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

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

**For reporting on   
FFY 2019**

**Massachusetts**

U.S. Department of Education seal

**PART C DUE   
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

The Massachusetts Early Intervention Division (MA EI) at the Department of Public Health provides EI services to children who have conditions bearing relatively well-known expectations for developmental delay, are experiencing developmental delays and to children at risk for delay. The Department of Public Health (DPH) is the lead agency that has the responsibility for administering and overseeing the system of Early Intervention (EI) services across the Commonwealth provided by 30 community-based agencies. The Early Intervention Division is located within the Bureau of Family Health & Nutrition (BFHN), which is part of the Department of Public Health (DPH). In FFY 2019, Massachusetts served 55,714 children, of which 43,043 were enrolled with IFSPs. The Massachusetts annual budget for EI is between $160 - $180 million, which includes multiple payer sources including federal and state funds, Medicaid, and private insurance.  
  
Data contained within this report include State Performance Plan indicators (i.e., timely services, initial IFSP meetings within 45 days, transition, timely correction of noncompliance), information from the Early Intervention Client System (EICS), and the Complaint Management system. Based on these data, MA EI makes annual determinations on the performance of each local Early Intervention program (EIP); programs may earn a determination of "meets requirements," "needs assistance," "needs intervention," or "needs substantial intervention" based on compliance with Part C of IDEA.   
  
Massachusetts’ Determination for FFY 2018 was "needs assistance."   
MA EI continues to collaborate with the Department of Elementary and Secondary Education (DESE) to improve and streamline the transition process for families and data sharing with state partners. The DPH EI Client System (EICS) went live in November 2019, combining the multiple legacy databases into one modern and comprehensive system. All legacy data for the past seven years was migrated to the EICS and the initial implementation phase included required data entry for legacy data used for APR reporting. There were delays in full implementation of the EICS due to the COVID-19 pandemic, which had impacts on our APR indicator data. These impacts include systems changes to accommodate telehealth services and other related policy changes, family engagement in services during the pandemic, timeliness of data entry due to teleworking challenges.  
  
Based on OSEP’s Results Driven Accountability System for differentiated monitoring and support, Massachusetts was designated as "Universal" for the level of engagement in each area – results, compliance, fiscal and SSIP. Massachusetts will continue to utilize OSEP resources and technical assistance (TA) resources to meet the requirements of IDEA Part C. Massachusetts also uses TA provided by the National Center for Systemic Improvement, The Center for IDEA Early Childhood Data Systems (DaSY), by participating in webinars and utilizing tools and resources developed to support the SSIP.   
  
MA EI engaged in technical assistance to support the transition of APR indicator data to the new EICS. State staff met with TA providers to review, discuss and finalize the data processes for the APR. In addition, MA EI initiated TA to support a revision of our state’s operational standards to ensure that policies are clear, consistent and aligned with IDEA Part C Federal Regulations.   
  
An increased focus of General Supervision has been supporting the development of and transition to the EICS, which has implications for data monitoring and has allowed for general program performance measures to be universally applied across EIPs. This has supported MA EI in its ongoing strategic planning to define performance measures of high quality EI programs and better integrate the Mission, Key Principles, and Core Values throughout MA EI’s activities and EIPs. FFY will be the first year that the APR data will be obtained through the new EICS for reporting.

Additional information related to data collection and reporting

In November 2019, MA EI implemented a new client data system, the Early Intervention Client System (EICS), which was designed to collect the data required to complete the SPP/APR, as well as to collect reasons for activities or services that are reported outside of federally required timeline state activities. Existing data were migrated from the legacy databases Early Intervention Information System (EIIS), Transition Survey System (TSS), Fiscal System, and Personnel Database to the new DPH EI Client System (EICS). Full implementation of the EICS has been delayed, which has had a direct impact on data collection and reporting. For example, this delay has impacted the ability to report on all potential children for all indicators, resulting the N for indicators varied for this FFY. As of 1/1/2021, 66% of EIPs have met the implementation requirement; the remaining 34% of programs will have complete data available from 1/1/2021 after completing the implementation process, allowing for 6 full months of complete data for FFY20 reporting. For FFY19, DPH discontinued use of the Self-Assessment/Annual Report to collect data for the SSP/APR.

**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.**

General Supervision of Early Intervention in the Massachusetts system is designed to promote the Massachusetts Early Intervention Core Values and to ensure compliance with federal and state requirements through monitoring and professional development activities.   
  
The purpose of the Massachusetts Monitoring Process is to:  
1. Monitor and evaluate program compliance with federal Part C IDEA regulations;  
2. Monitor program compliance with Department of Public Health Early Intervention Operational Standards to ensure that eligible children and families receive timely, comprehensive, community-based services that enhance the developmental progress of children birth to three.  
3. Monitor and evaluate vendor and program contract activities;  
4. Contribute to ongoing quality improvement of programs and vendors to ensure a baseline of quality services for all families participating in the Massachusetts Early Intervention system.  
  
Process  
There are six components of the Massachusetts Monitoring System:  
1. Data Analysis  
Data for the SPP/APR is now available through the EICS. The EICS holds all data required for Federal Reporting and now reports the indicator data.  
  
2. Onsite Monitoring  
The Statewide Coordinator of Onsite Monitoring oversees the onsite monitoring process. The Coordinator provides administrative oversight of the statewide monitoring system through participation in onsite monitoring policy and process review and revision; contributes to selection criteria for EI Programs chosen for onsite monitoring visits; identifies and assigns teams for each visit; recruits, trains, and provides ongoing mentoring to family team members; ensures presence of a trained family member for each onsite visit; coordinates all components and preparation of onsite monitoring visits to EI programs; collects information from multiple sources including data for desk audit; and coordinates the follow up process consisting of recommendations and a final report to the early intervention programs.   
  
Annually, DPH staff will analyze priority areas and data sources to determine selection for onsite monitoring.   
  
In FFY 2019 the onsite monitoring process began an extensive review and is planning new processes to better align with the implementation of the state's Mission and Key Principles. The main components that are reviewed in these training's relate to these 3 components: Functional Assessment, IFSP Development, and Home Visit activities.  
A workgroup comprised of various DPH staff and parent stakeholders was formed to review the Massachusetts Early Intervention Mission and Key Principles and create critical questions related to each principle. This group designed a grid of key questions and data sources that could be used to gather information on program practice related to the Mission and Key Principles.   
  
With these critical questions established, an Onsite Monitoring workgroup was formed to design an Onsite Monitoring Process to use at individual EI Programs. The Onsite Monitoring workgroup produced two products: (1) a completed monitoring grid of the key questions, data sources, and possible questions to be used in the field at individual programs, and (2) possible data analysis options. A Monitoring Rubric was also produced that will be used to analyze data collected. The Rubric is based on the Foundations I and II training information and has been cross referenced with the Onsite Monitoring Grid to make sure there are ways to get information for each aspect of the Rubric.  
  
