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

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

**For reporting on   
FFY 2021**

**New Hampshire**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

New Hampshire (NH) Department of Health and Human Services (DHHS) is the lead agency for the NH Part C system. Within DHHS, the Bureau for Family Centered Services (BFCS), as an agent for the Bureau of Developmental Services (BDS), takes responsibility for all required components of IDEA, federal, and state mandates related to Part C, known in NH as Family Centered Early Supports and Services (FCESS). There are 10 Area Agencies that oversee developmental services in the 10 geographical regions of NH. The 10 agencies contract with the NH Bureau of Developmental Services (BDS) to provide FCESS. Under the supervision of the Area Agencies there were 15 FCESS local programs with a total of approximately 225 staff employed or contracted by the local programs. In January 2022, two local programs, Waypoint and Richie McFarland Children’s Center, merged to form Waypoint at Richie McFarland Center. The Bureau for Family Centered Services (BFCS) acts as an agent for BDS and is tasked with ensuring the quality, flexibility, and responsiveness of services and supports statewide by; (a) monitoring effectiveness, (b) incorporating data, and (c) incorporating feedback from families, service providers and communities into systemic decision making.  
  
FCESS strives to ensure that all children and families are respected for their unique individual beliefs, values, and cultures. Anyone with a concern about a child’s development can refer a child to determine eligibility for services. FCESS activities are family centered, using a coaching model and evidence based practices to build the capacity of a child's family and/or caregiver to help the child learn and grow to their full potential. Families are engaged from the start to plan, evaluate, and implement individualized strategies, with the support of caring and highly qualified professionals. Services are provided in the child’s natural environment. This means that strategies are designed to be integrated into the child’s everyday routines and interactions. Research shows that this is how young children learn best.   
  
The US Department of Education (US DOE), Office of Special Education Programs (OSEP) determines indicators for statewide early intervention (IDEA Part C) programs to ensure equitable, timely, and quality services for all eligible children and families. New Hampshire state rules (He-M 510 and He-M 203) reinforce the importance of compliance with the OSEP indicators. The purpose of this report is to illustrate the FCESS compliance with federal indicators of quality during the period of 7/1/21 to 6/30/22 (FFY21).   
  
BFCS and FCESS State Office staff provide the supervision required by the federal government to administer the Part C grant. Area Agencies and local programs are monitored to ensure that eligible children and families are receiving high quality services, in compliance with state and federal regulations governing FCESS. The New Hampshire rules governing FCESS are available at http://www.gencourt.state.nh.us/rules/state\_agencies/he-m.html. The data and narrative contained within this report, illustrate how FCESS has performed, according to the national standards for Part C.   
  
The data in this report was collected using; (a) the NHLeads database system, (b) the national census, (c) state birth cohort data, and (d) the Family Outcome Survey. The data from the NHLeads system paired with qualitative input from families, staff, and stakeholders informs our systemic decisions. Training on data entry and using data for decision-making continues to improve data reliability and validity for the FCESS statewide system.   
  
The Part C State Office staff conducted on-site monitoring for this FFY21 reporting year. Due to the COVID-19 pandemic, the Part C State Office staff was unable to conduct any onsite monitoring for the previous two years. Visiting local programs in person for FFY21 allowed for the review of entire charts of selected children and focus not only on compliance but quality of services as well.

Additional information related to data collection and reporting

NH did not achieve the target of 100% compliance for the following indicators: 1 (timely services), 7 (45-day timeline), 8a (early childhood transition), 8b (notification to the LEA and SEA), and 8c (transition conference). Although NH did not achieve 100% in Indicators 1 and 8a, no slippage from FFY20 to FFY21 data was observed. NH did observe slippage from FFY20 to FFY21 in indicators 7, 8b, and 8c. For the results indicators, data for Indicator 2 (natural environment) showed NH did not meet the target and identified a decrease in families requesting services at home via telehealth. NH had an increase in the number of services delivered in other settings due to COVID. Parents determined a non-natural setting was most appropriate to allow services to be provided in a controlled environment. Families requested in person services not take place in their home vs tele-health. Many families requested their in-person visits be held at the location of the program. NH met the target for Indicator 3 (child outcomes) during FFY21. NH met the target for Indicator 4A (family outcomes) but did not for 4b and 4c. NH did observe a slippage in 4c from FFY20 to FFY21. NH achieved the targets for Indicators 5 (child find birth-one) and 6 (child find birth-three). Indicator 9 (hearing requests) and 10 (mediation) data showed that no complaints were elevated to resolution or mediation sessions. Overall, the FCESS system performed well this year in areas of child find, compliance, and quality service provision.

**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.**

New Hampshire (NH) Department of Health and Human Services (DHHS) is the lead agency for the NH Part C system. Within DHHS, the Bureau for Family Centered Services (BFCS), as an agent for the Bureau of Developmental Services (BDS), takes responsibility for all required components of IDEA, federal, and state mandates related to Part C, known in NH as Family Centered Early Supports and Services (FCESS). The state is divided into ten regions in which each have an Area Agency (AA). The AAs contract with BDS to provide FCESS in their regions through their own local program or subcontracts with a vendor. At the beginning of FFY21 there were 15 local FCESS program sites. In January 2022, two local vendor programs, Waypoint and Richie McFarland Children’s Center, merged to form Waypoint at Richie McFarland Center, resulting in 14 local programs. BDS has oversight of the AAs providing a liaison during the IDEA monitoring process along with contract negotiations. The Part C State Office provides oversight of the FCESS programs along with ensuring the IDEA Part C requirements are met. Technical assistance is also provided to local programs throughout the year.   
NH implements IDEA through state administrative rules, He-M 510 http://www.gencourt.state.nh.us/rules/state\_agencies/he-m500.html and He-M 203 http://www.gencourt.state.nh.us/rules/state\_agencies/he-m200.html. The rules guide decision-making at all levels of the Part C FCESS system. The ten AAs, through their local FCESS programs or vendor programs, take referrals, complete evaluations, and provide services to eligible children. Monitoring of the 10 AAs and now 14 local programs is done by BDS, Part C State Office, and BFCS through the data system and site visits.   
  
NH’s statewide data system, referred to as NHLeads, is used to collect individual child data for federal reporting purposes, quality improvement, & system planning. The NHLeads data system is accessed by local FCESS programs, AAs, Part C State Office, and BDS. Data for 618 and this Annual Performance Report (APR) comes from NHLeads and electronically submitted documentation. Validity and reliability of data is addressed by; (a) assigning responsibility for the entry and accuracy of the information to local administrators, (b) reviewing data for completeness prior to generating a report, (c) BDS/Part C State Office review of data to monitor compliance and accuracy, (d) triangulating the data entered into the statewide data system with review of child records and program self-review data, and (e) analyzing data trends to identify patterns or inconsistencies. Technical assistance and training are provided to ensure accurate data entry. BDS maintains a formal agreement with a consultant who is knowledgeable about the data system to provide technical assistance regarding use of the system as well as manage it.  
  
The Part C State Office monitoring review team verifies the accuracy of information and data collected through the NHLeads system during onsite record reviews. Record reviews are done for all programs annually. Part C State Office staff use NHLeads to monitor timely entry of data, compliance with federal indicators and the completeness of the data entries. The Part C State Office runs the NHLeads timely service and transition monitoring reports, identifies random samples (see each Indicator for description of the random sample), and identifies any discovery of noncompliance. If a discovery of noncompliance is identified, the Part C State Office reviews documentation within individual child records to confirm or deny a ‘Finding’ of noncompliance. Programs issued a finding of noncompliance are expected to formulate a Corrective Action Plan (CAP). The program staff, director, AA FCESS management, and Part C State Office staff monitor data to ensure that the CAP is successfully implemented. The program is required to show 100% compliance within one year of receiving a finding. The Part C State Office staff reviews, with the FCESS program director and AA FCESS management, the overall findings of their monitoring activities. Within 3 months of the monitoring assessment, program directors, AA FCESS management, and BDS liaisons receive a formal summary report of the program’s monitoring determinations from the Part C State Office.  
  
The "Know Your Rights" booklet is NH's family friendly description of the state rule He-M 203, complaint resolution process. The booklet is used to enhance and standardize provider explanations of family rights and dispute resolution processes and other procedural safeguards. A printed or electronic copy of the “Know Your Rights” booklet is offered and explained to all families at intake and each IFSP meeting. Families can request further information or a copy of the booklet at any time. All FCESS staff are required to read and document understanding of the "Know Your Rights" booklet as part of the "Welcome to ESS" mandatory training. Local program staff, AA staff, and Part C State Office staff are available to assist families in understanding their rights. The Parent Information Center (PIC) and NH Family Voices (NHFV) work collaboratively with families, the Part C State Office, and local FCESS staff to ensure that families throughout the state understand their rights. The majority of complaints in NH are resolved at the local program or AA level. If a complaint reaches the Part C State Office level, families are offered assistance with formal or informal resolution, as they choose. Parents are always given the option of placing a formal complaint immediately or at any time in the resolution process. A list of trained hearing officers and mediators is maintained by the State Office. Hearing officers and mediators are provided with training that orients them to the IDEA Part C laws, He-M 510 and He-M 203 state rules, structure of the system, and foundational ideals of FCESS. AA and FCESS program directors are expected to review procedural safeguards information with their staff annually. Evidence of annual staff trainings is provided to the Part C State Office as part of the annual monitoring process.

