstrate practice improvement as described in Section B.
\*IS: Funding proposal submitted for training/TA support to practitioners and ECCE centers to coach caregivers to align with ECCE system improvement initiatives.
Y7: Budget for ARPA funds submitted with incentives to support providers, technology to support families in virtual visits, assessment instruments, etc.

b. Implement statewide assessment process
\*IS/PI: Child outcome measures monitored quarterly for fidelity
Y7: Number of exit scores decreased by 4% for children exiting, PDSA cycle implemented as an improvement strategy beginning in July, 2022 with increase of exit evals to 59% since implementation.

5. LOCAL SUPPORTS/PRACTICES
Coordinate at the regional and local levels with the ECCE Network
a. Coordinate assessment system
EarlySteps and regional/local ECCE teams use child/family assessment data to develop IFSP outcomes to support caregivers
\*PI: Stakeholder workgroups develop/implement interviews, survey, document review, and systematic scoping to support practice profile development.
Y7: 254 fidelity measures across three practice component areas administered and results analyzed.
\*PI: Early interventionists supported locally in implementation of CQI plans.
Y7: Average performance increase for 719 reporting show increase of 1 performance level.

b. Identify needs and recruit and maintain providers in underserved areas
\*IS: Team decision-making protocol developed and monitored for implementation fidelity. Staff report quarterly on results and improvement strategies based on fidelity reviews.
Y7: 306 new providers trained in DEC RP practices with 719 CQI plans developed. Schedule for annual training and reporting on results of CQI plans fixed.

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

The updated Theory of Action is posted to the EarlySteps website in the Important Information Box at: https://ldh.la.gov/index.cfm/page/139/n/139

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** |
| --- | --- |
| 2013-2014 | 42.50% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 55.00% | 55.00% | 55.00% | 55.00% | 55.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Numerator=sum of results of progress categories d + e for all children with entry and exit scores from Indicator 3 | Denominator= sum of total possible of all available child results for all progress categories for all children with entry and exit scores from Indicator 3 | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 3,626 | 7,206 | 49.41% | 55.00% | 50.32% | Did not meet target | No Slippage |

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

Louisiana uses the Indicator 3 child outcome data for progress categories d and e across the 3 child outcome areas (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs = 3,626) divided by the total possible = 7,206 as the source for the FFY 2021 data. There were 2,402 children for whom there were entry and exit scores available to apply the calculation. The total of the progress categories d + e for the numerator for 2,402 children was 3,626 and the total for all progress categories for 2,402 children was 7,206 = 50.32%.

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

Louisiana did not meet its target for 2021-22. The calculation process selected to report the C-11 SSIP Annual Performance Report (APR) data uses the results of the APR Indicator 3 progress categories d. and e. combined across the three outcome areas: positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs. Categories d. and e. represent children exiting at a level comparable to same-aged peers. The total of the combined d. and e. results across the three outcome areas comprises the numerator and the total possible for all available child results across the 3 outcome areas is the denominator. The result is expressed as a percentage. The results of this indicator, therefore are based on Indicator 3 progress category performance across the three outcome areas.
For the 2021-2022 Indicator 3 APR analysis, Louisiana did not meet the summary statement targets for Indicator 3 in 2021-22, although 1 was missed only by .08 percentage point. Since the calculation for C-11 is based on Indicator 3 performance, the results for C-11 were also impacted, resulting in slippage compared to the previous fiscal year. The state offers the following 2 potential causes for slippage for both Indicator 3 and Indicator 11 and plans for the future.
Potential reason 1: Changes to the child outcomes measurement process are a focus of the state's SSIP infrastructure improvements that were fully implemented in March, 2017. Louisiana set targets for Indicator 3 using the new outcome measures based on only two full years of results (2017-18 and 2018-19). Two reporting periods may have been insufficient to set targets for children exiting and may not reflect actual performance based on results available thus far. The state will continue to review the results as part of the SSIP Evaluation Plan Infrastructure Improvement Activities.

Potential Reason 2: The number of available exit scores for the 2021-22 reporting period. In the first quarter of the reporting period, the lowest percentage (22%) of entry-exit scores were available compared to quarters two through four. This is is felt to be the result of the impact of Hurricane Ida which hit Louisiana in late August, 2021. Later, the COVID-19 infections rates started to increase in the third quarter of 2022 limiting home visits, however, this did not seem to have as great an impact since the entry-exit scores available were consistent with quarters two and three. The state has an ongoing performance improvement activity related to increasing the number of exits evaluations described in Section B.
Strategies to address: As described in the Indicator 3 section, during Phase III, Year 7, the Evaluation and Assessment workgroup has been researching changes to the eligibility determination tool due to the update from the BDI-2 to the BDI-3 edition. Selection of the new tool will require changes to the calculation process for the a-e progress categories and including use of the tool’s publisher online system. Due to the timeline to complete tool selection, purchase, training, and data collection to establish the measurement calculation the change process is anticipated to take up to two to three years. ARPA funds will support this activity including purchasing tools, accounts for the online system, training evaluation teams, and conducting data analysis to set targets.

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

YES

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

Data from Infrastructure Improvements
a. Child Outcomes Measurement Process:

i. Results of Child Outcomes across fiscal years
ii. Results in progress categories comparing Louisiana with other states and national data
iii. Results in Summary Statements comparing Louisiana with other states and national data.

b. Availability of entry and exit scores compared to child exits for 2021-22,
c. Document sharing to improve communication for team members,
d. Team meeting participation across fiscal years,
e. Provider Availability across fiscal years including provider enrollment trends,
f. Ongoing implementation of the Professional Development (PD) Framework with plans to upgrade to a platform on EIDS, and
i. Coordination with the Early Care and Education System, specifically referrals from and services provided in child care settings
ii.Improving rates of developmental screening in pediatric medical practices and early care and education settings

2. Data from Practice Improvements:

a. Improvements in Family Assessment Practice Implementation,
b. Improvements in Practice Implementation of Service Delivery Supporting Family Priorities,
c. Improvements in Practice Implementation for Team-based Service Delivery,
d. Improvements in Evaluation and Assessment activities.

3. Practice Improvement based on Professional Development.

a. DEC RP CQI Topic Selection following PD activity for new early interventionists,
b. DEC RP CQI Topic Selection for ongoing improvement activities for current early interventionists,
c. Practitioner growth in implementation of evidence-based practices from CQI plans.

The terms "practitioner" and "early interventionist" are both used throughout this document to include all roles in Louisiana’s Part C System, support coordinators, service providers, System Point of Entry intake coordinators and staff, etc.

**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.**

Data Completeness from the 2022 Results Accountability Matrix
Review: Louisiana received data completeness scores of zero for the first three years of the OSEP results accountability matrix designations due to the low number of children with available entry and exit scores who are included in the outcome data for APR Indicator 3, compared to the number of children who exit annually. Improvement activities were added to the Evaluation Plan in Year 1 to improve data completeness in this area. For 2017-2018 to 2020-21, the state achieved and maintained a Data Completeness Score of 1.