Training was provided to MA EI staff by their supervisor during regular supervision meetings as well as targeted trainings. workgroup was convened during 2019 and established plans to pilot its recommended processes in 2020; unfortunately, the COVID-19 pandemic necessitated the transition from in-person to telehealth services beginning in March 2020, and the Commonwealth’s larger response placed this workgroup on hold until 2021.  
  
3. Data Verification Process  
Throughout the year, MA EI to verifies the reliability, accuracy, and timeliness of data reported by providers using a variety of methods including EICS error reports, Service Delivery Reports, onsite monitoring, and contract fulfillment data. Implementation of the EICS allows for more system-based data quality measures to support accurate data entry.  
  
4. Dispute Resolution System  
The Director of the Office of Family Rights and Due Process oversees the Dispute Resolution System in Massachusetts. The Director supports families and providers to access the Part C procedural safeguards system; provides technical assistance to MA EI on the implementation of Part C Procedural Safeguards, FERPA, MA General Law 66A via active and regular participation in Regional and EI staff meetings; completes Part C formal investigations within federal timelines; and ensures that public awareness of procedural safeguards and family rights materials meet the literacy level and language capacity of the system. Written complaints are investigated to determine whether there are any findings of noncompliance with IDEA. As the lead agency, MA EI sends a written response to the family, the program, and the MA EI Regional Specialist supporting the program within 60 days of receiving the complaint. Upon identifying an area of noncompliance, the MA EI Regional Specialist initiates a Corrective Action Plan, which provides the program one year from the notification data to demonstrate compliance. The Corrective Action Plan is developed by the EIP with oversight from the MA EI Regional Specialist and includes objective, measurable benchmarks and timelines for progress to ensure that all noncompliance is corrected within one year of the written notification.  
  
5. Local Program Determinations  
In making Local Program Determinations, MA EI uses the four federal compliance indicators, six state determined measures  
for Timely and Accurate Data, and the two federal indicators for Complaint Management issues. of "meets requirements", "needs assistance", "needs intervention" or "needs substantial intervention" based on compliance with Part C of IDEA.

**Technical Assistance System:**

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

Massachusetts EI has developed a technical assistance (TA) system that relies on expertise of its staff. The TA system includes weekly opportunities to review issues at programs (weekly status call) and identify resources to support the program in moving forward. MA EI has developed tiers of support for initiatives to ensure equitable allocation of resources and uses a replicable, systematic process to determine the level of support and TA each program requires.   
  
IMPLEMENTATION OF TA FRAMEWORK:  
Massachusetts EI developed an internal process and framework to support needs of EIPs and has been engaged in Quality Improvement activities, using the Driver Diagram in establishing a structure for successful implementation of SSIP activities.  
  
MA Guidance, Support, Training Framework  
  
Vision Statement: The MA Guidance, Support, and Training Framework is a systemic approach to support programs in effectively implementing research-based best practices through clear, consistent, continuous, and reciprocal communication to promote a confident, highly effective, and competent workforce. A TA Request is initiated and a desired outcome is articulated that the program wants to achieve or MA EI wants the program to achieve. The TA topic area is identified with program – the request can come in from multiple channels (e.g., monitoring, dispute resolution, professional development opportunity, conversation with program). An EI program may initiate a request for TA from DPH to achieve an identified outcome. Technical assistance may also be identified by DPH to the EI program as a result of general supervision activities (i.e, monitoring, dispute resolution, data reporting, ongoing program support). The articulated program outcome, plan for compliance or quality improvement, dedication of program and DPH resources and timeline for attaining the outcome is determine collaboratively between the program and DPH staff.  
  
Massachusetts EI has been utilizing the Plan Do Study Act (PDSA) improvement tool to organize activities related to the SSIP to provide clarity to the plan and successfully reach our goal.  
  
Systemic Monitoring:  
The monitoring process of selected vendor agencies looks at all aspects of the administration of the EI programs they manage. This process looks at billing systems, data systems, agency administrative oversight and agency interaction with the program. Systemic monitoring of programs includes:  
o Initial information gathering from appropriate sources (program, vendor, DPH) is used to profile the program and provide  
information for the onsite visit.  
o Vendor agencies prioritized based on criteria set by DPH staff includes local determination status, inconsistent data and/  
or billing submissions, and concerns related to administration of programs. All programs within chosen agencies receive  
onsite visits in this process. Agencies are chosen on a cyclical basis to participate in this process.  
o Relevant (or substantial?) data gathering by a DPH team that includes EIP staff and participants having a variety of areas of expertise. Data gathered may include: record review; staff interviews; parent interviews; and administrative interviews that  
include vendor staff, billing reviews and policy reviews.  
o Agencies and programs are given verbal and written information regarding the information collected at the agency. If  
appropriate, agencies and programs may receive a Corrective Action Plan, Quality Improvement Plan or Required TA.  
o Technical assistance is available to programs when improvement activities are recommended.  
  
MA EI Communication Plan/Protocol: A new communication protocol includes a monthly EI Newsletter to improve the flow of information to EI providers including, but not limited to upcoming initiatives, events, and data requests. The communication protocol also includes a monthly webinar to highlight new requirements and recommendations, share resources, provide updates on SSIP progress, and initiate conversations about other systems-level changes. In response to the COVID-19 pandemic and recognizing the increased challenges faced by EIPs, MA EI has increased provider webinars to twice monthly. In addition, two face-to-face sessions are held annually by the Lead Agency for EI Program Directors to engage the EI community in the Lead Agency priorities related to the SSIP to embed evidence based practices to meet IFSP outcomes.   
  
MA EI Technical Assistance support is part of a larger framework used by the lead agency and is considered an intensive level of support.

**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 EI Training Center, located at the MA DPH is responsible for the MA CSPD. The EITC Mission Statement is to provide support and professional development opportunities to the Massachusetts Early Intervention (EI) community, including clinicians seeking certification under the Department of Public Health.  
  
EITC is committed to developing and delivering professional development opportunities that advance the well-being of families with young children, and addressing the needs of children with disabilities and those at risk. EITC staff are committed to responding to the needs of EI personnel by supporting growth both within and across disciplines. Core training and mentorship ensure that all team members share common values and a knowledge-skill base that is a prerequisite so that consistent messages and services are provided to families across the state. EI parents are integral members of EITC training teams as lead facilitators and share their personal stories related to their experience in Early Intervention as part of the curriculum.  
  