**Technical Assistance System:**

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

Information about training and technical assistance (TA), designed to address; (a) concerns, (b) changes, (c) updates, (d) missing data, and (e) upcoming reports, etc. is given to AA and local program directors to disseminate to their staff. Contact information for the Bureau of Developmental Services (BDS), Part C State Office staff and other statewide resources are in the FCESS program directory. Contact information is updated quarterly or more often if changes arise and disseminated to all members of the system verbally, in print, and electronically. The statewide program directory is posted on the DHHS FCESS website.   
https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/children-special-health-care-needs-4/early  
  
An important element of NH's TA system is the statewide data system, which is used to help programs, AAs, and the state lead agency to improve quality. It provides direct service providers and AAs the opportunity to enter, access, and analyze data directly. Data from this system is used for public awareness and ongoing quality improvement. Individualized training and coaching on use of the data system is available to all FCESS staff through the Part C State Office, by request, or when there is a determination of need.   
  
Statewide training and TA are developed with input from relevant stakeholders. Information about how to access TA is regularly articulated to staff at all levels of the system through verbal, printed, and electronic means. System training is articulated in the state rules, area agency/BDS contracts, and formal written guidance.  
  
Targeted TA is provided when a need is identified or when requested. Statewide training is available to increase knowledge of requirements through online modules, site or remote visits, quarterly meetings, reoccurring training, or individualized coaching.   
  
Requests for TA are responded to promptly and collaboratively. State leadership works with local programs to maintain system quality and consistency. There is a focus on data based decision-making, peer discussion, and implementation of effective practices. State leadership, area agency staff, local program staff, and other early childhood partners regularly share information and developments in our state through; (a) in person conversation, (b) documentation, (c) email, (d) phone, (e) group work, (f) shared access to e-studio documents, (g) data reports, (h) data displays, (i) stakeholder meetings, (j) committee work, and (k) quarterly meetings with local FCESS directors.

**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 current comprehensive system of professional development (CSPD) is aligned with the FCESS State Systemic Improvement Plan (SSIP) and other early childhood initiatives. Each program in the FCESS system is, by state rule, engaged in a continuous quality improvement planning process. System capacity for ongoing training and coaching support has been improved through the SSIP process in collaboration with Early Childhood Technical Assistance Center (ECTA), The Center of IDEA Early Childhood Data Systems (DaSy), and other OSEP affiliated technical assistance partners. FCESS is engaged in the following evidence-based practices related to the SSIP: Diversity & Cultural Competence (D&CC), Child Outcome Summary (COS), and Sustainable Early Engagement for Change (SEE Change). State Level Leadership teams include technical support, staff, and other stakeholders. These groups work together to plan, implement, evaluate, and adjust implementation of the SSIP initiatives.  
1. Initial D&CC training was completed by all FCESS programs in FFY16. This training continues to be provided two to three times a year for new FCESS staff, statewide, as a requirement to be completed within the first year of hire.   
2. All FCESS programs completed the COS training during FFY17. This training continues to be provided two to three times a year for new FCESS staff, statewide, as a requirement to be completed within the first year of hire.  
3. Work on the SEE Change Project to improve child and family engagement through the Division of Early Childhood (DEC) Recommended Practices continues. During this FFY21 reporting period, four local programs participated and completed trainings and two of them fully implemented. There are plans for the two programs who were not able to fully implement the practices during FFY21 to complete in FFY22. Local programs are provided coaching on an ongoing basis by the SEE Change State Leadership team. Data is being collected to evaluate the effects of increased family engagement on child outcomes through the SSIP.   
  
At the state level, funds are designated annually for training and technical assistance, through the Comprehensive System of Personnel Development (CSPD) budget. Line items within the current annual budget identify SSIP practices and current areas of system improvement, to bolster implementation and sustainability of those efforts.  
  
The FCESS system is engaged in improvement activities in addition to the SSIP work. Stakeholders are key partners in the development and monitoring of these improvement activities. Stakeholders include, but are not limited to, state and local FCESS staff, Parent Information Center (PIC), Bureau for Family Centered Services (BFCS), national technical assistance centers, child and family advocates, Bureau of Developmental Services (BDS) management, Office of Health Equity, and early childhood system partners. Stakeholder work groups are engaged in system improvement, planning, and evaluation related to; (a) improving the efficiency and effectiveness of the data system, (b) improving implementation of supports for all children in the FCESS system (c) fiscal planning, (d) statewide consistency of effort, (e) efficiency of monitoring, and (g) authentic integration of stakeholder input with lead agency decision making. FCESS staff at the state, Area Agency, and local program levels participate in work to inform other systems such as Early Hearing Detection and Intervention (EHDI), Home Visiting, childcare, Early/Head Start, policy, funding, and more.  
  
"Welcome to Early Supports and Services" (WESS) orientation is scheduled three times per year. NH state rule mandates that all new staff must complete the online modules, review information with their supervisor, and attend a half day orientation within 6 months of hire. Faculty for this orientation includes parents who have experienced FCESS services in NH, program directors, Part C State Office staff, and Area Agency staff.  
  
The Part C State Office staff meets with new program directors monthly (more if needed) to orient them to requirements and expectations of their new role in the system. An Orientation Manual for New Directors was completed this year to include He-M 510 and He-M 203 state rules, guidance documents, helpful links to ECTA and DaSy websites, and more. Quarterly meetings for local FCESS staff also include training and collaborative work. Qualifications and training expectations are documented in the state rules for Part C NH, He-M 510.   
  
The Comprehensive System of Professional Development (CSPD) also supports:  
1. Early Intervention Specialist Certification, providing a clear career path for FCESS staff. Validators for this certification are coordinated by the Part C State Office.  
2. Mentorship opportunities that are coordinated by the Part C State Office. This arrangement provides FCESS staff with the opportunity for one-to-one and topical mentorships, based on the needs of staff and system.  
3. Quality CSPD opportunities and ensuring that the needs of families, state, and system are met. This responsibility is shared with and maintained by Part C State Office staff, Area Agencies, and FCESS program staff.   
4. Using data to generate initiatives, strategies, and training opportunities that support the broad range of personnel development in collaboration with other state agencies. Collaborations this past year included Pyramid Model Statewide system planning and statewide systems work with; (a) NH Council for Thriving Children, (b) NH Association on Infant Mental Health (NHAIMH), (c) Partners in Health (PIH), (d) Office of Health Equity (OHE), (e) Parent Information Center (PIC), (f) New Hampshire Family Voices (NHFV), (g) NH’s Title V programs, (h) New Hampshire Department of Education (NHED), (i) UNH New Hampshire-Maine Leadership Education in Neurodevelopmental Disabilities Program (LEND), and (j) other systems that benefit children and families.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

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

YES

**Number of Parent Members:**

11

**Parent Members Engagement:**

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

Through stakeholder ICC meetings, New Hampshire engaged parent members in collecting input and recommendations to analyze data, develop improvement strategies, and evaluate progress. A parent of a previous FCESS child serves as NH’s ICC Vice Chair Officer. The ICC has recently encouraged recruitment of parent participation during FFY21 by forming a parent work group to creatively come up with ideas on ways to include more current FCESS families. Currently 5 families participate in the ICC. Funds are available to families for reimbursement for mileage and childcare to participate in meetings, work groups, and other ICC activities. Two parent representatives are also supported for their participation in "Welcome to ESS" (WESS) orientation, and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC. The Part C Office works collaboratively with NH Parent Information Center (PIC), our state parent center, as well as NH Family Voices, which is NH’s parent advocacy center. Their parent networks review and analyze data and report feedback to the Part C Office staff at bimonthly stakeholder meetings.   
  
The Part C State Office provides parent stakeholders data via email to review prior to meetings. Parent stakeholders are encouraged to submit questions via email or phone and attend a 30-minute session prior to scheduled ICC meetings for clarification and questions. Part C State office staff explain individual data points, the purpose of analysis, and the desired outcome. The Part C State Office staff reviews progress of data towards the intended outcome with all stakeholders.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The Part C State Office staff works to increase the engagement of diverse groups of parents to support the development and implementation of activities designed to improve outcomes for infants and toddlers with disabilities and their families by collaboratively working with local programs to encourage local family participation in Part C initiated professional development trainings for all local program staff including “Welcome to ESS” orientation, Sustainable Early Engagement for Change (SEE Change), the Child Outcome Summary training, Interagency Coordinating Council (ICC), and Diversity and Cultural Competence (DCC).   
  