Update: This fiscal year, the state implemented a PDSA cycle to increase exit scores available when there was a decrease in entry-exit results for 2,506 children in 2020-21 compared to 2,402 in 2021-22, with a subsequent percentage decrease to 35% of exit scores available compared to the number of children exiting the system.
PDSA Actions to Address: A practice change stakeholder workgroup, Evaluation and Assessment, was formed in 2019 to focus on practice improvement in the Assessment area. The workplan for the area includes addressing Data Completeness and continuing to increase the availability of entry to exit scores. Since the number of available exit scores did not increase, the state implemented a PDSA improvement cycle that included:
--FSC and SPOE agencies reviewing the DEC RP (RPM) Transition Module and completing the associated transition practice guide assessment
--developing 2 talking points documents—one for SPOE intake coordinators and FSCs to explain the priority for obtaining exit scores and one for families for use at transition conferences. The Family document was reviewed and revised by the COSs (family members of children with disabilities).
--reviewing the child-specific outcomes report that can be given to families with child progress results and encouraging its use with families to show the family how the process can demonstrate improvement in child outcomes.
Data Quality Concerns: Child Performance Results from the Results Accountability Matrix

Review: Louisiana received a score of 2 for the two previous years for the Child Performance Results. In 2018-19, the Child Performance Change Score from the Results Accountability Matrix decreased from 2 to 1.

Update: The scores compare Indicator 3 summary statement score changes between 2017-18 and 2018-19. The score of 1 indicates “no significant change” across the previous 2 reporting years. As part of an infrastructure improvement for the SSIP, the state changed the child outcome measurement process beginning in 2017-18. The changes in the scores for the comparisons of 2016-17 and 2017-18 were significant and most likely the cause for this change, resulting in the score of 2. The results from 2017-18 compared with 2018-19 did not show the significant change resulting in a score of 1 which has been an ongoing result since.
Actions to Address: The Evaluation/Assessment workgroup has researched and will make recommendations for a new eligibility evaluation tool to replace the BDI2. This process will require changing the measurement process for outcomes. This will be up to a 2 to 3 year process to train on and implement the new tool, select and test the measurement process and make the changes. More details regarding the slippage for the outcome measures is provided in the COVID-19 section which follows.

**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.**

(1) the impact on data completeness, validity and reliability for the indicator;

Indicator C-11 target was not met for 2020-21 and 2021-22 and resulting slight improvement of a .91 percentage point. Results of the data are felt to be more of a data completeness issue related to the ongoing impact of COVID-19 and the impact of Hurricane Ida during the first 2 quarters of 2021 rather than a data quality issue. There were significantly fewer exit evaluation results available in the first quarter of 2021-22, a direct result of the impact of Hurricane Ida-22% compared to an average of 26% in the other quarters.
Action Taken: As part of the activities to improve results as described earlier, the state implemented a PDSA cycle to improve the number of exit evaluations completed.

(2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator;

Louisiana has its first year of results from fidelity implementation for the Service Delivery Supporting Family Priorities (SDSFP) practice area since home visit observations were postponed in 2020. The associated SDSFP workplan included procedures for administration, data collection and reporting results of the measure. Implementation of the measure was postponed due to restrictions related to home visiting which began in March 2020 and were ongoing until October 2022. There are currently no limits on the number of face-to-face visits based on each parish’s COVID-19 positivity rates.

Action Taken: A PD webinar on the use of the fidelity tool was developed and conducted with 14 observers including central office staff, regional staff and community outreach specialists. Once prepared to do observations, observations began in July 2022 finishing in November 2022. Thirty two observations were completed with 32 practitioners. Practitioners also completed 32 self-assessments using the fidelity measure. Results are discussed in in Section B.
(3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Actions taken in response to (1) and (2) are detailed above. Other impacts on data results for infrastructure improvement and implementation of the evidence-based practices are provided in Section B with the Year 7 next steps to address concerns identified.

Hurricane Ida in late August 2021 devastated south Louisiana for several months. Families, early interventionists, SPOE and FSC agencies’ staff and facilitities were severely impacted in areas of the state where the majority of the state’s population resides. Some proposed timelines intended for implementation between September and October, 2021 were moved forward as a result. Delays typically impacted workgroup meetings and professional development activities for scale-up of practices. Families were sometimes not available for exit evaluations to be conducted during the periods following the hurricanes due to displacement or housing, electricity or other issues.

Section B: Implementation, Analysis and Evaluation

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

The Evaluation Plan document is posted to the EarlySteps website in the Important Information box at: https://ldh.la.gov/index.cfm/page/139/n/139.

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

YES

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

The Evaluation Plan includes all activities covering the period of the SSIP and is updated annually. Those updates are provided in the Evaluation Plan document by objective and the four SSIP workgroup work plans which are reviewed at least quarterly and timelines and activities adjusted based on progress, addition of new activities, and status of completion. Updates are also embedded in the state's Theory of Action in the previous "Updates to Theory of Action section.

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

The Evaluation Plan is designed to be a plan that is updated based on performance and practice implementation results. As a result, changes to the Evaluation Plan include:
--adjusted implementation timelines due to COVID-19 and Hurricane Ida when workgroup activities were postponed
--PDSA cycles implement to improve the number of entry to exit evaluations, resource availability results, results of Indicator 8a performance, and TA provided to improve referrals to EarlySteps.
--Analysis of data results from family surveys
--scaling back Team-based Practices Implementation during scale-up of Family Assessment Practices statewide.
Descriptions of changes are detailed in the Evaluation Plan including workgroup plans and in Section B activities which follow.

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

1.Child Outcomes: Data system upgrade in March, 2017, to update the outcome measurement process. This infrastructure improvement supports several activities in Phase III, Year 7. The state has 52 months of results as an improvement in the Governance/State Level Support area to measure child outcomes. The previous process did not show actual child improvement and did not align with national data, a limitation resulting in dissatisfaction by families, stakeholders, and practitioners in showing individual child progress as well as in low Data Anomalies and Data Quality scores in OSEP’s Results Accountability Matrix. Revising the process and embedding the calculations and data reporting as part of the upgrade, the process is sustainable with improved data quality. There was initial cost to make these changes, but not ongoing, supporting sustainability. Results from the process are analyzed annually, and compared to nationally-reported outcomes. Despite improvement, the state has not met its targets the past 3 years. Potential reasons for this are described in the Indicator 3 section and in the target/data section for this indicator. With upcoming changes to the evaluation tool and assessment processes, the state anticipates a revised process to yield improved child outcome scores and later re-setting targets for this indicator based on the results.

2.Document sharing through the EIDS Child Library: This infrastructure improvement in the PD/TA/ Quality area allows any IFSP team member with service authorizations for a child to upload evaluation/assessment, IFSPs, and service data to the data system. Increased access to service data at and between team meetings, allows for decision-making and team collaboration. More than 60,000 documents have been uploaded since implementation.

3.Improved Data Reporting Capability: Additional reports were developed to capture the results of improvement activities and support ongoing monitoring of improvements for sustainability:
o Team meeting participation by meeting type
o Service Authorizations issued for which no provider is available. A fidelity protocol was developed to monitor implementation following training that is conducted annually.
o Child assessment scores by evaluator to support collaboration with the Early Hearing Detection and Intervention (EHDI) program as part of a data sharing agreement.