The Lead Agency has allocated significant resources to build capacity to provide training to identify and support all EIPs to engage in research based practices via the Foundations of MA EI Part I: Partnering with Families throughout the IFSP process training and Part II the Parents Interacting With Infants (PIWI) philosophy. Both of these initiatives are overseen by lead EI and EITC staff.  
Foundations of MA EI: Part I  
Lead agency staff representing all aspects of the system (including, fiscal, data, personnel, training, monitoring, etc.) engaged in a two day strategic planning process to develop a consistent Mission & Key Principles  
framework for the MA EI system. Technical assistance was provided by the Early Childhood TA Center. The goal of the Foundations of MA EI: Part 1 is to:  
Apply the MA Early Intervention Mission Statement, Key Principles and Core Values to the IFSP Process  
Review and apply current research to the IFSP process  
Review and practice clinical skills to support research based best practices  
This training is Day I of the required orientation for new EI Specialists entering the MA EI system.  
Foundations of MA EI: Part II  
Massachusetts has selected the PIWI as the research based best practice to be implemented universally to support positive social emotional outcomes. The PIWI was chosen after significant input and feedback from  
Stakeholders. The training focuses on the importance of a strong caregiver-child dyad, and supporting confidence, competence and mutual engagement between the child and caregiver.  
Initially PIWI training occurred at each local program to ensure all staff participate. This was completed in three cohorts and all program based training were completed by December 2017. This training is now Day 2 of the required orientation for new EI specialists entering the MA EI system. In addition, the lead agency in collaboration with our Higher Ed partners at the University of Massachusetts developed a 3 day PIWI Institute for EI providers to provide additional opportunities to learn and practice the implementation of the PIWI during home visits.  
  
A series of Professional Development Institutes have been developed to support deeper learning and understanding of the MA EI Key concepts:  
  
A 3 Day Reflective Supervision Institure focuses on supporting supervisors to learn and practice the elements of reflective supervision (RS). The following are the outcomes of the training, which was well received by the field:  
? Plan for successful RS supervision in office with supervisee  
? Develop relationship between the supervisor/supervise which promotes the relationship between both the provider and the parent and the parent and the child  
? Learn ways to use RS during in-field observations to support functional assessment and PIWI philosophy as well as follow up in office supervision with discussion around these topics  
? Explore the barriers to providing RS and generate plans to overcome those barriers  
Expectations for Reflective Supervision Training Commit to attending all in person 3 trainings; Complete brief self-assessment reflective supervision tools; Use RS with supervisees in- office once/week over the 3-month period ; Use RS in the field with supervisee; Share case examples from supervision during training and small group reflective supervision phone calls.  
  
The DPH EI Training Center (EITC) and UMASS Boston have paired up to offer a comprehensive 3-day assessment training institute. This opportunity aims at building assessment skills and knowledge for EI specialists who are interested in increasing BDI-2 fidelity of administration at their program. The institute will include four days of training over four months were providers can come and learn:  
• more about assessment/evaluation  
• ways to improve program BDI-2 fidelity  
• checklists that will help assessment administration and providing staff feedback.  
Providers will learn through small group work, videos, lecture, online modules, practice opportunities, and feedback.   
  
A 3 Day PIWI Institute that is a virtual training for supervisors and PIWI champions in Early Intervention. The PIWI Institute training provides an overview of the Parents Interacting With Infants (PIWI) model, the “why” behind PIWI, strategies for successful implementation, and opportunities to problem-solve challenging situations. Over the course of the 3 day training, participants will learn how to recognize dyadic characteristics observed between the parent and the child, build confidence with using triadic strategies to support parent-child interactions, and differentiate how each discipline in EI can support and promote the PIWI philosophy using their individual expertise. Participant will gain an understanding of how functional assessment supports the PIWI philosophy. The training includes an online module to be completed on the participants own time showing how PIWI strategies are used during in person visits. Participants will have opportunities to observe specialists using triadic strategies during teleintervention visits and to develop action plans to further implement the PIWI model at their program. Modalities for learning include lecture, videos, parent and provider stories, small and large group discussions, and reflective activities.  
  
DPH has revised all in person trainings to be offered on a live virtual platform to accommodate the COVID-19 pandemic.   
  
DPH has revised the certification process for Early Intervention Specialists and plans to pilot the revised process with 6 programs starting in March 2021. This pilot has been delayed due to the COVID-19 pandemic. Originally planned for September 2020, the pilot was delayed due to program staff layoffs and furloughs and EI services occurring via telehealth rather than in person.   
  
The I-CEIS (Improved Certification process for Early Intervention Specialists) consists of four components. This includes the twelve competencies, which are defined as particular types of knowledge or skills that are needed to be effective in serving children and families. The concepts outlined in the twelve competencies are based on national early intervention/early childhood research and best practices as well as the foundational concepts laid out in the mission and key principles of Massachusetts Early Intervention.   
There are four components to the I-CEIS. This includes:  
• The 12 Competencies  
• The Competencies Skills Assessment  
o Which measures acquisition of knowledge and skills  
• Ensuring Success Assessment:  
o Which ensures the Specialist is receiving opportunities to acquire knowledge and build skill  
• Workbook:  
o Which documents the Specialists knowledge and skills   
  
Additional information related to the Massachusetts Professional Development may be found at the following link: Early Intervention Division | Mass.gov

**Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on 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 Systemic Improvement Plan (SSIP).**

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

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

YES

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 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 2018 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 2018 APR in 2020, is available.**

Massachusetts publicly reported local program performance on the FFY 2018 SPP/APR on the DPH website at https://www.mass.gov/lists/public-reporting-for-early-intervention, which is accessible to families, ICC members, EI providers and other Part C Stakeholders. Data will continue to be reported on an annual basis. In addition, both state and local program reports are distributed to each EIP highlighting program performance on all compliance and results indicators. Data gathered for the SPP/APR are used in making Local Determinations.  
The website will post a complete copy State's SPP/APR, including any revisions if the State revises the SPP during the data clarification period, as soon as possible, but no later than 120 days following the State's submission of its FFY 2019 APR.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must provide a FFY 2019 target and report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide : (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State’s capacity to improve its SiMR data .  
  
OSEP notes that one or more of the attachments included in the State’s FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.  
  
The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 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 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

**Response to actions required in FFY 2018 SPP/APR**

The Lead Agency engaged in technical assistance with DaSy to support the development of the requirements for Federal Reporting. TA providers met with lead agency staff and the IT vendor developing the data system to review and comment on the plans for generating data for SPP/APR indicators 1, 2, 3, 5, 6, 7, and 8. The Lead Agency integrated DaSy recommendations into the development of the data system.

## Intro - OSEP Response

The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 23, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.  
  
The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. §303.604(c). The SICC noted it has elected to support the State lead agency’s submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State’s SPP/APR documents.

## Intro - Required Actions

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

# 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 2019 SPP/APR, the data for FFY 2018), 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 | 74.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.32% | 99.67% | 99.50% | 99.33% | 99.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 562 | 755 | 99.00% | 100% | 99.21% | Did Not Meet Target | No Slippage |

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

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

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**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).**

Massachusetts continues to define "timely services" as those that begin within 30 calendar days from the IFSP Signature date or with delays due to exceptional family circumstances. The Timely Services information captures the timeliness of services based on the State's definition of 30 days from IFSP signature date.

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

State database

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

Data were collected for IFSP children served between April 1, 2020 and June 30, 2020 having April, May and June 2020 services logged into the new EI client system.