Through Diversity and Cultural Competence (DCC) trainings, staff are trained to identify individual family cultures and tailor activities to be inclusive of diverse groups of parents and include them in all FCESS activities designed to improve outcomes for infants and toddlers with disabilities and their families. The SEE Change program, which NH is actively engaging in, is targeting improving parental participation in activities. Combining this with the efforts NH has taken for training all ESS staff in Diversity and Cultural Competency, NH expects to increase the capacity of diverse groups of parents to support the development of, and participation in, activities designed to improve outcomes for infants and toddlers with disabilities and their families. Recruitment activities for ICC are specifically targeting diverse groups of parents to obtain further input from those diverse groups into ESS processes.  
  
Throughout FFY21, there has been an increased emphasis on gathering input from a diverse group of parents. Family friendly flyers, which were vetted through the current ICC parent members, were distributed throughout local programs to increase parent participation. Individual phone calls from the Part C State office and ICC parent members were made to formally introduce and invite parents to those meetings. Although great efforts were made, NH still struggles with new parent input. During FFY22, New Hampshire has plans on translating ICC flyers into varies languages to help increase and entice families who’s native language is not English to join or participate in the ICC increasing diversity. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**Soliciting Public Input:**

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

NH solicits public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress though publicly held Interagency Coordinating Council (ICC) meetings. These bimonthly meetings are publicly posted at https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/nh-interagency-coordinating-council. The public has the opportunity to provide feedback and recommendations during these meetings. All meeting minutes are posted after approval by the ICC members. These meetings are currently held virtually to increase public participation.   
  
Stakeholder groups were provided data for setting targets with explanation via email approximately two weeks prior to scheduled meetings for their review. Following review and analysis of data and trends, stakeholders were encouraged to provide any additional feedback via phone or email within the following month of the meeting.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

NH publicly posts all approved Interagency Coordinating Council (ICC) meeting minutes at https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/nh-interagency-coordinating-council. These minutes include all public input. Minutes are reviewed and voted on for approval during the beginning of each following ICC meeting. The Part C Office staff responds to questions raised by ICC members and the public in response to minutes reviewed. The Part C Office uploads approved minutes to the website within 15 days of approval.

**Reporting to the Public:**

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

The State Performance Plan (SPP) Annual Performance Report (APR) for each monitoring period is posted on the DHHS Lead Agency website on the FCESS page no later than 120 days following OSEP approval. The performance of each program is incorporated into the SPP/APR for public reporting. The FFY20 APR annual report to the public, reporting on the period of July 1, 2020 to June 30, 2021 was made available electronically, through e-mail, and was posted on the FCESS website: https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/family-centered-early-supports-services-0. Hard copies were also available from the Part C State Office by contacting Nicole Bushaw via phone 603-271-6711 or email Nicole.M.Bushaw@dhhs.nh.gov. The report was discussed at all stakeholder meetings.  
  
The Part C State Office staff disseminates the APR report, other performance information, training information, and updates electronically and at quarterly meetings, to FCESS program directors and representatives of the AAs. FCESS program directors then disseminate information to direct service providers and families, as appropriate. In addition, notice is given to the media for statewide distribution specifying where copies can be obtained. Copies of materials are available through BDS, the Part C State Office, New Hampshire Family Voices (NHFV), and the Parent Information Center (NH PIC). Local program data for compliance FFY21 indicators is publicly posted at https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/fcessprocomp-ffy21.pdf. The ICC is also kept aware of FCESS activities and performance on an on-going basis.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | NVR | 97.67% | 100.00% | 99.80% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 596 | 671 | 99.80% | 100% | 98.96% | 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.***

68

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

Sixty-eight infants and toddlers with IFSPs received delayed services due to exceptional family circumstances (EFC). Documented EFCs reviewed and verified by the state Part C office included: parent not returning calls to schedule visits, families cancelling timely scheduled visits due to illness and other scheduling conflicts, families requesting to reschedule beyond the projected start date, families no-showing timely scheduled visits, and one child had not been seen by the pediatrician in over two years - pediatrician refused to sign OT order until child was seen. Although delayed, all 68 services were provided with parental consent at a time that was convenient and agreed upon by the family. Seven services were provided past the projected start date due to reasons within program control (WPC). Documented WPC reasons reviewed and verified by the state Part C office included: provider error in offering dates to schedule visits after the projected start date identified in the IFSP, provider on vacation, and no reason for delay present in record.

**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).**

New Hampshire's (NH’s) Family Centered Early Supports and Services (FCESS) criteria for compliance with Indicator 1, Timely Services, is defined as any early therapeutic intervention service identified in the initial IFSP and any additional early therapeutic intervention services identified in subsequent IFSPs, consented to by the parent, are initiated by the projected start date identified in the IFSP. Parent/Guardian indicates agreement with the projected start date when providing their consent signature. The projected start date is agreed upon and identified by the IFSP team, which includes the parent/guardian, when developing the IFSP. The projected start date is expected to be no more than 30 days from the IFSP consent date unless documented EFC require more than 30 days.

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

State monitoring

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

NH Part C State Office was able to conduct onsite monitoring for FFY21. The Part C State Office directed local programs to have the random selected 10 sample records available to verify data reliability and for any noncompliance identified in the program’s Timely Service Monitoring report. The Part C State Office monitoring team reviewed documentation for verification of compliance.  
  
All 15, now 14 as of January 1, 2022, NH Part C FCESS local programs are using the NH Leads state database system throughout the year. To verify that information in the data system is valid and reliable, 10 IFSPs from the Timely Service Monitoring report (including the months of July – November) were reviewed by the Part C State Office monitoring team for each local program. The Timely Service Monitoring report indicates the projected start date of therapeutic intervention services and the actual start date the services identified in the IFSP were provided. If a discovery of noncompliance is identified in the initial data report, local programs have a 90-day pre-finding correction period to provide documented acceptable circumstances or demonstrate 100% compliance with Indicator 1. If 100% compliance is not demonstrated within the 90-day pre-finding correction period, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided to local programs by the Part C State Office staff to ensure successful correction of noncompliance.  
  
The target for Indicator 1 is 100% compliance for all local FCESS programs in NH. The state included in its calculation the number of children for whom the state identified the cause for the delay as exceptional family circumstances documented in the child’s record. NH did not meet its target of 100% compliance for FFY21. NH achieved 98.96% compliance for FFY 21 reporting through review of NHLeads data system and review of individual child documentation submitted and verified for Indicator 1. Eleven of 15 local programs achieved 100% compliance in the data for reporting and review of individual child documentation. A Discovery of noncompliance was identified at the following local programs; Community Bridges (97%), Rise for baby and family (98%), Gateways Community Services (95.52%), and Easterseals R10 (99%). Following the 90-day pre-finding correction period, review of data and requested documentation determined Rise for baby and family, Gateways Community Services and Easterseals R10 were 100% compliant. A Finding was not issued. Community Bridges had a data breech earlier in the year, resulting in a delay in data entry. Following the 90-day pre-finding correction period, a Timely Services report was pulled which had only a small portion of their current data. The Part C office was unable to adequately monitor the program’s progress in the post-correction period and issued a Finding of Noncompliance. Therefore, the program has been issued a Corrective Action Plan (CAP) that was developed with the local program and approved by the Part C office.   
  
In the data report sample of 671 records for FFY21 reporting, 596 were found to have received timely therapeutic intervention services and 68 had documented exceptional family circumstances (EFC) that contributed to the delay of timely receipt of services. The Part C State Office monitoring team verified EFC through review of records (case notes and phone logs) provided at the onsite visit. Seven services were provided past the projected start date due to within program control (WPC). Documented WPC reviewed and verified by the state Part C office included: no reason for the delay, provider error in offering dates to schedule visits after the projected start date identified in the IFSP and a provider was on vacation.

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

Overall, the COVID-19 pandemic did not affect NH’s Indicator 1 data or performance this FFY21 reporting year. Programs were able to accommodate each family’s needs by providing an array of services either remotely, via telehealth, or in-person.

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

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

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

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

Noncompliance was reported in FFY20 for Indicator 1, Timely Services, provided between July 1, 2020 and November 30, 2020. This date range is reflective of data reported in the FFY 2020 State Performance Plan (SSP)/Annual Performance Report (APR). Any program not meeting the required 100% was placed on a Corrective Action Plan (CAP). The Part C office identified the areas of need for the CAP and the local program created a plan on how they will address the need in order to comply with the 100% compliance. The local program then provided the CAP to the Part C office, where it was discussed with the local program and approved. Using the NHLeads state database system throughout the year, a Timely Services Monitoring report was pulled quarterly (e.g. July-September for Quarter 1) to verify that information in the data system was valid and reliable. The Timely Service Monitoring report indicated the projected start date of therapeutic intervention services and the actual start date the services identified in the IFSP were provided. The Part C office reviewed requested documents that were submitted electronically and verified for accuracy and compliance.   
  