4. Professional development (PD):
Professional Development Framework: Installed in 2017, incorporates training requirements with specific topic content based on self-identified provider PD needs to ensure implementation of practice fidelity through coaching supports selected by providers in the PD/TA/Quality Standards Component Area. A protocol was developed and updated in Year 5 to capture the CQI selections and the plan data was entered by each practitioner. The data was aggregated across the state, filtered for region-specific details and used by state and regional staff to support coaching efforts. To implement the PD framework aligning with the DEC RPs, the following accomplishments are in place:
• A staff member hired to support the PD Framework implementation.
• A training module provided bi-annually to introduce early interventionists to the DEC RPs.
• The CQI Improvement Plan process with an established schedule for DEC RP learning events, developing CQI plans, and reporting results. Regional Coordinators provide coaching to support the strategies outlined in practitioner CQI Plans.
• Regional coordinators support the CQI process by: assisting practitioners with accessing and participating in PD learning activities; working with practitioners to track, monitor, and report the practice improvements;
Professional Development Library: To support content to implement CQI plans, PD activities which align with the DEC RPs are shared via a monthly email to support the topic areas selected for a CQI Plan. This resource includes the following information in an attached form detailing:
o type of PD, topic, intended audience,
o event access information, learning level, completion time,
o Aligned DEC RPs; objectives; content.
The SICC CSPD committee recommended a scope and sequence for PD of new practitioners outlining the use of the DEC RP Modules with supplemental materials completed over the course of the first year. This will replace requirements to complete modules currently on the EarlySteps website. In this reporting period, 30 new monthly learning opportunities were shared and added to the Library. The installation of a new PD platform in EIDS, the PD Library will be accessible to any practitioner with access to EIDS. As a temporary measure to collect CQI data, Survey Monkey was used to collect and measure improvement in CQI Plans: 1,261 practitioners entered data. This permitted more efficient collection of data allowing regional coordinators time to focus their efforts on coaching and supporting practitioners to enhance their use of the DEC RPs.

5.Alignment with the Early Care and Education System: EarlySteps Participation in Louisiana Department of Education Early Care (EC) and Education Improvement Activities included in the Governance/State Support area. Activities to date have addressed joint training, participation in the EC Advisory Council, the EC Commission, and in local EC networks. EarlySteps attempts to align with the LDE for any EC-proposed improvement activities. This year, activities included 2 presentations at the LDE Teacher-Leader Summit on inclusion of Infants/Toddlers in EC community settings, updating the Early Learnng and Development Standards, and reviewing/selecting a Family Engagement model for the LDE website.

6. Young Child Wellness Collaborative—An additional objective of the ECE alignment is collaboration with the LDH Offices of Public Health and Behavioral Health SAMHSA Project LAUNCH grant since 2013. The purpose of the project was to guide use of prevention and promotion strategies in the area of infant mental health consultation in EC settings. At the state level, the Young Child Wellness Council (YCWC) provided overall guidance with cross-agency representation (health, education, child/family services). The Project LAUNCH initiative ended but the state departments continue the YCWC as a way to identify and address issues related to young children and their families across all departments. The YCWC meets bimonthly. The new focus for 2022 is the state’s Early Childhood Comprehensive Systems (ECCS) Project SOAR focusing on Targeted Universalism as a health equity framework and a State Asset and Gap Analysis to analyze and address service gaps.

7. Implementation of Team Decision-Making related to Resource Availability--During SSIP Year 1, a Resource Availability stakeholder workgroup addressed availability of supports and services to children and families, resulting in a training module for intake/support coordinators to establish the team process decision tree to address outcomes when there is a discipline-specific provider shortage impacting a child or an area of the state. Input was solicited to identify shortage issues affecting service availability and methods to improve availability. To support improvements around the state, the regional staff reviewed provider turnover, availability, and new provider enrollment each month and reported these to state staff to monitor needs in shortage areas. Activities associated with this priority support the Local Support/Practices Area are ongoing: the standard report developed to support this activity is reviewed monthly, training is provided to SPOE/FSC agencies annually, and provider recruitment is an ongoing priority. A rate increase, installed in July 2022 resulted in provider availability since the new rates have increased provider enrollment across all disciplines

**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.**

1.Child Outcomes Measurement:
The state has 52 months of the child outcome results from the revised measurement process implemented as an infrastructure improvement in the Governance/State Level Support area. A standard report yields initial, annual and exit results into the 5 progress categories (a-e). The results can be disaggregated into the 3 outcome areas: social emotional, use of knowledge, and use of behavior. An individual child report can also be generated to share with families for child-specific results and to show exit results from participation in early intervention. Child outcome results are shared annually in the Stakeholder APR report presented at stakeholder meetings, including charts and trend graphs to show results trends across years both in the progress categories and in summary statements and comparisons with other states’ data, particularly those states that use a similar measurement process. The methodology and results are included in the Indicator 3 section of the APR. This strategy, in full implementation statewide, is intended to support implementation of the SiMR as follows:

--Child outcome measures demonstrate improvement resulting from participation in early intervention.
--Assessment practices measure outcomes with sufficient sensitivity to detect child progress.
--Improvement in Data Completeness and Data Quality in Results Accountability.
The Evaluation and Assessment workgroup will address potential changes to the measurement process with a change to a new eligibility evaluation tool.

2. Document Sharing through the EIDS Child Library
This requirement is an infrastructure support activity in the General Supervision/Data/Accountability/Monitoring framework component. The requirement for uploading documents was initially the responsibility of the SPOEs, requiring that all intake, eligibility determination, and initial IFSP data is uploaded for every child entering the system, to increase availability to team members. During Years 5 and 6 the requirement was scaled up for all practitioners and FSC agencies to upload annual eligibility evaluations, IFSPs, contact and progress notes. Over 60,000 documents have been uploaded since initial implementation. This activity also supports monitoring activities since documents are available for review by regional and central office staff.

This strategy in full implementation is intended to support the SiMR through:

• Increases in team member participation and collaboration at team meetings as measured by the Team-based Practice Supports fidelity measure.
• Practitioners and family members work together to systematically exchange expertise, knowledge, and information to build team capacity and jointly address interventions when all information is available to all team members
• Family members expressing satisfaction that priorities are addressed as a result team conversations and ongoing information sharing.

3. Improved Data Reporting Capability
This is an ongoing activity supporting the General Supervision, Data, Accountability and Monitoring Framework component area. It is designed to capture improvement and support the SiMR through ongoing monitoring of improvements which support fidelity and sustainability. Reports have been developed and results shared in the following list.
--Team Meeting Participation Report:
• A decrease in referrals for the reporting period, which began in 2020 with the onset of the pandemic has largely been alleviated resulting in a 13% increase in team meeting participation.
•An increase to 1,880 team members participating in annual eligibility team meetings compared with 2020-21.
With the availability of virtual team meetings during the pandemic, team meeting participation increased overall.

--Provider Availability Documentation Report:
Year 7 results demonstrate that the training and documentation processes continue to improve by 50% compared to the previous year. Virtual service delivery during the pandemic did result in increased access to services in shortage areas as well as improving access to certain disciplines in short supply, usually OT and PT. This activity supports the SiMR by having information available to all team members for collaboration between and at IFSP team meetings.

4. Early Care and Education System Alignment
• Outcomes for this area supporting the Governance/State Level Support area, are evaluated by tracking referrals from and service provided in ECE settings, both of which decreased in Year 6 resulting from the impacts to child care from the pandemic. There was an increase in referrals from child care as well as increases in children served in child care settings during year 7.
This area supports the SiMR by improving referrals to early intervention and improving relationships with ECEs to support inclusion in the centers.