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

Prior to this FFY, data for this indicator was collected through a self-assessment/annual report with a sampling of 10 children per local EI program through the monitoring process. Data in the new system, used to report this indicator, represented 755 children, a slight increase in the number of children reported using the former process of 10 files per program. Data from the reporting period were consistent across a number of factors with data from the reporting year and determined to be representative, valid and reliable. The completeness of these data was impacted by the COVID-19 pandemic and a concurrent switch to a new data system (i.e., a smaller number of programs provided data for review). However, these data are consistent with the prior reporting period and are representative of the full reporting period.

**If needed, provide additional information about this indicator here.**

There were six children having a total of seven services that were non-compliant due to program delays (e.g., a provider scheduling issue, lack of clinical staff, staff error).   
  
Exceptional family circumstances (e.g., family cancellations, difficulty contacting families, family-declined or cancelled services) impacted the percentage of infants and toddlers with IFSPs who received early intervention services in a timely manner.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

The State's FFY 2018 data for this indicator reflected less than 100% compliance. The State did not provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018, as required by the Measurement Table.  
  
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, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.   
  
Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of 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 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 EDFacts 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 | 98.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% |
| Data | 99.77% | 99.77% | 99.76% | 99.85% | 99.94% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 97.00% |

**Targets: Description of Stakeholder Input**

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 22,515 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 22,541 |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 22,515 | 22,541 | 99.94% | 97.00% | 99.88% | Met Target | No Slippage |

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

MA DPH EI transitioned to a new Client data system, the DPH EICS, during FFY19. Data for this indicator was collected using the same data variable in the EICS as prior FFY.

## 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)**

YES

**Targets: Description of Stakeholder Input**

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

At-risk infants and toddlers

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2013 | Target>= | 56.70% | 56.70% | 56.70% | 56.80% | 56.90% |
| **A1** | 56.67% | Data | 56.25% | 55.83% | 56.17% | 55.74% | 52.81% |
| **A1 AR** |  | Target>= |  |  |  |  | 52.81% |
| **A1 AR** |  | Data |  |  |  |  | 93.62% |
| **A2** | 2013 | Target>= | 70.90% | 70.90% | 70.90% | 71.00% | 71.10% |
| **A2** | 70.85% | Data | 68.48% | 68.33% | 69.01% | 69.14% | 66.12% |
| **A2 AR** |  | Target>= |  |  |  |  | 66.12% |
| **A2 AR** |  | Data |  |  |  |  | 96.69% |
| **B1** | 2013 | Target>= | 87.70% | 87.70% | 87.70% | 87.80% | 87.90% |
| **B1** | 87.64% | Data | 85.88% | 84.96% | 85.78% | 85.03% | 83.72% |
| **B1 AR** |  | Target>= |  |  |  |  | 83.72% |
| **B1 AR** |  | Data |  |  |  |  | 100.00% |
| **B2** | 2013 | Target>= | 51.70% | 51.70% | 51.70% | 51.80% | 51.90% |
| **B2** | 51.63% | Data | 49.79% | 47.68% | 48.10% | 46.88% | 43.73% |
| **B2 AR** |  | Target>= |  |  |  |  | 43.73% |
| **B2 AR** |  | Data |  |  |  |  | 93.38% |
| **C1** | 2013 | Target>= | 94.70% | 94.70% | 94.70% | 94.80% | 94.90% |
| **C1** | 94.66% | Data | 93.95% | 94.06% | 93.51% | 93.27% | 92.89% |
| **C1 AR** |  | Target>= |  |  |  |  | 92.89% |
| **C1 AR** |  | Data |  |  |  |  | 100.00% |
| **C2** | 2013 | Target>= | 73.70% | 73.70% | 73.70% | 73.80% | 73.90% |
| **C2** | 73.66% | Data | 71.33% | 69.04% | 68.61% | 66.99% | 63.53% |
| **C2 AR** |  | Target>= |  |  |  |  | 63.53% |
| **C2 AR** |  | Data |  |  |  |  | 98.01% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1 >= | 56.90% |
| A1 AR |  |
| Target A2 >= | 71.10% |
| A2 AR |  |
| Target B1 >= | 87.90% |
| B1 AR |  |
| Target B2 >= | 51.90% |
| B2 AR |  |
| Target C1 >= | 94.90% |
| C1 AR |  |
| Target C2 >= | 73.90% |
| C2 AR |  |

**FFY 2019 SPP/APR Data**

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

9,912

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

| **Not including at-risk infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 243 | 2.49% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,768 | 28.37% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 780 | 7.99% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,664 | 17.05% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 4,303 | 44.10% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3 | 1.95% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2 | 1.30% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 43 | 27.92% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 106 | 68.83% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 2,444 | 5,455 | 52.81% | 56.90% | 44.80% | 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 | 5,967 | 9,758 | 66.12% | 71.10% | 61.15% | Did Not Meet Target | Slippage |

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

Massachusetts continues to review and analyze data from previous years on Indicator 3 Child Outcomes. The State Identified Measurable Result (SIMR) is improved positive social emotional skills (including social relationships) as measured by using BDI-2. One of the work strands of the State Systemic Improvement Plan (SSIP) is to improve data accuracy in the administration of the Battelle Developmental Inventory (BDI-2). We believe the slippage in A1 of the child outcomes continues to be due to the change in data accuracy. As the accuracy of administration improves it is possible that the entry score could be less accurate than the exit score (indicating improvement in data quality over time). At initial or earlier administrations we estimate that scores were inflated and at exit, if more accurate, they would show less growth over the year because of the initial inaccurate measure. In addition, feedback from Stakeholders suggested that the interview procedure of the BDI-2 may be giving credit based on the parent response or examples that may not be accurate or the clinician is not accurately administering interview procedure to yield an accurate score. Implicit bias based on the reason for referral or potential eligibility may also have an impact on scoring.   
  
Currently we are not seeing a relationship between the fidelity and the outcome data by program. However, we will consider thinking about changing expected targets in FFY 2020 to be closer to the average of those programs with higher fidelity. Given that those programs have higher fidelity, their child outcome scores may be more likely to be accurate.   
  
In addition, the number of children reported on for this Indicator is low due to the COVID-19 pandemic. The lead agency did not allow for children to have virtual evaluations using the BDI-2 due to concerns with the fidelity of administration and data accuracy. In-person services were all stopped mid March 2020. Only some local programs and providers have resumed in person evaluations since that time. There are likely many children enrolled that do not have a 2nd BDI-2 administered or would have had an additional BDI-2 administered prior to discharge, resulting in measurement of progress over a shorter timeframe than the child's actual participation in EI services.. These two factors have a direct impact on the group of children reported on and the possible measurement of progress while in the program.