Noncompliance reported in FFY20 State Performance Plan (SSP)/Annual Performance Report (APR) for Indicator 1, Timely Services, included one service that occurred past the projected start date. Local program Gateways (GW) data was reported as 97.92% compliant with one late service. The state identified this delay in timely services as a finding of noncompliance and Gateways engaged in a CAP for 1 year.  
  
Gateways Community Services was the only local program identified with a Finding for Indicator 1 for FFY20. The Part C office pulled quarterly Timely Services Monitoring reports in October, January, April and July to review data and requested a randomly selected sample of IFSPs and service contact notes to ensure accuracy of data. Quarter one’s data report included three records from July 1, 2021-September 30, 2021. Three records were reviewed, and the program was determined to be not compliant for two of the three records. Meetings were set up between the local program and Part C Office and local program training was completed. Quarter two’s data report included four records from October 1, 2021-December 30, 2021. One record was out of compliance due to documented exceptional family circumstances. All other records reviewed were compliant. Quarter three’s data report included fourteen records from January 1, 2022-March 31, 2022. Four records were reviewed; one was late due to exceptional family circumstance. All others were compliant. Quarter four’s data report from April 1, 2022-June 30, 2022 included eleven records. Seven records were reviewed and two were due to documented and verified exceptional family circumstances. All other records were compliant. It was determined that Gateways Community Services did correct the noncompliance over the course of the year. The state Part C Office has verified that the local GW program with a finding of noncompliance identified in FFY20 and reported by New Hampshire under this indicator in the FFY20 SPP/APR are correctly implementing the regulatory requirements, consistent with OSEP Memorandum 09-02.

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

Noncompliance reported in FFY20 State Performance Plan (SSP)/Annual Performance Report (APR) for Indicator 1, Timely Services, included one service that occurred past the projected start date. Local program Gateways (GW) data was reported as 97.92% compliant with one late service. The state identified this delay in timely services as a finding of noncompliance. After review of the one child’s record, it was determined although late, the child did receive Speech Therapy four days past the projected start date that was identified within the IFSP. The provider only offered dates for the first visit outside of the projected start date.

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

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

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.84% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 98.40% | 98.50% | 98.50% | 98.50% | 97.94% |
| Data | 97.92% | 98.09% | 98.51% | 97.53% | 97.94% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 97.94% | 98.04% | 98.04% | 98.14% | 98.14% |

**Targets: Description of Stakeholder Input**

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,703 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 1,927 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,703 | 1,927 | 97.94% | 97.94% | 88.38% | Did not meet target | Slippage |

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

New Hampshire’s (NH) 618 data for reporting Indicator 2 was gathered from the NHLeads data system and reported in EMAPS. The 618 child count and setting data represents children with active IFSPs at one point in time: December 1, 2021. The target for Indicator 2, services in natural environments, for FFY21 was 97.94%. The data collected on 12/1/21 indicates 88.38% of children received services in a natural environment. NH set FFY21 target of 97.94% based on stakeholder input during FFY20.   
  
FFY21 data decreased by 9.56% in comparison with FFY20 data. Six of the 15 local programs’ data indicated an increase in the number of services delivered in other settings due to COVID. During IFSP team meetings, the team determined at the request of the parents to provide services in a non-natural setting. Services took place at local programs and the IFSP team determined this location as the most appropriate to allow services to be provided in a controlled environment. Families requested services not take place in their home and preferred in-person services vs remote. NH statewide data shows 12.51% of children did not receive services within a natural environment. This is an increase, as NH historically has remained consistent at approximately 2% over the years.

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

NH Part C State Office was conducted onsite monitoring for FFY21. The Part C State Office directed local programs to have available documentation from the children’s records for the random sample identified in the program’s Timely Service Monitoring report. The Part C State Office monitoring team reviewed both timely services (which is Indicator 1) and verification of acceptable justification for IFSP services not delivered in Natural Environments. All IFSPs had plans and timelines to revisit the setting to determine if services in a non-natural environment were still appropriate.   
  
During FFY21 state monitoring, a sample of 10 IFSPs per each of the 15 programs were reviewed for Indicator 2. The FFY21 monitoring review included a total of 150 individual child records. Individual child documentation reviewed showed that out of 150 children, 31 did not received services in the natural environment. The state verified through individual IFSP review that all 31 children who were not receiving services in the natural environment were due to continued COVID concerns. Justification and a timeline plan to move services back to the natural environment were documented in IFSPs.

## 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**

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**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?**

Aggregated Performance

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2020 | Target>= | 82.99% | 83.09% | 83.09% | 82.70% | 59.11% |
| **A1** | 59.11% | Data | 82.15% | 74.67% | 72.24% | 65.61% | 59.11% |
| **A1 ALL** | 2020 | Target>= |  | 83.09% | 83.09% | 82.70% | 59.16% |
| **A1 ALL** | 59.16% | Data | 82.32% | 74.71% | 72.11% | 65.33% | 59.16% |
| **A2** | 2020 | Target>= | 71.42% | 71.52% | 71.52% | 71.13% | 62.03% |
| **A2** | 62.03% | Data | 67.13% | 64.06% | 63.88% | 63.80% | 62.03% |
| **A2 ALL** | 2020 | Target>= |  | 71.52% | 71.52% | 71.13% | 63.32% |
| **A2 ALL** | 63.32% | Data | 67.47% | 64.15% | 63.92% | 63.53% | 63.32% |
| **B1** | 2020 | Target>= | 84.50% | 84.50% | 85.00% | 85.26% | 60.68% |
| **B1** | 60.68% | Data | 84.88% | 79.34% | 73.88% | 66.88% | 60.68% |
| **B1 ALL** | 2020 | Target>= |  | 84.50% | 85.00% | 85.26% | 58.99% |
| **B1 ALL** | 58.99% | Data | 85.04% | 79.41% | 74.05% | 66.55% | 58.99% |
| **B2** | 2020 | Target>= | 67.10% | 67.20% | 67.20% | 68.89% | 49.22% |
| **B2** | 49.22% | Data | 64.12% | 60.59% | 54.28% | 53.76% | 49.22% |
| **B2 ALL** | 2020 | Target>= |  | 67.20% | 67.20% | 68.89% | 48.44% |
| **B2 ALL** | 48.44% | Data | 64.34% | 60.65% | 54.53% | 53.65% | 48.44% |
| **C1** | 2020 | Target>= | 86.67% | 86.77% | 86.77% | 86.38% | 67.52% |
| **C1** | 67.52% | Data | 85.41% | 81.10% | 77.33% | 70.95% | 67.52% |
| **C1 ALL** | 2020 | Target>= |  | 86.77% | 86.77% | 86.38% | 67.71% |
| **C1 ALL** | 67.71% | Data | 85.59% | 81.22% | 77.11% | 70.58% | 67.71% |
| **C2** | 2020 | Target>= | 72.75% | 72.85% | 72.85% | 72.50% | 52.72% |
| **C2** | 52.72% | Data | 69.32% | 63.97% | 60.22% | 56.98% | 52.72% |
| **C2 ALL** | 2020 | Target>= |  | 72.85% | 72.85% | 72.50% | 54.24% |
| **C2 ALL** | 54.24% | Data | 69.56% | 64.31% | 60.32% | 56.67% | 54.24% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 59.11% | 59.61% | 59.61% | 60.11% | 60.11% |
| Target A1 ALL >= | 59.16% | 59.66% | 59.66% | 60.16% | 60.16% |
| Target A2 >= | 62.03% | 62.13% | 62.13% | 62.23% | 62.23% |
| Target A2 ALL >= | 63.32% | 63.42% | 63.42% | 63.52% | 63.52% |
| Target B1 >= | 60.68% | 61.18% | 61.18% | 61.68% | 61.68% |
| Target B1 ALL >= | 58.99% | 59.49% | 59.49% | 59.99% | 59.99% |
| Target B2 >= | 49.22% | 49.32% | 49.32% | 49.42% | 49.42% |
| Target B2 ALL >= | 48.44% | 48.54% | 48.54% | 48.64% | 48.64% |
| Target C1 >= | 67.52% | 68.02% | 68.02% | 68.52% | 68.52% |
| Target C1 ALL >= | 67.71% | 68.21% | 68.21% | 68.71% | 68.71% |
| Target C2 >= | 52.72% | 53.22% | 53.22% | 53.72% | 53.72% |
| Target C2 ALL >= | 54.24% | 54.74% | 54.74% | 55.24% | 55.24% |