5. YCWC
The activities of the YCWC continued during Year 7 with plans to increase developmental screening both in ECE settings and in well-child visits in physician practices. This activity supports the Governance/State Level Support Component Area. The activities support the SiMR with the anticipated result of increasing referrals to EarlySteps, increasing the number of children served, and improving child and family outcomes. In Year 7, the referrals from physician practices (4,155) exceeded those from 2018-19 (3133 referrals prior to the pandemic). Child care referrals increased from approximately 100 children per year to 133 referrals in Year 7. The screening initiative with the LDE is anticipated to improve the referral rate with initial results available in Year 8. EarlySteps provided data to the YCWC for and update to the Risk and Reach Report: number of children served in each parish. https://partnersforfamilyhealth.org/risk-and-reach/

6. Professional Development (PD) Framework outcomes in Year 6 presented in the Additional Data-Progress Monitoring Section which follows.

**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*.***

Participation in a Technical assistance project in conjunction with LDH Business Plan initiative to increase referrals to EarlySteps following decrease during COVID-19 period. The project included data reviews, interviews with staff and focus groups with stakeholders. The project resulted in a report, "Promoting Early Intervention : Recommendations for Increasing Enrollment in EarlySteps." Year-to-date referrals comparing the first six months of FY 21-22 and FY 22-23 show a 36% increase in referrals. If current referral rates continue, in 2022-23, the program will process the highest number of referrals in the history of the program.

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

1. Child Outcomes Measurement

This activity is in the full implementation stage:
1. Continue to review the child outcome measurement results to ensure ongoing implementation fidelity and compare with other state and national data trends, especially since the state did not meet targets for APR Indicators 3 or 11 for the reporting period. The selection of a new eligibility evaluation tool will require changes to the process to measure child outcomes. This will be a 2 to 3 year process as a new tool is selected, evaluators complete training, and measurement process determined and tested.
2. Continue to improve the number of entry to exit scores available to ensure that more results are available each year as a data quality improvement.
3. Make final decision based on recommendations from the Evaluation and Assessment Workgroup regarding selecting a measure to be used for eligibility determination and outcome measurement following the release of the BDI-3, tools for Informed Clinical Opinion and Family Assessment, and strategies for improving the number of exit evaluations.

2. Document Sharing in Child Library

This activity is in full implementation. In Year 7, Regional coordinators continue to monitor implementation of the requirements and follow up with agencies when not met by including strategies in CAPs issued for other monitoring findings.
Data Reporting Capability
Year 7 activities include ongoing use of developed reports to monitor implementation:
--Team meeting participation
--service consultation authorizations
--an improvement activity in conjunction with LDE and LDH to review and track referrals by referral source and to develop outreach activities to improve referral rates.
--a new report which captures test scores for all children within a queried date range, this aligns with a data sharing agreement with the Early Hearing Detection Intervention (EHDI) program in the LDH Office of Public Health.
--an online dashboard providing real-time data results in response to queries.
-installation of the new PD Platform in EIDS will have additional reporting capability to demonstrate practice improvement from measuring results of CQI plans.

3. Resource Availability

This activity is in the full implementation stage:
--ongoing learning events provided and results monitoring conducted to ensure implementation fidelity especially with impacts to provider availability as home visits increase. Due to some data results for review of Indicator 1 data, implement a PDSA cycle of training and monitoring adherence to the policy.

4. PD Framework

--Finalize participation requirements for entry modules focused on the DEC RPs to replace those currently hosted on the EarlySteps website.
--Initial installation of new PD Platform in EIDS to enter and track CQI plan data.

PD Resource Library
This activity is in the full implementation stage:
Learning activities which support implementation of the DEC RPs will continue to be identified and added to the library which will now be accessible through the new online PD Platform in EIDS.

5. Early Care and Education System Alignment

EarlySteps and members of the LDE ECE team including the new Part B Section 619 coordinator meet monthly to identify and address issues across the two systems:
--additional opportunities for data sharing
--activities supporting Part C to Part B transition including updates to the LDE early childhood website
--developing a process flow following developmental screening in ECE settings

5. Young Child Wellness Collaborative

--continue support for implementing developmental screening in physician practices by monitoring referral by referral source and reporting to the LDH Office of Public Health to improve outreach efforts
--review state gap assessment data for health equity outcomes using the Targeted Universalism model.

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

In May, 2016, the EarlySteps program manager participated in a DEC Recommended Practices (RP) Think Tank hosted by the Early Childhood Technical Assistance Center and DEC. The RPs were subsequently recommended to the state leadership team for consideration and subsequently accepted as the state’s evidence-based practices. The state nominated a then SICC and workgroup member, Dr. Toni Ledet, to be the state’s aRPy Ambassador. She was selected and presented details of the RPs to the workgroups at their October, 2016 meeting. In July, 2017 Dr. Ledet joined the Lead Agency staff and completed the state’s DEC RP PD Framework including modules, the CQI process and tracking methodology, and conducting the learning events and development of the new PD Platform in EIDS. Stakeholders recommended four improvement areas using the DECRPs which comprise the components of the SSIP:

1. Addressing Practice Improvement in the Family Assessment Process—A Family Assessment workgroup was formed in 2017 to address practice improvements in this area using the DEC RPs topic areas related primarily to assessment and family practices. The workgroup addressed the details for practice improvement using the Practice Profile Methodology (PPM) to identify the core activities aligned with the DEC RPs. As described in the Phase III, Year 2 Narrative, to accomplish this task, members conducted 195 interviews through March 2018. Using the results of the interviews, the workgroup members identified the key features of the practice to build the Practice Profile to define this practice and aligning the DEC RPs with EarlySteps practices. Components that were consistent, missing, etc. were identified. Using the PPM process, the core practice activities were identified to develop fidelity measures designed to assess implementation of the activities as defined. The workgroup members finalized and implemented the Family Assessment fidelity measure beginning in January 2019 and completed full implementation of the measure statewide in 2021-22 in 42 agencies.

2. Addressing Practice Improvement in Team-based Practice Supports—As part of the SICC/Lead Agency strategic plan that preceded the SSIP activities, the SICC Program Components workgroup developed and recommended a practice guide to improve team meeting participation and performance called, “Teaming for Success.” The guide was subsequently embedded in the EarlySteps Practice Manual and regional staff promoted the practice with IFSP teams, primarily focusing on family support coordinators as the team leaders who guide team discussion for decision-making. Following the series of training activities on Team-based Practice, regional coordinators provided ongoing support to teams to monitor the practice and to support family support coordination (FSC) agency supervisors to build internal capacity in FSC agencies to sustain practice fidelity at the local level. As part of its infrastructure improvement and to promote sustainability, the team meeting participation report was developed to monitor team-member participation by type of meeting. The stakeholder workgroup, “Team-based Practice Supports” (TBPS), was formed in Year 2. The TBPS workgroup collaborated with the third workgroup, Service Delivery Supports Family Priorities, to identify the current practices through the online survey. Survey responses collected from intake and family service coordinators, service providers and evaluators were used to identify current practices, to align these with the DEC RPs and to develop the Practice Profile. The use of the fidelity measure will be scaled statewide in 2022-23 in all SPOE and FSC agencies.

3. Addressing Practice Improvement for the Implementation of the Service Delivery Component—In SSIP Phase III Year 2, the Service Delivery supports Family Priorities (SDSFP) workgroup was formed to address the components of supporting family concerns and priorities identified in the Family Assessment as implemented through service delivery. The workgroup’s charge was similar to the other two workgroups: to define the practices, to cross-walk with the DEC RPs (from the Instruction and Interaction topic areas primarily), align these with EarlySteps practices, and assess those practices for implementation consistency using the PPM. The SDSFP workgroup collaborated with the Teaming workgroup to develop an online survey to capture the core activities implemented during home visiting in EarlySteps. A fidelity measure was adapted from the ECTA RP2 Project and piloted. Use of the measure was suspended during COVID-19 due to limits in home visits, but resumed in FY 22-23.