**Provide reasons for A2 slippage, if applicable**

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 45 | 48 | 93.62% |  | 93.75% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 149 | 154 | 96.69% |  | 96.75% | N/A | N/A |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 417 | 4.27% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 4,634 | 47.49% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,263 | 12.94% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,633 | 26.98% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 811 | 8.31% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 8 | 5.19% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 5 | 3.25% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 98 | 63.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 43 | 27.92% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 3,896 | 8,947 | 83.72% | 87.90% | 43.55% | 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 | 3,444 | 9,758 | 43.73% | 51.90% | 35.29% | Did Not Meet Target | Slippage |

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

The number of children reported on for this Indicator is low due to the COVID-19 pandemic. The lead agency did not allow for children to have virtual evaluations using the BDI-2 due to concerns with the fidelity of administration and data accuracy. In-person services were all stopped mid March 2020. Only some local programs and providers have resumed in person evaluations since that time. There are likely many children enrolled that do not have a 2nd BDI-2 administered or would have had an additional BDI-2 administered prior to discharge resulting in measurement of progress over a shorter timeframe than the child's actual participation in EI services... These two factors have a direct impact on the group of children reported on and the possible measurement of progress while in the program.

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

The number of children reported on for this Indicator is low due to the COVID-19 pandemic. The lead agency did not allow for children to have virtual evaluations using the BDI-2 due to concerns with the fidelity of administration and data accuracy. In-person services were all stopped mid March 2020. Only some local programs and providers have resumed in person evaluations since that time. There are likely many children enrolled that do not have a 2nd BDI-2 administered or would have had an additional BDI-2 administered prior to discharge resulting in measurement of progress over a shorter timeframe than the child's actual participation in EI services. These two factors have a direct impact on the group of children reported on and the possible measurement of progress while in the program.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 103 | 111 | 100.00% |  | 92.79% | N/A | N/A |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 141 | 154 | 93.38% |  | 91.56% | N/A | N/A |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 322 | 3.30% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3,163 | 32.41% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 829 | 8.50% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,660 | 27.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,784 | 28.53% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2 | 1.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2 | 1.30% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 80 | 51.95% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 70 | 45.45% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 3,489 | 6,974 | 92.89% | 94.90% | 50.03% | Did Not Meet Target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 5,444 | 9,758 | 63.53% | 73.90% | 55.79% | Did Not Meet Target | Slippage |

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

The number of children reported on for this Indicator is low due to the COVID-19 pandemic. The lead agency did not allow for children to have virtual evaluations using the BDI-2 due to concerns with the fidelity of administration and data accuracy. In-person services were all stopped mid March 2020. Only some local programs and providers have resumed in person evaluations since that time. There are likely many children enrolled that do not have a 2nd BDI-2 administered or would have had an additional BDI-2 administered prior to discharge resulting in measurement of progress over a shorter timeframe than the child's actual participation in EI services. These two factors have a direct impact on the group of children reported on and the possible measurement of progress while in the program.

**Provide reasons for C2 slippage, if applicable**

The number of children reported on for this Indicator is low due to the COVID-19 pandemic. The lead agency did not allow for children to have virtual evaluations using the BDI-2 due to concerns with the fidelity of administration and data accuracy. In-person services were all stopped mid March 2020. Only some local programs and providers have resumed in person evaluations since that time. There are likely many children enrolled that do not have a 2nd BDI-2 administered or would have had an additional BDI-2 administered prior to discharge resulting in measurement of progress over a shorter timeframe than the child's actual participation in EI services. These two factors have a direct impact on the group of children reported on and the possible measurement of progress while in the program.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 82 | 84 | 100.00% |  | 97.62% | N/A | N/A |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 150 | 154 | 98.01% |  | 97.40% | N/A | N/A |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s part C exiting 618 data | 18,343 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 3,414 |

| **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.”**

A Developmental Quotient (DQ) of 80 utilizing the BDI-2 is considered "comparable to same age peers".  
BDI-2 Criteria for each indicator category is as follows:  
a. The exit DQ is less than 80 and all exit raw subdomain scores are less than or equal to entry raw subdomain scores.  
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  
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  
d. The entry DQ is less than 80 and the exit DQ is greater or equal to 80  
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 Massachusetts EI system continues to collect entry and exit data on children in our new EI Client System, which is a client-based data system that captures required data for federal and state reporting. The BDI-2 is the universal assessment tool to determine initial and ongoing eligibility for early intervention services and is being used to determine developmental improvement for child outcome reporting. Massachusetts utilized exit data on children who had two or more valid evaluations and whose length of enrollment in EI was six months or greater to report FFY 2019 actual data.  
 The following children were excluded from the analysis:  
 Children whose length of stay in EI was less than 6 months  
 Children having only one evaluation

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

The Massachusetts' State-Identified Measurable Result (SIMR) is improving positive social-emotional outcomes for children enrolled in the Part C system. One of the major State Systemic Improvement Plan (SSIP) work strands is Data Quality related to the administration of the BDI-2.  
Several activities have been implemented related to improving the fidelity of administration such as:  
  
Training resources for local program use:  
Standardized Interview Procedure Module - In this on-line module, participants learn what standardized interview procedure is and how and when to use it. They explore common administration challenges through  
video examples and how the challenges might be addressed.  
Standardized Structured Procedure Module - In this on-line module, participants learn about what standardized structured procedure is, and how and when to use it. Participants learn through virtually practicing  
items, video examples, and information excerpted from the BDI-2 Examiner's Manual.  
BDI-2 Fidelity Checklist with definitions  
BDI-2 Fidelity Checklist Grab and Go - Supports EI Specialists learning about the BDI-2 Fidelity Checklist as a tool. PowerPoint and video examples help participants learn what the checklist is and how it can be  
used as a tool to identify observable errors in the administration of the BDI-2.  
Introduction to the BDI-2 in MA module - This online training offers a general overview of the administration, interpretation, and scoring of the BDI-2 and gives the general context of use within the Early Intervention system in Massachusetts.  
  
BDI-2 Institute was developed in collaboration with our Higher Education partners at the University of Massachusetts that provides a three day intensive training on the administration of the evaluation tool, gathering accurate information from the interview process and strategies on improving fidelity at the program level.  
In addition to these activities, Massachusetts will review videos of BDI-2 administration. These data checks will be administered by the Early Intervention Training Center using a fidelity checklist and will also provide Technical Assistance as necessary. We predict that these efforts will have a direct impact on child outcome scores and more accurately reflect child outcome data.

## 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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2006 | Target>= | 80.00% | 80.10% | 80.20% | 80.30% | 80.50% |
| A | 74.90% | Data | 86.23% | 86.04% | 86.73% | 86.80% | 87.39% |
| B | 2006 | Target>= | 78.10% | 78.20% | 78.30% | 78.40% | 78.50% |
| B | 71.60% | Data | 83.41% | 83.07% | 84.24% | 84.08% | 84.93% |
| C | 2006 | Target>= | 89.10% | 89.20% | 89.30% | 89.40% | 89.50% |
| C | 85.90% | Data | 92.39% | 92.33% | 93.55% | 93.07% | 93.92% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 85.00% |
| Target B>= | 80.00% |
| Target C>= | 90.00% |

**Targets: Description of Stakeholder Input**

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 3,337 |
| Number of respondent families participating in Part C | 1,215 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 1,058 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 1,215 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 1,027 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 1,215 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 1,141 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 1,215 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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) | 87.39% | 85.00% | 87.08% | 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) | 84.93% | 80.00% | 84.53% | Met Target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 93.92% | 90.00% | 93.91% | Met Target | No Slippage |

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

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

**Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

Massachusetts utilizes the NCSEAM Family Survey Impact on Family Scale (IFS) developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM). The 23-item Impact on Family scale (IFS) measures the extent to which early intervention helped families achieve positive outcomes, including the three outcomes specified in Indicator # 4.  
  