**FFY 2021 SPP/APR Data**

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

1,329

**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 | 1 | 0.08% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 330 | 25.27% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 160 | 12.25% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 383 | 29.33% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 432 | 33.08% |

| **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 | 1 | 0.08% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 337 | 25.36% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 160 | 12.04% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 391 | 29.42% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 440 | 33.11% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 543 | 874 | 59.11% | 59.11% | 62.13% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 815 | 1,306 | 62.03% | 62.03% | 62.40% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 551 | 889 | 59.16% | 59.16% | 61.98% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 831 | 1,329 | 63.32% | 63.32% | 62.53% | Did not meet target | No Slippage |

**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 | 3 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 386 | 29.56% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 224 | 17.15% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 465 | 35.60% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 228 | 17.46% |

| **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 | 3 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 394 | 29.65% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 227 | 17.08% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 473 | 35.59% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 232 | 17.46% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 689 | 1,078 | 60.68% | 60.68% | 63.91% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 693 | 1,306 | 49.22% | 49.22% | 53.06% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 700 | 1,097 | 58.99% | 58.99% | 63.81% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 705 | 1,329 | 48.44% | 48.44% | 53.05% | Met target | No Slippage |

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 349 | 26.72% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 226 | 17.30% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 570 | 43.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 161 | 12.33% |

| **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 | 357 | 26.86% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 228 | 17.16% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 580 | 43.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 164 | 12.34% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 796 | 1,145 | 67.52% | 67.52% | 69.52% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 731 | 1,306 | 52.72% | 52.72% | 55.97% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 808 | 1,165 | 67.71% | 67.71% | 69.36% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 744 | 1,329 | 54.24% | 54.24% | 55.98% | Met target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 1,931 |
| 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. | 547 |

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

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

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

New Hampshire (NH) Part C uses the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS) process, which is a team approach for summarizing information on a child’s functioning in each of the three child outcome areas using a 7-point scale. A team can consider multiple sources of information about a child, including results from assessment, parent input, Larimer County Age-Anchoring tool, and observations. Local programs enter individual child COS entry ratings into the state NHLeads data system for infants and toddlers who are at least 6 months of age and enter exit ratings for those who have received FCESS for at least 6 months. The COS data report is run by the data manager or Part C Office staff for the current SSP/APR reporting year using the COS data calculator.

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

Indicator 3, Outcomes A, B and C data was reported, first, for infants and toddlers with IFSPs exiting the NH Part C FCESS program, not including those in the “At-Risk” eligibility category. This group included 1,306 infants and toddlers. NH data was reported, secondly, for all infants and toddlers with IFSPs exiting the NH Part C FCESS program, including those in the “At-Risk” eligibility category. This group included 1,329 infants and toddlers.  
  
Indicator 3, Outcome A measuring positive social-emotional skills (including social relationships) included: Summary Statement 1 (A1) measuring the percentage of those who substantially increased their rate of growth by the time they exited the program and Summary Statement 2 (A2) measuring the percentage of those who were functioning within age expectations by the time they exited the program. Local program data for A1 showed six of 15 programs, with data between 36.36% & 54.84%, performed below the statewide target of 59.11% in the group of 1,306 infants and toddlers (excluding At Risk category). Seven local programs, with data between 36.36% & 58.97%, performed below the statewide target of 59.16% in the group of 1,329 infants and toddlers (including At Risk category) for A1. Based on the 1,306 infants and toddlers (excluding At Risk category), seven local programs, with data between 47.22% & 60.00%, performed below the statewide data of 62.03% for A2. Based on the1,329 infants and toddlers (including At Risk category), nine of 15 local programs, with data between 47.26% & 63.27%, performed below the statewide data 63.32% for A2.   
  
Indicator 3, Outcome B measuring acquisition and use of knowledge and skills (including early language/communication) included: Summary Statement 1 (B1) measuring the percentage who substantially increased their rate of growth by the time they exited the program and Summary Statement 2 (B2) measuring the percentage of those who were functioning within age expectations by the time they exited the program. Local program data for B1 showed eight of 15 programs, with data between 35.00% & 60.00%, performed below the statewide target of 60.68% in the group of 1,306 infants and toddlers (excluding At Risk category). Five local programs, with data between 35.00% & 58.73%, performed below the statewide data of 58.99% in the group of 1,329 infants and toddlers (including At Risk category) for B1. Based on the 1,306 infants and toddlers (excluding At Risk category), two local programs, with data between 33.60% & 40.00%, performed below the statewide target of 49.22% for B2. Based on the 1,329 infants and toddlers (including At Risk category), two of 15 local programs, with data between 36.30% & 40.00%, performed below the statewide target 48.44% for B2.  
  
Indicator 3, Outcome C measuring use of appropriate behaviors to meet their needs included: Summary Statement 1 (C1) measuring the percentage of those who substantially increased their rate of growth by the time they exited the program and Summary Statement 2 (C2) measuring the percentage of those who were functioning within age expectations by the time they exited the program. Local program data for C1 showed five of 15 programs, with data between 42.31% & 65.82%, performed below the statewide target of 67.52% in the group of 1,306 infants and toddlers (excluding At Risk category). Six local programs, with data between 42.31% & 67.69%, performed below the statewide data of 67.71% in the group of 1,329 infants and toddlers (including At Risk category) for C1. Based on the 1,306 infants and toddlers (excluding At Risk category), five local programs, with data between 34.93% & 50.00%, performed below the statewide target of 52.72% for C2. Based on the 1,329 infants and toddlers (including At Risk category), five of 15 local programs, with data between 34.93% & 51.35%, performed below the statewide target 54.24% for C2.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2010 | Target>= | 87.50% | 87.50% | 88.00% | 88.00% | 82.72% |
| A | 86.00% | Data | 86.94% | 88.83% | 90.63% | 85.12% | 82.72% |
| B | 2010 | Target>= | 91.50% | 91.70% | 92.00% | 92.00% | 88.22% |
| B | ###C04BBASEDATA### | Data | 91.42% | 93.87% | 92.50% | 91.15% | 88.22% |
| C | 2010 | Target>= | 87.50% | 87.70% | 88.00% | 88.00% | 84.55% |
| C | 85.00% | Data | 87.87% | 90.27% | 91.72% | 87.57% | 84.55% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 82.72% | 83.72% | 84.72% | 85.72% | 86.72% |
| Target B>= | 89.22% | 90.22% | 91.22% | 92.22% | 93.22% |
| Target C>= | 85.55% | 86.55% | 87.55% | 88.55% | 89.55% |

**Targets: Description of Stakeholder Input**

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,050 |
| Number of respondent families participating in Part C | 461 |
| Survey Response Rate | 43.90% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 391 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 461 |
| 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 | 408 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 461 |
| 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 | 385 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 461 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 82.72% | 82.72% | 84.82% | 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) | 88.22% | 89.22% | 88.50% | Did not meet 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) | 84.55% | 85.55% | 83.51% | Did not meet target | Slippage |

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

New Hampshire’s (NH) FFY21 Family Outcome Survey (FOS) data 83.51% did not meet its 85.55% target for percentage of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (4C). NH’s FFY21 data indicated a 1.04% slippage in comparison to FFY20 data for Indicator 4C. State data analysis identified 7 of 14 local programs’ data was below the 85.55% target. These 7 programs include: Northern Human Services 81.25%, Waypoint/RMCC 81.82%, Rise for baby and family 84.21%, Gateways 77.21%, The Children’s Pyramid R6 75%, Easterseals R7 69.57%, and Easterseals R10 65%. The average of these programs that did not meet target is 76.30%. Both of the lowest scoring programs, Easterseals R7 and Easterseals R10, had very low return rates (ES10 37.7% return rate, ES7 20.72% return rate).   
  
The decrease in local parent participation in the FOS at these programs impacted the state data and slippage for Indicator 4C. Five out of the seven local programs serve higher populated areas, which had an increase in COVID 19 outbreaks. Many of these programs offered virtual visits per parent request, rather than in-person. Many of these variables may have impacted families’ responses to the survey (i.e. increased stressors, home schooling, caring for additional children, added financial burdens, changes to family schedules, and adjusting to virtual services) which may have also impacted data slippage. The average of the 7 programs achieving above target level average 90.35%.