4. Addressing Practice Improvement for Implementation in the EarlySteps Evaluation and Assessment Process Component--At the end of Year 3, an additional practice improvement area was selected for alignment with the DECRPs: Evaluation and Assessment. A new workgroup was convened to address this practice component. Following the stakeholder process used for all EarlySteps SSIP activities, the workgroup was formed with members from across the state representing all roles in the early intervention system, especially targeting evaluators, and began its work in June, 2019. To implement the work needed to accomplish EarlySteps desired results, the Evaluation and Assessment workgroup determined its results statements to be “Child outcomes will improve if families are supported through an assessment process that reflects both the child and families’ strengths and needs throughout their time in EarlySteps.” This result statement is intended to guide the workgroup’s action planning and activities. In addition, the work group intends to align the EarlySteps core components from the DECRP topic area of “Assessment.” The work group is using its PPM and developed a workplan to focus on the activities to be addressed. Priorities are selection of the eligibility determination and child outcomes assessment tools, aligning the established medical eligibility criteria for EarlySteps and improving the number of exit evaluations completed on children exiting the system, and streamlining the referral, intake, eligibility determination to initial IFSP process.

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

1. Family Assessment-As described earlier, the core activities to implement a family assessment process in the EarlySteps system were identified by reviewing regulations, policy, practice guidance, and interviewing staff implementing the process. The core activities were then aligned with the DECRPs. DECRP Topic areas practices, Practice Guides for practitioners and families, and Performance Checklists for practitioners and families were reviewed. Core activities that are observable, measurable, and teachable were compiled from these resources. Items were selected from these resources to a develop a fidelity measure. The measure is used to ensure practice fidelity in this area. Use of the practices was scaled statewide in all FSC and SPOE agencies in 2021-22 with 182 measures completed and analyzed comparing both observation and self-assessment precedures. Resources to support implementation are identified and policies and procedures are being updated to complete the PPM.

2. Team-based Practice Supports-Using the PPM, core practices were identified and aligned with the DECRPs, a Teaming Fidelity Measure was developed. Workgroup members began administration of the Fidelity Measure in January 2019. The workgroup recommended that the measures are submitted quarterly to the state office for analysis and reporting to the workgroup at its next quarterly workgroup meeting. Data analysis of the Fidelity Measures compares results from 2019 through 2021 to demonstrate practice changes. Requirement for use of the measures was scaled back in 2021-22 as the training and implementation of the Family Assessment measures were underway, since the same agencies are involved in implementing both practices.

3. Service Delivery Supports Family Priorities-Using the PPM, core service delivery components were identified and aligned with the DECRPs. The fidelity measure developed to ensure implementation fidelity was adapted from the RP2 Home Visiting Project tool from ECTA and piloted. The planned data collection activities of the SDSFP workgroup were the most significantly impacted by the pandemic due to home visiting restrictions resulting in the postponement of plans to move to full implementation of the service delivery fidelity measure. Implementation resumed in Year 7 with regional coordinators responsible for conducting observations and obtaining self-assessments from observed providers.

4. Evaluation and Assessment-This workgroup was the latest one to be formed to design and implement practice improvements in the eligibility determination and assessment process in EarlySteps. The PPM has been used to identify EarlySteps practices and align with the DECRP Assessment practices Topic Area. Ongoing focus for the workgroup has been to research and subsequently recommend tools for family assessment and child assessment, the informed clinical opinion process and tools, increasing the number of exit evaluations. Based on the results of their scoping activities, recommendations for changes to procedures, tools, practices, will be forthcoming in Year 8. ARPA funds are planned to support purchase of tools and training. In addition, eligibility criteria, specifically established medical conditions were reviewed to ensure consistency of their use statewide as well as updating ICD-10 codes used.

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

1. Family Assessment:
 Impacting the SiMR: Louisiana’s SiMR proposes that when early intervention supports address family concerns, priorities, and resources (CPRs) that child outcomes will improve. The Family Assessment practices are the process by which the CPRs are identified and prioritized for implementation of supports with children and families through the IFSP. Part of the PPM process is to identify what is in place to implement the practice and what is needed to ensure successful implementation with fidelity and includes updates or additions to policy, procedures or practices and may include revisions to forms, requirements for implementing fidelity measures, professional development, revisions to the family assessment tool and process and reporting results of implementation. Implementation of the state’s SiMR depends on correctly identifying family CPRs through the family assessment process. The referral to intake to IFSP process will be evaluated in Year 8 to eliminate duplication of information and correctly identify family CPRs leading to development and implementation of child/family outcomes.

2. Team-based Practice Supports
Impacting the SiMR: Louisiana’s SiMR proposes that when early intervention supports are provided through a team-based approach that child outcomes will improve. The Team-based practices are the process by which service supports are provided to children and families and the “quality of the relationships and interactions among these adults affects the success of these programs” (DECRP,2014). Part of the PPM process is to identify what is in place to implement the practice and what is needed to ensure successful implementation with fidelity and includes updates or additions to policy, procedures or practices and includes revisions to forms, requirements for implementing fidelity measures, professional development, revisions to the forms for team meetings, updates to the teaming practices in the practice manual and process and reporting results of implementation.

3. Service Delivery Supports Family Priorities
Impacting the SiMR: Louisiana’s SiMR proposes that service delivery that supports family priorities will improve child outcomes. Family priorities must first be identified (family assessment) and practitioners must then address them through the team-designed IFSP service supports. The workgroup’s desired result is that child outcomes will improve if families are supported through early interventionists addressing IFSP outcomes using a coaching interaction style where both the child and family are actively engaged within their familiar everyday routines and activities. Anticipated implementation outcomes are:

• Practitioners will implement service delivery practices with fidelity based on family-identified priorities and informed decisions.
• Service delivery reflects team data-sharing to inform decisions about individualized supports to meet child and family needs.
• Practitioners embed instruction across family-identified routines, activities and environments to provide contextually relevant learning opportunities.

Part of the PPM process is to identify what is in place to implement the practice and what is needed to ensure successful implementation with fidelity and includes updates or additions to policy, procedures or practices and includes revisions to forms, requirements for implementing fidelity measures, professional development, revisions to the forms for service delivery such as practitioner contact notes, updates to the service delivery practices in the practice manual and process and reporting results of implementation.

4. Evaluation and Assessment
Impacting the SiMR: The results statement developed by the workgroup is “child outcomes will improve if families are supported through an assessment process that reflects both the child and family’s strengths and needs throughout their time in EarlySteps.” Measuring child outcomes with fidelity is a critical component of measuring improvement in child outcomes. As part of the Phase 3 data analysis activities, inconsistencies in assessment implementation were identified. Improvement in this area is therefore critical to successfully demonstrating the impact on the practices in evaluation and assessment. Part of the PPM process is to identify what is in place to implement the practice and what is needed to ensure successful implementation with fidelity and includes updates or additions to policy, procedures or practices, requirements for implementing fidelity measures, professional development, revisions to the forms for reporting evaluation and assessment results including the eligibility determination reports, streamlining the evaluation and assessment practices in the practice manual and process, selecting a new eligibility evaluation and child outcome assessment tool, and reporting results of implementation.