Survey Administration:  
Surveys were distributed to families being served by the MA Early Intervention System. Cover letters as well as postage-paid business reply envelopes were included with the surveys. Surveys were distributed in March 2020. Local EI program service coordinators distributed surveys individually to parents. The return deadline was December 1, 2020. A second distribution which would usually have occurred in October 2020 was suspended due to Covid-19 and the Massachusetts State of Emergency which kept Early Intervention providers out of family homes.  
A total of 3,337 surveys, printed in English, Haitian Creole, Portuguese, Spanish, and Vietnamese, were distributed to families across all 59 Early Intervention Program (EIP) locations throughout Massachusetts; 1215 were returned for a response rate of 36.41%.  
  
See attachment 3.1 Distribution of Race/Ethnicity in the Sample  
  
Based on FFY 2019 statewide participant demographics for the Massachusetts EI system, the response rate by race/ethnicity correlates strongly to the population served based on FFY 2019 618 data/State Summary data (53.3% white; 26.4% Hispanic, 9.4% Black, 6.2% Asian, 4.2% multi-race, 0.3% American Indian) although families on the IFS identified themselves as Hispanic/Latino at a higher percent than in the Early Intervention Information System (EIIS).

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

The DPH Office of Family Initiatives/Early Intervention Parent Leadership Project supports families and EI providers to understand the use and importance of the NCSEAM Family Survey in gathering Family Outcomes data by sharing information and tools. In 2019, articles about the Survey and resources to complete it appeared in the Parent Perspective Newsletter, mailed to 20,000+ and sent electronically to 7500+ individuals. Information aimed specifically at providers was included in the EI monthly newsletter, The Update, several times as well.  
The Massachusetts EI Parent Leadership Project has developed many resources for families and local programs related to the importance of completing the survey. These activities include the following: A Voice over PowerPoint of the "Who, What, Why, When and How of the Family Survey", a YouTube video on completing the survey with a family, a list of frequently asked questions about completing the family survey which is available on the eiplp.org website and is included in each issue of the Parent Perspective Newsletter and is translated into Spanish for inclusion in the newsletter.   
The DaSy TA Center video on "Supporting children by improving family outcomes" has been linked on this website as an additional resource. EIPLP staff has shares a presentation with any requesting EI staff about the resources available and strategies on ways to encourage families to complete and mail in the survey.  
  
In response to Covid-19, the need to find no-contact, safe ways to distribute the Survey and the understanding that the majority of families enrolled in Early Intervention prefer to receive and give information electronically, the Part C program is developing and will implement the NCSEAM Family Survey in 2021 as a web based application. Paper surveys in English, Spanish, Portuguese, Haitian Creole and Vietnamese will still be available to families who prefer not to use the on-line application.

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

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

# Indicator 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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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** |
| --- | --- |
| 2009 | 2.45% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 2.76% | 2.77% | 2.78% | 2.79% | 2.80% |
| Data | 4.60% | 4.57% | 4.82% | 4.71% | 5.05% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 3.00% |

Targets: Description of Stakeholder Input

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

In August/September 2020, lead agency staff met with each local Early Intervention to determine the impact of the pandemic on their EI programs, including staff and families. Themes from these calls with regard to enrollment and engagement included, decrease in referrals, shorter and less frequent visits via telehealth, lack of access to telehealth for families, and preference to wait for in-person services to resume. The MA ICC created a re-engagement committee with the charge to identify areas of need for engagement and re-engagement during the COVID pandemic, and seek supports to fill those needs.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 3,518 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 70,791 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,518 | 70,791 | 5.05% | 3.00% | 4.97% | Met Target | No Slippage |

**Compare your results to the national data**

Massachusetts continues to maintain broad eligibility and serve "At Risk" children under the age of three. The Lead Agency utilizes a  
universal assessment tool to determine eligibility for developmental delay, the Battelle Developmental Inventory, 2nd edition. Measures have been taken to monitor and improve the administration, scoring and interpretation of the tool to ensure accurate eligibility determination. When compared to the National Data, Massachusetts ranks highest among all states and territories with moderate eligibility. The following provides comparative data between the national baseline and Massachusetts for infants served under the age of one, including children at risk of delay:  
  
National Average: 1.25% Massachusetts: 4.97%  
  
Homelessness and Substance Use continue to be a priories of the Massachusetts Department of Public Health, the Executive Office of Health &  
Human Services and the Governor’s Office. The Massachusetts Part C Program works closely with other Bureaus within the Department, such as the Bureau of Substance Addiction Services on a number of initiatives to identify high risk populations such as babies born with Neonatal Abstinence Syndrome (NAS) or substance exposed infants to ensure they are referred to local Early Intervention Programs. The MA Part C programs also works collaboratively with the Child Welfare Office, Early Education and Care and the Department of Elementary and Secondary Education to ensure all potentially eligible children receive a timely referral to Early Intervention.   
  
The 59 local Early Intervention programs throughout the state engage in extensive outreach and educational efforts with referral sources which include pediatricians, hospitals, and other early childhood community agencies to ensure the identification of all potentially eligible children and families.

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

The COVID-19 pandemic has had a significant impact on the referrals to local Early Intervention programs due to the decrease in well-baby appointments during the onset of the pandemic, closure of early education and care programs, and family disinterest in engaging in services. In addition, the level of family engagement in Early Intervention services decreased, due to disinterest in telehealth services v. in person, at home stressors that did not allow participation, and access to equipment or service to participate in telehealth services.

## 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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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 | 5.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 5.87% | 5.88% | 5.89% | 5.90% | 5.90% |
| Data | 8.89% | 9.05% | 9.44% | 9.54% | 10.05% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 6.00% |

Targets: Description of Stakeholder Input

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

In August/September 2020, lead agency staff met with each local Early Intervention to determine the impact of the pandemic on their EI programs, including staff and families. Themes from these calls with regard to enrollment and engagement included, decrease in referrals, shorter and less frequent visits via telehealth, lack of access to telehealth for families, and preference to wait for in-person services to resume. The MA ICC created a re-engagement committee with the charge to identify areas of need for engagement and re-engagement during the COVID pandemic, and seek supports to fill those needs.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 22,541 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 212,910 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 22,541 | 212,910 | 10.05% | 6.00% | 10.59% | Met Target | No Slippage |

**Compare your results to the national data**

Massachusetts is serving close to three times the national average for the birth to three year population and services the highest  
percentage of infants and toddlers of all states regardless of category of eligibility. Massachusetts engages in robust Child Find activities  
at the local EI program level, and does considerable outreach to vulnerable populations such as families with children with low incidence conditions (autism, deaf & hard of hearing, blind), homelessness and families with children born substance exposed. Massachusetts also has a long standing collaborative relationship with the Child Welfare agency to ensure children under the age of three involved with the Department of Children and Families are referred in a timely manner to the local Early Intervention Program.  
  