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

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

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

The demographics of the FOS respondent group are checked for alignment with the demographics of the 618 12/1/2021 Child Count to further ensure representativeness of the FCESS statewide system. Comparison of 618 data and the FOS responses showed that the percentage of families identifying as two or more races as well as racial categories other than white were not representative of the infants and toddlers enrolled in the Part C program on 12/1/2021. Black or African American (618 data 1.82%, FOS 1.34%) had a -0.48% and Hispanic/Latino (618 data 4.41%, FOS 3.82%) had a -0.59% with an overall 1.07% difference in the FOS respondents than the 618 reported 12/1/21 Child Count data. This FOS percentage difference in comparison to the 618 percentage indicates a less than representative sample of families in these race and ethnicity categories receiving services through FCESS statewide. These numbers may not be reflective of our diverse population due to 154 respondents opting out of identifying race on the FOS (14.69%). The Part C State Office made race/ethnicity a required field in all online surveys. However, the Part C State Office cannot control which questions families choose to answer on the paper version. This demographic distribution analysis is anticipated to accurately determine the race and ethnicity of infants, toddlers, and families enrolled in the Part C program over the course of a year compared to the 618 data, which only indicates a single point in time. The Part C State Office will continue to work with local programs, Parent Information Center, and NH DHHS Office of Health Equity to provide the on-line survey in other languages that are identified as NH primary languages. New to FFY21, the FOS online survey was available in Spanish and French through unique URL and QR codes. The Part C State Office also offered to local programs to continue to prepare the paper version of the surveys for local programs in multiple languages. All programs are expected to participate in activities that will maintain a high response rate including, but not limited to, providing interpreters, hand-delivering surveys, offering the online option, assistance with understanding the survey and its purpose, and assistance with mailing sealed surveys to the Part C State Office. The Part C State Office will continue to evaluate the need for other languages in paper and digital format as the needs of our families evolve. In addition, parents or guardians are offered Area Agency support, as well as interpreters to assist when their primary language is other than English and/or who have limited English proficiency. During FFY21, NH increased respondents specifically in the Hispanic/Spanish speaking families by expanding the online survey to include Spanish. During FFY21 NH increased response rates from Hispanic/Spanish speaking families by 0.81% from FFY20. NH will work with our family advocacy groups to conduct strategic stakeholder meetings that include families across different race and ethnicity groups to identify potential barriers in completing the FOS and determine if the questions are appropriate or misleading. Local programs may provide families access to technology to respond to the FOS online survey during scheduled visits. Programs will also consider providing personalized reminders to families of the FOS survey and attach a potential incentive for completing the survey.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 44.26% | 43.90% |

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

NH experienced a decrease of 0.36% response rate from FFY20 to FFY21. In years past, the Family Outcome Survey was offered in multiple languages via paper form. Since the COVID-19 pandemic, an online option was offered to families in English only in FFY20. This year, the Part C State Office offered the online survey in Spanish and French, in addition to English. A paper version was available in 15 languages to meet the needs of NH families. The Part C State Office will continue to evaluate the need for other languages in paper and digital format as the needs of our families evolve. In addition, parents or guardians are offered Area Agency support, as well as interpreters, to assist when their primary language is other than English and/or when they have limited English proficiency.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

NH has an online survey for English, Spanish and French readers. However, the Part C State Office and local programs are able to identify non-English reader needs through the NHLeads state data system. In FFY21, paper surveys were distributed to local programs in the following languages: 1 Arabic, 4 Nepali, 6 Spanish, 1 Chinese, and 2 Swahili. NH promotes responses from a broad cross section of families through the distribution of paper survey versions for English and non-English readers. The statewide response rate for this year’s family outcomes survey is 43.90%. Out of the 43.90% of respondents, white families had the highest response rates (85.68% decrease of 0.04% from FFY20), followed by Hispanic/Latino (3.69% increase of 0.92% from FFY20), Multi-Racial-unspecified (2.60% decrease of 5.71% from FFY20), Asian (1.52% decrease of 0.17% from FFY20), African American or Black (1.30% increase of 0.54% from FFY20), and Native Hawaiian or Pacific Islander (0% decrease of 0.25% from FFY20).  
  
The Part C State Office offered local programs to continue to prepare the paper version of the surveys in multiple languages. All programs are expected to participate in activities that maintain a high response rate, including but not limited to providing interpreters, hand-delivering surveys, offering an online option, assistance with understanding the survey and its purpose, and assistance with mailing sealed surveys to the Part C State Office.

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

FFY21 Family Outcome Surveys (FOS) were distributed to all families with current active IFSPs, who participated in NH Part C Family Centered Early Supports and Services (FCESS) for at least 6 months as of April 1, 2022. The Part C State Office created and distributed survey links to local programs to offer families the online survey in English, Spanish or French. The Part C State Office also offered local programs to continue to prepare the paper version of the surveys in multiple languages. All programs are expected to participate in activities that will maintain a high response rate including but not limited to providing interpreters, hand-delivering surveys, offering an online option, assistance with understanding the survey and its purpose, and assistance with mailing sealed surveys to the Part C State Office.  
  
All 14 local FCESS programs participated in the FFY21 FOS process with respondents from all regions of the state. Local programs distributed 1050 (54.49% of 618 12/1/2021 child count data) surveys. The statewide response rate of 43.90% represented 461 families served by FCESS for 6 months or more in this FFY21 reporting period. Survey collected demographics include child’s race, ethnicity, and gender. Data is analyzed at state and local program levels to ensure representativeness is obtained and the results represent the work of the Part C FCESS statewide system.   
  
The demographics of the FOS respondent group are checked for alignment with the demographics of the 618 12/1/2021 Child Count to further examine representativeness of the FCESS statewide system. Race, ethnicity and gender are self-reported through the survey. Comparison of 618 data and the FOS responses showed the following percentage difference in five race and ethnicity categories; American Indian or Alaskan Native 618 data 0.05%, FOS 0.10% showed a +0.05% difference. Asian 618 data 2.08%, FOS 1.52% showed a -0.56% difference. Black or African American 618 data 1.82%, FOS 1.30% showed a -0.52% difference. Hispanic/Latino 618 data 4.41%, FOS 3.69% showed a -0.72% difference. Native Hawaiian or Other Pacific Islander 618 data 0.16%, FOS 0.0% showed a -0.16% difference. These differences indicate an overall 2.84% difference in minority family FOS respondents than the 618 reported 12/1/21 Child Count data. In the race categories of Two or more (618 data 5.19%, FOS 4.10%) and White (618 data 86.30%, FOS 73.95%). This FOS percentage difference in comparison to the 618 percentage indicates a less than representative sample of families in these race and ethnicity categories receiving services through FCESS statewide. These numbers may not be reflective of our diverse population due to 154 respondents opted out of identifying race on the FOS (14.69%). NH had an overall 20.68% increase in the FOS respondents in FFY21 ((461-382)/382).   
  
Data comparison of gender between 618 Child Count data and the FOS responses indicate a representativeness of gender for children receiving services through FCESS statewide. 618 data included 36.06% females and 63.93% males. FOS data included 38.10% females and 61.71% males for FFY21. This data indicates a representativeness of families of children of both genders receiving services through FCESS statewide.

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

For FFY21 reporting, representativeness was analyzed by examining the 618 12/1/21 Child Count data (which includes race, ethnicity and gender) to the Family Outcome Survey (FOS) responses (which includes self-reported race, ethnicity and gender) to determine race and gender representativeness between infants and toddlers with active IFSPs and families who responded to the FOS survey. The State’s FOS data report used for survey distribution does not include race, ethnicity, and gender. The Part C State Office gathered this information manually and is working with the data systems controller to improve the FOS data distribution report to include race, ethnicity, and gender to improve analysis for representativeness between infants and toddlers enrolled receiving the survey and responses submitted.   
  
A 0.52% difference was noted in those who have an active IFSP in comparison to those who responded to the survey who identify as Black or African American.   
  
When reviewing program requests of languages other than English, NH provided 6 Spanish paper surveys. Although NH did not receive any of the 6 requested Spanish surveys in return, NH did receive 6 responses from families to the online Spanish survey. Two surveys were requested in Swahili and 50% responded via paper. Other languages that were requested but were not submitted were Arabic (1 survey), Nepali (4 surveys), and Chinese (1 survey). Tracking requested surveys in various languages and response rates allows for NH to further explore non-response bias in subsequent APRs. NH increased respondents specifically in the Hispanic/Spanish speaking families by expanding the online survey to include Spanish. During FFY21 NH increased response rates from Hispanic/Spanish speaking families by 0.81% from FFY20.  
  
Utilizing the NHLeads data system, the State will continue to analyze the actual number of surveys distributed by race and ethnicity in comparison with non-white children enrolled in FCESS throughout the fiscal year. Results will be summarized in subsequent APRs.

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

FFY21 Family Outcome Surveys (FOS) were distributed to all families with current active IFSPs and who participated in NH Part C Family Centered Early Supports and Services (FCESS) for at least 6 months as of April 1, 2022. The Part C State Office created and distributed survey links to local programs to offer families the survey online in English, Spanish and French. The State also provided local programs with paper copies in multiple additional languages.