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

1. Family Assessment.
Review: Using the PPM, the Family Assessment workgroup moved into full implementation of administration of the Family Assessment Fidelity Measure with staff. Completed measures are to be sent to the state office quarterly for analysis to be shared and reviewed at the next workgroup meeting. The workgroup has continued virtual meetings since the pandemic. Members divided into “subgroups” to address the workplan activities. Virtual meeting participation allows members across the state to meet to address the activities.
Update: To scale up implementation of the identified practices, the workgroup developed a schedule for regional rollout including training for the regional coordinator, SPOEs and FSC agency staff in each region. All 10 SPOE and 32 FSC agencies' staff were trained and all agencies implemented the practices through measurement via the fidelity tool.
Data Collection to evaluate and monitor fidelity of implementation and to assess practice change from administration of 182 measures:

• The average total score for the measure is 2.44 out of 3 or 81% an improvement of 3 percentage points from last year.
• Total scores range from a low individual score of 9 to a high of 30.
• Item score averages range from the lowest average score (item 9) of 1.83 to the highest average score (item 5) of 2.72 which is consistent with last year.
• This year there were some score differences noted between measures that were administered via Observation (average total score 78.8%) versus those administered via Self-Assessment (average total score 83.3%)
• These scores were lower than those reported in the previous two years:
Observation average scores across 4 years: 2.62, 2.87, 2.36, 2.36
Self-Assessment average scores across 4 years: 2.66, 2.50, 2.36, 2.51

Results of the scores for fidelity monitoring for Family Assessment will be used for follow up with practitioners, recommendations for improvement strategies based on scores, and ongoing training plans as new practitioners are enrolled.

2. Team-based Practice Supports
 Workgroup members began administration of the Fidelity Measure in January 2019; results have been reported for the two previous reporting periods. The workgroup recommended that the measures be submitted quarterly to the state office for analysis and reporting to the workgroup at each quarterly workgroup meeting. Evaluation data below for this Fidelity Measure compares results from 2019 to demonstrate fidelity with practice implementation. Use of the measures was scaled back during 2021-22 to support full implementation of the Family Assessment measure in all SPOE and FSC agencies:

• Total scores across both observation and self-assessment implementation procedures: was 75%
• Average item score (based on 0-3 rating scale) was 2.0.
• Items 4, 5, 15, and 16 had the lowest average rating of 2.0
• Items 6,8,11,and 14 had the highest average ratings of 2.7

Analyzing results separately by method of administration (observation and self-assessment) for Year 7 indicated:

• Average total score for the observation method was 73% and average rating of 2.2
• Average total score for the self-assessment method was 85% with average rating of 2.5.
Scaling back on implementation fidelity during 2021-22 had obvious impact in the results with decreases in performance results compared to 2020-21. The workgroup is planning to scale up for full implementation in Year 8 and it is felt that the renewed focus will improve results to be more consistent with previous years.

3. Service Delivery supports Family Priorities
Prior to this reporting period, the workgroup implementation of the fidelity measure was still in the initial implementation phase due to home visit restrictions during high COVID-19 positivity periods as well as the impact of Hurricanes Laura and Ida in Louisiana in 2020 and 2021 when both families and practitioners were displaced for months. Observations on the use of the tool were completed in the first quarter of 2020 and reported in Year 5. The workgroup moved its activities into full, statewide implementation with the following activities to address practice change:

• The workgroup continued to revise the fidelity tool for use during virtual service delivery.
• The Regional Coordinator training was updated and was conducted on using the tool Home Visiting tool during this reporting period with 14 observers,
• Regional Coordinators conducted 32 observations and self-assessments on home visits with the following results:
• Average score for observations was 23.43 out of 30 and for self-assessments 24.33 out of 30.
• Lowest average score for both types of measures was item 3 (practitioners gather and use data to inform decisions about individualized instruction—INS3).
• Highest average score for an observation item (2.7) was item 8 (practitioners promote the child’s social emotional development by observing, interpreting, and responding contingently to the range of the child’s emotional expressions-INT1).
• Highest average score for a self-assessed item was item 4 (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-INS4)

4. Evaluation and Assessment
As the newest of the four practice improvement areas to be addressed, the workgroup is in the Exploration stage of implementation reviewing tools and processes to streamline to a more seamless system of assessment and data review processes from referral-intake-evaluation and assessment-to initial IFSP development. The process for Year 7 included:
- Family Assessment: Identified and reviewed family assessment protocols, tools, instruments, and processes that gathered information yielding family CPRs used by other states and available for the Family Assessment process using an evaluation rubric.
- Eligibility Determination: Identified and reviewed assessment/ evaluation instruments/tools used by other states or are available for eligibility determination using an evaluation rubric; also identified tools, instruments, and processes used by other states and available for Informed Clinical Opinion; Piloted use of the BDI-3 in conducting 30 assessments for comparison of results to BDI-2.
- On-going Assessment for Programming and Progress Monitoring: Identified and reviewed assessments, tools, instruments, materials, and processes used by other states and available for on-going assessment using an evaluation rubric.
- Seamless system across referral-intake-evaluation comparing all collected information: recommendations to date include options for streamlining to eliminate duplication of information requests from families and crosswalking assessment information across selected tools for improved use of information to move from eligibility to programming information.

The workgroup will also oversee revisions to the child outcomes measurement process which will be necessary when the new eligibility tool is selected.

**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.**

Professional Development (PD) Progress Reporting

The first PD Activity for practice improvement is a webinar introducing the DEC RPs and the EarlySteps CQI Process used to measure practice change. In 2022, two virtual, synchronous webinars were conducted with 94 practitioners across the state representing all roles in the system. Participation was mandatory for newly-enrolled or those who had not completed it previously. In addition to the webinar, the format included pre-activities and completion of the CQI plan based on self-identified needs. Knowledge growth was measured following the PD activities according to a determined schedule. Participants demonstrated from a pre-score average of 2.4 to post-score average of 3.8, a 63% increase.

The next step in the PD system is development and implementation of individual CQI plans developed following the webinar and annually thereafter: 719 practitioners submitted CQI plans identifying a total of 1438 practices selected for improvement. The state continued to increase its response rate year to year for submission of CQI plans. The statewide response rate was 90% with regional response rates ranging from 80% to 100%.

Response analysis reveals the most frequently selected topic areas selected for improvement in order of selection was Family, Teaming/Collaboration and Instruction practices. More specifically, seven of the top 10 RPs chosen were from the Family Topic Area (F4-69, F3-67, F7-62, F10-57, F5-53, F6-49, F2- 48) and 3 were chosen from the Teaming/Collaboration Topic Area (TC2-59, TC4-54, TC1-49). The top two Instruction practices chosen were INS1(47) and INS13(13). These results support the decisions to continue use of the DECRPs since the selections align with the component areas selected for improvement (Family Assessment, Service Delivery, and Teaming)

Growth Data for DECRPs Improvements

For development of each practitioner’s CQI plan, each practitioner selects 2 practice areas for growth and provides pre-implementation and post-implementation scores. Rating improvement was based on the following scale and includes pre and post scoring results:

0 - Never (0%), 16 practitioners (2%); post results 2( 0%)
1 - Seldom (0-25%), 112 practitioners (15%); post results 5 (1%)
2 - Some of the Time (25-50%), 272 practitioners (38%), post results 54 (8%)
3 - As Often as I Can (50-75%), 213 practitioners (30%), post results, 274 (38%)
4 - Most of the Time (75-100%); 91 practitioners (13%,) post results, 319 (44%)
5 - All the Time (100%), 16 practitioners (2%); post results, 66 (9%)

Overall, practitioners averaged an increase of 1 level from pre- to post-score. However, it should be noted that 161 (22%) increased by 2 levels and all 91 (13%) practitioners who had pre-scores of 4 increased to a post score of 5. Also 16 (2%) practitioners indicated their pre and post score as a 5 not allowing for any increase in improvements.