National Average: 3.48% Massachusetts: 10.59%

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

The COVID-19 pandemic has had a significant impact on the referrals to local Early Intervention programs due to the decrease in well-baby appointments during the onset of the pandemic, closure of early education and care programs, and family disinterest in engaging in services. In addition, the level of family engagement in Early Intervention services decreased, due to disinterest in telehealth services v. in person, at home stressors that did not allow participation, and access to equipment or service to participate in telehealth services.

## 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 2019 SPP/APR, the data for FFY 2018), 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 | 93.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.63% | 99.69% | 99.68% | 99.72% | 99.74% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 15,362 | 20,831 | 99.74% | 100% | 99.68% | 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.**

5,402

**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).**

July 1, 2019 - June 30, 2020.

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

The data were collected initially in the legacy data system (Early Intervention Information System; EIIS) and migrated to the new data system (EI Client System; EICS). Though COVID had an impact on the timeliness of data entry by providers, all children in need of an IFSP were captured in EICS prior to the reporting of this indicator.

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

There were 67 children with noncompliant records due to program delays (e.g., a provider scheduling issue, lack of clinical staff, staff error).   
  
Exceptional Family Circumstances (e.g., family scheduling challenges, extreme weather conditions for family, cancellations by family) impacted the percentage of eligible infants and toddlers with IFSPs for whom initial IFSP meetings were conducted within the prescribed 45-day timeline.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 25 | 25 |  | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

All findings of non-compliance for this indicator were followed up by lead agency staff with the local EI programs. All were related to a delay in data entry or inaccurate data entry which occurred across 11 EIS programs. For each program, the lead agency staff reviewed the program's current process for data entry into the lead agency data system and identified strategies to ensure compliance for all children. Subsequent data indicated that all 25 children received an IFSP meeting, though late.

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

The state reviewed the cases of non-compliance with each local EI program, instructed the program to properly enter the data into the lead agency data system. These errors were tracked on the DPH error reports that are completed monthly and sent to local EI programs as a data verification activity.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2018 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 2018 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.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 25 uncorrected findings of noncompliance identified in FFY 2018 were corrected.   
When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 98.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.90% | 99.77% | 99.91% | 99.99% | 99.59% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 7,737 | 9,842 | 99.59% | 100% | 98.41% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The effects of the COVID-19 pandemic and the State of Emergency adversely impacted the performance.

**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.**

1,949

**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).**

July 1, 2019 - June 30, 2020

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

The data for Indicator 8A were collected from 618 data, Table 3 (Exiting) of all IFSP children over 2 years of age who were discharged during the reporting period (July 1, 2019 - June 30, 2020) based on Early Intervention Client System (EICS) data. Data were collected on all children from all EIS programs. Compliance is based on the percent of clients two years of age or more who have complete IFSPs with transition steps and services and accurately reflects the full reporting period.  
  
The implementation of the EICS data system that occurred in November 2019 includes a different transition workflow from the legacy system and some data was not able to be collected in EICS because of the differences between these workflows. Legacy transition data was collected under two separate data applications while EICS transition data is collected as part of the IFSP workflow. Some transition data could not be captured in EICS for active IFSP migrated children if their data had been partially entered in the legacy application(s) prior to the migration. Under this indicator 35% of children 24 months of age or older discharged during this timeframe did not have available transition plan data to report. However, the children included under this indicator are from all EI programs and are representative of all children served during the reporting timeframe. This issue will phase out as active IFSP children migrated from the legacy system are discharged; the state will continue to monitor migrated children and transition data issues.

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

There were 156 children that were non-compliant due to a provider staff scheduling issue, lack of clinical staff or staff error. Exceptional family circumstances were related to family scheduling conflicts, families who declined or cancelled services and, extreme weather conditions for families.   
  
The COVID -19 pandemic had a significant impact on transition planning for children and families. Due to the closure of all school systems, transition plans were impacted and steps to complete transition were delayed due to provider staff inability to return to their offices to complete discharge and transition activities. However, the state ensured that all children in need of being discharged/transitioned were captured in EICS prior to the reporting of this indicator. More significantly, the transition to the new EI Client System had an impact on this data for children migrated from the legacy system as explained above. The implementation of a new EI Client System will improve transition data collection now that it is incorporated into the IFSP workflow and is required to be completed for all IFSP children prior to discharge.   
Massachusetts did not report any findings of noncompliance in FYY 18 related to Indicator 8A complete Transition Plans even though it did not report 100% compliance. For all instances, data collection or entry errors were made at the local program. In all instances, errors were corrected. These errors are monitored by monthly error reporting. Follow up by lead agency staff with each EI program was completed and verification of accurate data in client records was confirmed to classify these errors as isolated incident and not systemic problems. No findings were issued.   
  
Now that MA has transitioned to a new EI Client System, data entry issues and paper form data collection will decrease.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Massachusetts did not report any findings of noncompliance in FYY 18 related to Indicator 8A complete Transition Plans even though it did not report 100% compliance. Prior to issuing a written finding, the Lead Agency consulted with the EIS program and allowed for pre-finding corrections. Subsequent data were verified and reviewed as valid and reliable via monthly error reports.

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

The errors were found to be in data reporting and did not affect timely transition steps and services for children.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

The State's FFY 2018 data for this indicator reflected less than 100% compliance. In its narrative, the State provided an explanation of why the State did not identify any findings of noncompliance in FFY 2018, as required by the Measurement Table. However, in the data field, the State also reported that one finding was identified and corrected. Therefore, OSEP cannot determine whether the State identified any findings of noncompliance in FFY 2018.

## 8A - Required Actions

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018. In addition, if the State did not identify any findings of noncompliance in FFY 2018, the Findings of Noncompliance identified in FFY 2018 data field should reflect that zero findings were identified.  
  
Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 80.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 89.20% | 88.73% | 88.90% | 86.88% | 88.48% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 7,235 | 9,189 | 88.48% | 100% | 80.55% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The COVID-19 pandemic, State of Emergency, and the concomitant introduction of a new data system adversely effected the notification.

**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.**

207

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

This year's data for Indicator 8B were collected on all IFSP children who exited Part C between 7/1/2019 and 6/30/2020 and were referred to an LEA or who opted-out of referral. These data are available through the State’s EI Client System. Compliance is based on the percent of toddlers exiting Part C where the notification to the LEA/SEA occurred in a timely manner, at least 90 days prior to the toddler's third birthday

**Do you have a written opt-out policy? (yes/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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 time period for the data collected represents the full reporting period between July 1, 2019- June 30, 2020.