## 4 - Prior FFY Required Actions

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

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

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.38% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.70% | 1.80% | 1.90% | 1.90% | 1.84% |
| Data | 2.28% | 2.43% | 2.38% | 7.97% | 1.84% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.91% | 1.98% | 2.05% | 2.12% | 2.19% |

Targets: Description of Stakeholder Input

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 284 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 11,431 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 284 | 11,431 | 1.84% | 1.91% | 2.48% | Met target | No Slippage |

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

New Hampshire (NH) serves children with established conditions, children with a 33% or more developmental delay in any one area of development, atypical behavior, and children who are at risk for substantial delay. The greatest numbers of children eligible for services are those in the developmental delay category. Children at risk for substantial delay are eligible for services if there are five child or family risk factors. NH continues to monitor outreach efforts to the at-risk population, particularly those affected by substance misuse or those who are homeless, to ensure we are reaching eligible children in this vulnerable population. In NH FCESS, early childhood partners and family organizations work continuously to improve the early identification of children with the need for Part C services.   
  
State data shows that most children are referred to FCESS by pediatricians and family members. Outreach is provided through multiple venues such as NH DHHS website, printed materials, local program outreach activities, and collaboration with other early childhood partners. Participation in NH’s Early Childhood Advisory Council, elevates public awareness of Part C FCESS. NH Part C staff also work closely with and support the NH Watch Me Grow developmental screening network. State and national data shows that NH's public awareness and Child Find systems are effectively reaching potentially eligible children and families. NH Part C FCESS consistently achieves a high level of success in this area when compared to the national average.  
  
Data used to determine the number of children served is taken from the statewide data system. The Part C State Office, regional area agencies, and local programs verify data to ensure accuracy. The verified data is used for Federal reporting on December 1 - child count data reports under section 618 of the IDEA. The December 1 child count data for this report is the number of children, age birth through one year, with active IFSPs on 12/1/2021. Active IFSPs are considered any IFSP with parental consent. Information used in the IDEA Part C National Table are considered ‘point in time’ data and reflect the number of children with active IFSPs as of 12/1 of any given year. National data Sources: U.S. Department of Education, EDFacts Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,” 2021. Data extracted as of July 6, 2022. U.S. Bureau of the Census. "2021 State Population Estimates by Age, Sex, Race, and Hispanic Origin". Data accessed July 2022 from http://www.census.gov/popest.   
  
Data collected by Part C FCESS in NH shows that the number of children served has been steadily increasing. The NH FCESS system consistently surpasses state targets for Indicator 5. The target for child find, birth to one, for FFY21 was 1.91% of the total population for this age group. The state Part C FCESS system achieved a rate of 2.48% of the state birth to one population being served. This is an increase of 62 NH infants and toddlers birth to 1 being served even though our population of infants and toddlers birth to 1 decreased by 621 children. FFY21 data increased from FFY20 data by 0.64%.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.96% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 3.70% | 3.80% | 3.90% | 3.90% | 4.60% |
| Data | 5.19% | 5.35% | 5.70% | 5.66% | 4.60% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 4.75% | 4.89% | 5.04% | 5.18% | 5.33% |

Targets: Description of Stakeholder Input

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 1,927 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 36,380 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,927 | 36,380 | 4.60% | 4.75% | 5.30% | Met target | No Slippage |

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

New Hampshire Part C FCESS system met the state target for Indicator 6. The target for child find, birth through age 2, for FFY21 was 4.75% of the total population for this age group. The state Part C FCESS system achieved a rate of 5.30% of the state birth through age 2 population being served in FFY21. Through further data comparison and analysis of FFY20 December 1 - child count data reports under section 618 of the IDEA, there was an increase of 229 infants and toddlers birth through age 2 with active IFSPs. Through analysis of NHLeads Referral data reports it was observed that between FFY20 and FFY21, referrals increased by 524, eligibility evaluations increased by 474, and enrollment increased by 305.   
  
New Hampshire (NH) serves children with established conditions, children with a 33% developmental delay in any one area of development, established condition, atypical behavior, and children who are at risk for substantial delay. The greatest numbers of children eligible for services are those in the developmental delay category. Children at risk for substantial delay are eligible for services if there are 5 or more child or family risk factors or a combination of both child and family risk factors. NH continues to monitor outreach efforts to the at-risk population, particularly those affected by substance misuse or those who are homeless, to ensure we are reaching eligible children in vulnerable populations. Early childhood partners and family organizations work continuously to improve the early identification of children with the need for Part C services.   
  
State data shows that most children are referred to FCESS by pediatricians and family members. Outreach is provided through multiple venues such as NH DHHS website, printed materials, local program outreach activities, and collaboration with other early childhood partners. Participation in NH’s Early Childhood Advisory Council, elevates public awareness of Part C FCESS. NH Part C staff also work closely with and support the NH Watch Me Grow developmental screening network. State and national data shows that NH's public awareness and Child Find systems are effectively reaching potentially eligible children and families. NH Part C FCESS consistently achieves a high level of success in this area when compared to the national average.  
  
Data used to determine the number of children served is taken from the NHLeads statewide data system. This data is verified by regional area agencies and local programs to ensure accuracy. The verified data is used for Federal reporting on December 1 - Child Count data reports under section 618 of the IDEA. The December 1 Child Count data for this report is the number of children, age birth through age 2, with an active IFSP on 12/1/2021. Active IFSPs are considered to be any IFSP with parental consent. Information used in the IDEA Part C National Table are considered ‘point in time’ data and reflect the number of children with active IFSPs as of 12/1 of any given year. National data Sources: U.S. Department of Education, EDFacts Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,” 2021. Data extracted as of July 6, 2022. U.S. Bureau of the Census. "2021 State Population Estimates by Age, Sex, Race, and Hispanic Origin". Data accessed July 2022 from http://www.census.gov/popest.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 88.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 99.07% | 98.19% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 507 | 671 | 100.00% | 100% | 92.70% | Did not meet target | Slippage |

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

New Hampshire (NH) state data system indicated that forty-nine IFSPs, within five local programs of 671 sample IFSPs in FFY 21 reporting period were developed beyond the required 45-day timeline due to program control. This was an increase of forty-nine delayed IFSPs in comparison to FFY 20 reporting period. Four programs did not have documentation of attempts to contact the family and schedule a timely meeting. One local program attempted to provide a family an interpreter but no interpreter was available for the timely IFSP meeting. One cancelled the timely scheduled meeting due to the intake being too close to the IFSP meeting. Another program waited until the program had received a prescription from the doctor for Occupational Therapy services; however, the meeting was for the eligibility evaluation and if found eligible development of the IFSP. Although delayed, all IFSPs were completed with parental consent at a time that was convenient and agreed upon with the parent/guardian.

**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.**

115

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

Documentation of 115 exceptional family circumstances (EFC) included but was not limited to; families not responding to calls or letters to schedule, families canceling timely scheduled meetings and requesting to reschedule beyond the 45-day timeline date, mailing IFSPs to families for signatures after families requested remote IFSP meetings, and families initially requesting to schedule beyond 45-day timeline due to work and/or family schedules.

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

State monitoring

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

All 15 New Hampshire (NH) Part C FCESS local programs are using the NHLeads state database system throughout the year. For the current reporting year, the Part C State Office monitoring team reviewed the NHLeads Timely Service Monitoring report (including the months of July – November) for each local program to determine compliance in Indicator 7 Timely Evaluation/Assessment and Initial IFSP. The Timely Service Monitoring report indicates the IFSP start date as the parent consent date. Each program was required to submit 10 IFSPs to verify that information in the data system is valid and reliable. If a discovery of noncompliance was identified in the NHLeads state data report, and if 100% compliance is not demonstrated within the 90-day pre-finding correction period, a finding of noncompliance is issued. The program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided to the local program by the Part C State Office staff to ensure successful correction of noncompliance.  
  
Compliance for Indicator 7 is defined as the number of calendar days from the date of referral to the date the family signs the IFSP indicating consent. Targets for Indicator 7 is 100% compliance for all local programs in NH. The state included in its calculation the number of children for whom the state identified the cause for the delay as exceptional family circumstances (EFC) documented in the child’s record. NH’s compliance for FFY21 of 92.70% did not meet the target for Indicator 7. This was determined through review of NHLeads data system and individual child record documentation.  
  
The Part C State Office monitoring team verified delayed circumstances through review of case notes and phone logs. IFSP consent was obtained as soon as families were available for the 115 children whose IFSPs were developed beyond the required Part C 45-day timeline due to EFC. Although delayed, all IFSPs were completed with parental consent at a time that was convenient and agreed upon with the parent/guardian.   
  