Growth Data by DEC Recommended Practices Topic Areas

Data was also analyzed to determine the percentage of growth in each of the DEC Recommended Practices Topic Areas. Improvements were demonstrated in all Topic Areas with the 2 highest percentages of growth correlating with the 2 topic areas practitioners identified to improve their practices on their CQI Plans. Family and Teaming and Collaboration, accounted for 45% of the growth which were reported as 27%, and 18%, respectively and as previously stated support the ongoing use of the DECRPs since they align with the areas selected for improvement.

EarlySteps Professional Development Library and CQI Resources

To provide learning resources to practitioners to support implementation of their CQI plans, the Professional Development Library is regularly shared containing specific topical content focusing on the DEC RPs and individually identified needs. In Year 7, 30 new PD learning opportunities were added to the 65 from prior years. Practitioners were asked to provide the main professional development resources used in implementing their CQI plans choosing from the PD Library and specific DEC RP Tools. Results indicated the recommended PD Learning Opportunities were used most frequently (146, 20%), followed by the “DEC Practice Guides for Practioners” in the area of Family (127,18%), Teaming (63,9%) and Instruction (46,6%). Professional Development chosen by practitioners to implement their CQI Plan were consistent with the DEC Recommended Practices chosen for practice improvement on the CQI Plans.

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

Next steps for each workgroup follow with Intended outcomes to ensure implementation fidelity to the DEC RPs and demonstrate practice improvement to support the SiMR:
1. Next steps for continuing practice improvement in family assessment include:
• Completing recommendations to collect and analyze the fidelity measures: timelines, submission deadlines, reporting results, ongoing training when new SPOE/FSC staff enroll, etc.
• Addressing the “what’s missing” components from the Practice Profile to update policy and procedure guidance,
• Updating practice materials and forms used for Family Assessment tool in collaboration with the Evaluation and Assessment workgroup and the relevant sections of the Practice Manual to align with the DEC RPs
• Reviewing and recommending to the State Leadership Team, Family Assessment PD modules to incorporate into the Practice Profile aligned with the DEC RPs in the areas of Family and Transition.
• Developing and conducting PD activities to continue the use of the practices.

2. Next Steps for Teaming Practice Improvement: The workgroup will continue with completion of the Practice Profile and resume scale up which was postponed during Family Assessment workgroup activities.
• Complete the “what’s needed” section of the Practice Profile: for example, several forms were identified that, if revised, could better align with core practice components to support implementation fidelity.
• Continue updating the practice manual and other supporting documents
• The Teaming Training module will be updated for alignment with the DEC RPs. Stakeholders recommended that this module be used by the individual agency for orientation to the practices rather than as part of enrollment module as it is currently.
• Review and recommend an already-developed module to use for initial enrollment activities.
• Complete training and statewide scale up to conduct, collect, analyze and report results of the Teaming Fidelity Measure
 .Review results of data collection for improved performance on Indicator 8a: IFSPs include transition steps and services to support families for transition. There was a only 4 percentage point improvement in Indicator 8a results across the last 2 fiscal year. A PDSA cycle was added to increase improvement.

3. Next Steps for Continuing Improvement in Service Delivery:
Continue to support regional coordinator in their use of the home visiting tool during their home visit observations
• Community Outreach Specialists on the work group have taken the lead in the development of a companion document to the home visiting fidelity tool for families which will outline expectations for what recommended practices look like during a home visit.
• Review coaching models being used in the field, noting characteristics of each and which would be supported for use in the ES system.

The work group has identified specific equity issues the members would address within its workplan. Members began work on addressing the issue of services not being available to underserved populations and specific geographical areas. The next activity the members are working on is identifying potential community settings within communities where services could be provided in a natural environment along with examples for direct service providers that will assist them to provide services in different community sites.

4. Next Steps for Continuing Improvement in the Evaluation and Assessment Practice Area:
• Continue/complete the Practice Profile to move into the Implementation Science initial implementation stage when new tools and procedures are selected and training in their use completed.
• Align activities related to the evaluation process with the Family Assessment workgroup, specifically procedures used during intake, eligibility determination and IFSP development identified as duplications, developing outcomes based on the process to support family CPRs and the selection of the family assessment tool.
• Recommend the eligibility evaluation and child outcomes measurement tool that will be required with the selection of a new tool since the release of the BDI-3. Availability of additional financial resources from COVID-19 Rescue Act funds are options to support this activity: purchasing kits, forms and providing training.
• Finalize process or recommend tool for use with “Informed Clinical Opinion” process
• Continue monitoring of the number of exit evaluations available for children exiting
• Equity – Ensure assessment instruments, tools, materials as well as policies and practices are anti-bias: Collected data during reviews of instruments on the population the tools were normed on including race, ethnicity, geographic area, disability, and sex; Addressed issues of equity as identified that may be needed to improve data collection to make valid inferences on equity within the EarlySteps evaluation, eligibility, and assessment process

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

NO

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

Changes to the activities, strategies, or timelines are reported in the previous sections including the Theory of Action updates and next steps sections for the Infrastructure and Evidence-based practice Improvements sections and in the Year 7 Evaluation Plan updates. Changes are based on results achieved in the workplan activities of the 4 focus areas (family assessment, service delivery, team-based practices, and evaluation and assessment) and adjusted timelines due to the Pandemic or Hurricane Ida.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Stakeholders have critical roles in the Louisiana SSIP. Prior to Phase 1 of the SSIP, Louisiana stakeholders developed a strategic plan for improvement to address family priorities and team-based service delivery. In the summer, 2013 with technical assistance support, the SICC and other stakeholders participated in a planning retreat to shift the state’s focus to meet the requirements of the SSIP. Three SICC/stakeholder committees were established to address the SSIP identified priorities: Professional Development, Resource Availability, and Child Outcome measurement. Stakeholders from agencies, staff, service providers, family members, state agency representatives, comprised the committees with membership of approximately 20 persons on each. For “broader” communication regarding EarlySteps, in general, and development and implementation of the SSIP specifically, a process for an ongoing flow of information was provided through the Communication Plan developed during Phase III, Year 1. The plan uses a “bottom-up, top-down” approach, that is, from presentations and input at the regional/local level through the Regional ICCs and other communication activities to the SICC and back. Involvement of the SICC through its quarterly meetings and monthly/bimonthly meetings of the SICC Executive Committee and regional ICCs is shared and input sought. The Communication Plan was developed using the Leading by Convening model and is still in use. In preparation for moving to Phase II, a retreat was held with the committee members to shift the focus of the work from infrastructure improvements to selecting and implementing the evidence-based practices of the DEC Recommended Practices.
With the shift in focus, new stakeholder workgroups were formed: Family Assessment, Service Delivery Supports Family Priorities, and Team-based Service Delivery and later, Evaluation and Assessment. Workgroup members include staff, agency representatives, support coordination and SPOE agency staff, service providers, family members and SICC members. Approximately 15-20 members serve on each workgroup. Membership is discussed at regular meetings to solicit broad stakeholder participation across roles, geographic representation, and improve family participation. Additional members are added when new agencies participate in scale-up activities.