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

The data for Indicator 8b were collected from 618 data, Table 3 (Exiting) of all IFSP children who were discharged between July 1, 2019 - June 30, 2020 based on Early Intervention Client System (EICS) data potentially eligible for Part B services. Compliance is based on the percent of clients referred to an LEA within the compliancy timeframe of at least 90 days prior to the child’s third birthday or who had a justifiable reason for delay.

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

The COVID -19 pandemic had a significant impact on transition planning as described under Indicator 8a but the state ensured that all children in need of being discharged/transitioned were captured in EICS prior to the reporting of this indicator. Additionally, the state, due to functionality within EICS, has improved its submissions to the state’s SEA agency, moving from weekly to daily submissions. The percentage for this indicator did not show improvement although LEA referrals from providers to their local LEA continues to remain high at 99.90% compliancy during his reporting period. The state needs to continue monitoring the timely entry of LEA referral information by providers but as clinicians begin to do direct data entry into EICS as opposed to administrative staff, SEA submission timeliness should improve.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

The State's FFY 2018 data for this indicator reflected less than 100% compliance. The State did not provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018, as required by the Measurement Table.

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.  
  
The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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 | 97.70% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.97% | 99.75% | 99.77% | 99.89% | 98.64% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,806 | 8,186 | 98.64% | 100% | 99.80% | 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.**

1,364

**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).**

This year's data for Indicator 8C were collected on all IFSP Children who exited Part C between 7/1/2019 and 6/30/2020 and were referred to an LEA or opted out of referral.

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

This year's data for Indicator 8C were collected on all IFSP Children who exited Part C between 7/1/2019 and 6/30/2020 and were referred to an LEA or opted out of referral. These data are available through the State's EI Client System. Compliance is based on the percent of toddlers exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B.  
  
The implementation of the EICS data system that occurred in November 2019 includes a different transition workflow from the legacy system and some data was not able to be collected in EICS because of the differences between these workflows. Legacy transition data was collected under two separate data applications while EICS transition data is collected as part of the IFSP workflow. Some transition data could not be captured in EICS for active IFSP migrated children if their data had been partially entered in the legacy application(s) prior to the migration. Under this indicator 11% of children who were discharged during this timeframe and referred to an LEA did not have available transition planning conference data to report. However, the children included under this indicator are from all EI programs and are representative of all children served during the reporting timeframe. This issue will phase out as active IFSP children migrated from the legacy system are discharged; the state will continue to monitor migrated children and transition data issues.

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

Exceptional Family Circumstances (e.g., family scheduling challenges, extreme weather conditions for families, families who decline or cancel transition conferences) impacted the percentage of transition conferences held with approval of the family at least 90 days in advance of the toddler’s third birthday.   
  
There were 16 children whose records were noncompliant due to a program delays (e.g., scheduling issue, lack of clinical staff, or staff error).  
  
The COVID -19 pandemic had a significant impact on transition planning as described under Indicator 8a but the state ensured that all children in need of being discharged/transitioned were captured in EICS prior to the reporting of this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Instances of non-compliance were identified at 19 different local programs representing 88 children. All instances were related to data entry errors. For 16 EIS programs, prior to issuing findings, Massachusetts verified correction to ensure that missing or inaccurate data was corrected in the state database to match the child’s record. For these programs, Massachusetts did not issue a finding (pre-finding correction). The Lead Agency conducted a subsequent onsite review of five subsequent randomly selected files children for each program. Each file for all programs had documentation demonstrating 100% compliance with transition planning conferences  
  
The Lead Agency issued written findings on three EIS programs. The Lead Agency staff reviewed the policies and procedures used at the local programs to support accurate data collection and data entry. Changes were made at each program to ensure that the federal requirements were understood and that accurate data collection, documentation, and data entry were completed. For all noncompliance the Lead Agency staff followed up with the three programs to conduct a subsequent review of 10 randomly selected records from each program to verify timely transition planning conferences. All programs demonstrated 100% compliance.

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

One program had missing data for 37 children. One program had data entry errors for 4 children. One program had 10 children with data entry errors. The Lead Agency followed up with each program and verified through file reviews for all children that data collection and entry errors that had been corrected and verified in the data system. All children had received a timely transition planning conference.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

The State did not report the number of toddlers for whom the parent did not provide approval for the transition conference, as required by the Measurement Table.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 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 EDFacts 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.**

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

This Indicator is not applicable to the State.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts 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.

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Massachusetts stakeholders have been informed of the progress of the SSP/APR Indicators throughout the year, and their input and guidance has been critical in identifying improvement strategies. The state has four major Stakeholder groups: the Interagency Coordinating Council (ICC); Early Intervention Provider Community; Early Childhood Outcomes Stakeholders; EI Client System Stakeholders that provide input in the development of the web based data system. These groups provide input in the development of the Annual Performance Report (APR) including the SSIP.  
An overview of the Massachusetts APR was unable to be presented to the MA ICC due to delays caused by the COVID-19 pandemic that impacted the development timeline of the DPH EICS and reporting functionality. Data was not ready to be shared at the January 2021 ICC meeting. The Lead agency has scheduled with ICC co-chairs to present at a future meeting for stakeholder feeback..   
  
The ECO Stakeholders continue to meet regularly throughout the year to advise and assist the State in embedding child and family outcomes into everyday practice and are utilized as the core Stakeholder group to assist the lead agency in identifying an improvement area to focus on for the State Systemic Improvement Plan (SSIP). The ECO Stakeholders consist of representatives from the following: Higher Ed, Department of Elementary and Secondary Education, Early Education and Care, Parents, EI Providers and Administrators.  
In addition, the EI provider community provides input throughout the year through our ongoing communication methods (e.g. monthly provider webinars, program director sessions, etc.) and sharing feedback with the DPH regional team.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  | 100.00% |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 0 |  |  |  | N/A | N/A |

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

Massachusetts 618 data reported less than 10 mediations in reporting year.  
  
DPH has an establish Interagency Service Agreement (ISA) with the Bureau of Special Education Appeals at the Massachusetts Division of Administrative Law Appeals to address requests for mediation and due process hearings. The BSEA staff routinely conducts mediations and hearings related to Part B disputes. The Director of the Office of EI Family Rights and Due Process responsible for the implementation of the dispute resolution system provided in-service/trainings for mediators and hearing officers of the (BSEA) during FFY2019. The initial training provided BSEA staff a review of regulations and resources related to IDEA Part C, the Early Intervention Operational Standards, and updates to program practices and initiatives. The second training was a joint presentation specifically created by Part C staff, Part B staff and staff from the Federation for Children with Special Needs. The training specifically addressed regulatory requirements related to processes, timelines, eligibility determination and procedural safeguards.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2019. 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



# 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:**

Emily White

**Title:**

Director, Early Intervention Division/MA Part C Coordinator

**Email:**

Emily.A.White@mass.gov

**Phone:**

781-400-6648

**Submitted on:**

04/27/21 6:41:19 PM

# ED attachments

  