For decision-making regarding the SSIP, the workgroup members review data and discuss progress at their quarterly and other meetings. Activities are developed by members to accomplish the next steps in their workplans. All recommendations regarding the workplans are made by the workgroup members who include stakeholders as well as staff. Recommendations then proceed to the lead agency for implementation. The lead agency staff then makes the final implementation decisions needed to embed the activities into practice. Through this process, the stakeholder “voice” is represented in the SSIP design, implementation, results reviews and ongoing decision-making using the Plan-Do-Check-Act process for continuous quality improvement.
As described in the revised Introduction section and as reflected through the use of the Leading by Convening model, the structure for building capacity for diverse membership in decision-making is by providing leadership and decision-making opportunities to diverse parent members of the SICC and SSIP improvement workgroups.

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

• All 10 SPOES and 31 FSC agencies participated in professional development and implementation of the Family Assessment fidelity measure based on recommendations by the Family Assessment Stakeholder Workgroup.
• FSC and SPOE agencies are implementing the Team-based Practice Supports Fidelity Measure, providing feedback on its use and update to it, recommending frequency of use and a reporting schedule based on recommendations from the stakeholder workgroup.
• Practitioner stakeholders who make up evaluation teams are participating in the scoping surveys of potential evaluation/assessment measures by piloting their use and scoring to finalize a recommendation for selection of a new tool. Family feedback resulted in a revised focus to streamline the referral-intake-eligibility evaluation-Initial IFSP process to avoid duplication of information requests.

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

YES

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

As reviewed in earlier sections, stakeholder workgroups met regularly to address workplan activities, review data and identify issues. Individuals who expressed concerns were also invited to share them with workgroups at meetings. When concerns were identified they were addressed through these activities and through the workgroups. For example, activities planned during Year 7, were adjusted or suspended to address needs identified as a result of the pandemic and Hurricane Ida: impact on service delivery to families and practitioners when home visits were restricted, impact to practitioners and families when buildings, homes, and records were damaged or destroyed or practitioners were displaced following the Hurricanes, suspension of family cost participation when families were impacted by COVID-19 or hurricanes, resumption of plans to conduct home visit observations as home visits resumed following decreases COVID positivity rates, streamlining the intake, evaluation and IFSP development process based on family feedback about duplications in questions and information requested. Reports of workgroup activities are provided to the SICC Executive Committee, the SICC and RICCs bimonthly or quarterly as scheduled. The Communication Plan allows for input and addressing concerns through these processes. The workgroups recommended and the lead agency made revisions as issues were identified.

**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.**

Activities the State intends to implement in the next fiscal year related to the SiMR are outlined in the preceding section: Summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period. Additional activities may be added based on stakeholder and/or workgroup input, initiatives identified by the lead agency or through collaborations with other state agencies.

In January 2022, the state implemented Louisiana Act 421: Children’s Medicaid Option, a Tax Equity and Fiscal Responsibility Act of 1982 for children meeting a level of care determination to receive Medicaid-paid EPSDT in the home services despite family income. This program is sometimes referred to as TEFRA or a Katie Beckett waiver. Approximately 250 to 300 children in early intervention were found eligible for the program. Results of participation are anticipated to impact child and family outcomes and subsequently performance for Indicators 3 and 11. EarlySteps staff are participating in an LDH workgroup regarding the implementation of the program. Child data will be reviewed for consideration for SSIP activities and improvements.

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

As new activities are identified they are added to the Evaluation Plan and workplans with timelines assigned, identification of needed resources and expected outcomes are added.

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

Barriers to implementation are changes and delays resulting from the ongoing impact of the COVID-19 pandemic and the increasing impact of devastating weather events. Steps to address the barriers:

1. EarlySteps continues to work closely with the Office of Public Health and the Louisiana Department of Education to constantly monitor and adjust practices based on the COVID positivity rates.

2. EarlySteps works closely with regional staff, families, and practitioners to amend practices and develop strategies when weather-related events occur:

--suspending cost participation requirements for impacted families
--updating agency disaster plan requirements to improve disaster response both for staff and families.
--providing guidance in collaboration with the LDH Health Standards office on managing records destroyed in weather events.

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

In summary, the Phase III, Year 7 report summarizes the process by which Louisiana has conducted its ongoing infrastructure and practice improvement activities for the SSIP. The Evaluation Plan and Theory of Action detail activities that are informed by Implementation Science with an emphasis on the stages of implementation for practice implementation, evolving innovations resulting from challenges since 2020 and the use of the Practice Profile Methodology, and components and elements of Switch (Heath and Heath, 2010). This report summarizes the progress, accomplishments, and challenges experienced in the past 12 months in implementing the SSIP evaluation plan activities, evaluating progress, and results, refining the plan based on data as well as developing/revising the plan for Phase III, Year 8.

## 11 - Prior FFY Required Actions

The State did not provide numerator and denominator descriptions in the FFY 2020 data table. The State must provide the required information for FFY 2021 in the FFY 2021 SPP/APR.

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

The numerator and denominator descriptions were added to the Targets FFY 2020 SPP/APR Data Table as follows:
Numerator = sum of results of progress categories d + e.
Denominator = sum of all total possible of available child results.

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

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:**

Julie Foster Hagan

**Title:**

Office for Citizens with Developmental Disabilities Assistant Secretary

**Email:**

Julie.Hagan@la.gov

**Phone:**

225-342-0095

**Submitted on:**

04/24/23 2:59:34 PM

# Determination Enclosures

## RDA Matrix

**Louisiana**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 75.00% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 5 | 62.50% |
| **Compliance** | 16 | 14 | 87.50% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,402 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 6,963 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 34.5 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

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

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

**II. Child Performance**

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

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

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

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

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 44.18% | 69.15% | 68.76% | 28.73% | 84.02% | 53.08% |
| **FFY 2020**  | 47.90% | 69.95% | 70.78% | 27.21% | 84.87% | 51.08% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 94.25% | NO | 1 |
| **Indicator 7: 45-day timeline** | 99.80% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 92.92% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 94.94% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 1 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | Yes, 2 to 4 years |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **2,402** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 49 | 560 | 132 | 350 | 1,311 |
| **Performance (%)** | 2.04% | 23.31% | 5.50% | 14.57% | 54.58% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 16 | 667 | 1,029 | 474 | 216 |
| **Performance (%)** | 0.67% | 27.77% | 42.84% | 19.73% | 8.99% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 15 | 274 | 838 | 681 | 594 |
| **Performance (%)** | 0.62% | 11.41% | 34.89% | 28.35% | 24.73% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 44.18% | 69.15% | 68.76% | 28.73% | 84.02% | 53.08% |
| **Points** | 1 | 1 | 1 | 0 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 5 |

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 1,142 | 47.90% | 1,091 | 44.18% | -3.72 | 0.0211 | -1.7637 | 0.0778 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 2,279 | 70.78% | 2,186 | 68.76% | -2.02 | 0.0137 | -1.4699 | 0.1416 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 1,963 | 84.87% | 1,808 | 84.02% | -0.85 | 0.0118 | -0.7231 | 0.4696 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 2,506 | 69.95% | 2,402 | 69.15% | -0.80 | 0.0131 | -0.6099 | 0.542 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 2,506 | 27.21% | 2,402 | 28.73% | 1.51 | 0.0128 | 1.1792 | 0.2383 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 2,506 | 51.08% | 2,402 | 53.08% | 2.00 | 0.0143 | 1.4047 | 0.1601 | NO | 1 |

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

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

## Data Rubric

**Louisiana**

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

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

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

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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