Ten of 15 local programs achieved 100% compliance in the initial sample data for reporting and review of individual child documentation. The remaining 5 local programs had the following compliance rates: Community Bridges (CB) 95%, Rise for baby and family (Rise) 97%, Gateways (GW) 39%, Moore Center (MC) 97%, and Community Partners (CP) 98%.   
  
Although parental consent on forty-nine IFSPs were obtained beyond the 45-day required timeline, all IFSP meetings and IFSP consent was obtained at a time agreed upon with the families. The State identified these IFSPs as a discovery of noncompliance. The local programs Rise, GW, MC, and CP provided staff training and achieved 100% compliance in the subsequent pre-finding data reports within the pre-finding 90-day period prior to the issuance of a finding of noncompliance.  
  
In order to verify these five local programs were correctly implementing the regulatory requirements for Indicator 7, the state reviewed subsequent pre-finding data from NHLeads, the state’s Part C data system, during the 90-day pre-finding period for each program. NHLeads data reports indicated the following for each local program: CB’s pre-finding data report included 8 records that showed 5 IFSPs were developed and parental consent was obtained within the 45-day required timeline. Data for 3 records indicated parental consent was obtained beyond the 45-day timeline. Although late due to exceptional family circumstances, parental consent was obtained and IFSPs were implemented within a timeline agreed upon by the family. Rise’s pre-finding data report included 8 records that showed 5 IFSPs were developed and parental consent was obtained within the 45-day required timeline. Two records indicated the IFSP consent was obtained beyond the 45-day timeline. Although late due to exceptional family circumstance, parental consent was obtained and IFSPs were implemented within a timeline agreed upon by the family. One record indicated the IFSP consent was obtained beyond the 45-day timeline. Although late due to BPC due to referral source providing incorrect contact information, parental consent was obtained and IFSP was implemented within the timeline agreed upon by the family. GW’s pre-finding data report included 17 records that showed 17 IFSPs were developed and parental consent was obtained within the 45-day required timeline. MC’s pre-finding data report included 27 records that showed 24 IFSPs were developed and parental consent was obtained within the 45-day required timeline. Three records indicated the IFSP consent was obtained beyond the 45-day timeline. Although late due to exceptional family circumstance, parental consent was obtained and IFSPs were implemented within a timeline agreed upon by the family. CP’s pre-finding data report included 11 records that showed 11 IFSPs were developed and parental consent was obtained within the 45-day required timeline.   
  
Based on review of the five local programs CB, Rise, GW, MC and CP subsequent pre-finding data reports and individual child documentation, the Part C State Office determined the local programs achieved compliance during the 90-day pre-finding correction period prior to the issuing of a finding and was correctly implementing the regulatory requirements for Indicator 7. The state Part C Office has verified that the local programs with noncompliance identified in FFY21 and reported by New Hampshire under this indicator in the FFY21 SPP/APR held an initial evaluation, assessment and IFSP meeting for each child identified during discovery, although late, and are correctly implementing the regulatory requirements. Therefore, no findings of noncompliance were issued to the local programs for Indicator 7 in FFY21 due to pre-finding data showing the programs are correctly implementing regulatory requirements.

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

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

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

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

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

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 99.06% | 100.00% | 99.63% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

NO

**If no, please explain.**

New Hampshire included children for whom the cause for a delay in Indicators 8a, 8b, and 8c as exceptional family circumstances and/or due to systems issues in the data monitoring sample and calculations for FFY21 reporting.

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 265 | 268 | 99.63% | 100% | 99.25% | Did not meet target | No Slippage |

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

1

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

One child's delay was due to exceptional family circumstances because the parent cancelled the timely scheduled transition plan meeting. Although delayed, the transition planning meeting was completed with parental consent at a time that was convenient and agreed upon by the family. Two additional IFSP records showed delays due to lack of documentation, one from Gateways (GW) and the one from Pathways of River Valley (PW). Although delayed, the transition planning meetings were completed with parental consent.

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

State monitoring

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

The NH Part C State Office was able to conduct onsite monitoring for FFY21. All 15 New Hampshire (NH) Part C FCESS local programs are monitored using the NHLeads state database system throughout the year. To verify that information in the data system is valid and reliable for FFY21 reporting, the Part C State Office monitoring team reviewed the Transition Monitoring report (including the months of July – November) for each local program. The Transition Monitoring report indicates the date a transition plan is initiated. All data identified in the report was reviewed for children that transitioned to Part B. Each program was required to provide transition plans for each child identified in the monitoring report to verify that information in the data system is valid and reliable. A random sample for each local program is defined as 8 records for children that transitioned to Part B during the current fiscal year. If a discovery of noncompliance is identified in the initial data report, local programs have a 90-day pre-finding correction period to explain acceptable circumstances or demonstrate 100% compliance with Indicator 8a. If 100% compliance is not demonstrated within the 90-day pre-finding correction period, a finding of noncompliance is issued. Any program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided to local programs by the Part C State Office staff to ensure successful correction of noncompliance.  
  
Thirteen of 15 local FCESS programs achieved 100% compliance. In the data report, 268 records were reviewed for FFY21 reporting and 265 IFSPs contained transition plans developed at least 90 days or more and less than 9 months prior to the child’s third birthday. Two local programs did not meet 100% compliance for Indicator 8a. Gateways Community Services (GCS) data indicated 97% compliance and Pathways or River Valley (PW) data indicated 90% compliance. WPC reviewed and verified by the Part C State Office for GW included no documented reason for the delay. Although delayed, the transition planning meeting was completed with parental consent. Documented WPC reviewed and verified by the Part C State office for PW included the service coordinator who was no longer employed at PW, never documented or submitted paperwork regarding the meeting. New transition planning meeting was held when the program discovered the error. Parental consent for the transition planning meeting was obtained at a time that was convenient and agreed upon by the family.   
  
In order to verify these two local programs were correctly implementing the regulatory requirements for Indicator 8a, the state reviewed subsequent transition data from NHLeads, the state’s Part C data system, during the 90-day pre-finding period for each program. Five records from each program were reviewed and records showed all IFSPs had a transition plan including steps and services of transition completed at least 90 days prior to, and at the discretion of all parties, not more than nine months prior to the toddler’s third birthday. The state Part C Office has verified that the local programs with noncompliance identified in FFY21 and reported by New Hampshire under this indicator in the FFY21 SSP/APR held a transition planning meeting, for each child identified during discovery and are correctly implementing the regulatory requirements. Therefore, no findings of noncompliance were issued to the local programs for Indicator 8a in FFY21 due to pre-finding data showing the programs are correctly implementing regulatory requirements.

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

Overall, the COVID-19 pandemic did not affect NH’s Indicator 8a data or performance for FFY21. Programs were able to accommodate family’s needs by providing an array of services either remotely, via telehealth, or in-person.

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

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

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

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

In order to verify that the local GW program was correctly implementing the regulatory requirements for Indicator 8a, the state reviewed subsequent data from NHLeads, the state’s Part C data system, over four quarters beginning July 1, 2021. To confirm accuracy of the NHLeads data used for verification, the local program was required to submit documentation from the records of these children showing timely completion of transition planning meetings. Quarter one data report included twenty-four records from July 1, 2021-September 30, 2021. Twenty-three records were compliant. One record reviewed indicated a transition plan was signed at 33 months due to exceptional family circumstances. The transition plan meeting was timely, but the family took time in signing and returning. Quarter two data report included fourteen records from October 1, 2021-December 30, 2021. Two records were out of compliance due to documented within program control. One Transition Plan signatures were obtained 2 months past the timely meeting by all IFSP members. There was no documentation for the second non-compliance. All other records reviewed were compliant. Quarter three data report included eighteen records from January 1, 2022-March 31, 2021. All eighteen records were compliant, and documents were signed no more than 1 week from date of timely scheduled transition planning meeting. Quarter four data report included seven records. All seven records reviewed were compliant.

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

Any program not meeting the required 100% is placed on a Corrective Action Plan (CAP). The Part C office identifies the areas of need for the CAP and the local program creates a plan on how they will address the need in order to comply with the 100% compliance. The local program then provides the CAP to the Part C office, where it is discussed with the local program and approved. Using the NH Leads state data system a Transition Monitoring report is pulled quarterly (etc. July – September). To verify that information in the data system is valid and reliable, the Part C State Office monitoring team reviews 7 records from the Transition Monitoring report. The Transition Monitoring report indicates the date the transition planning meeting is initiated. The Part C office reviews and verifies requested documents that are submitted electronically for accuracy and compliance.   
  
Noncompliance reported in FFY20 State Performance Plan (SSP)/Annual Performance Report (APR) for Indicator 8a, Transition Planning, included one Transition Plan that was not in compliance. The local program Gateways (GW) data was reported as 96% compliance with one noncompliant transition plan. Although this transition plan was developed timely, between child’s age of 27 and 32 months, the State identified the missing parent signature as a discovery of noncompliance. The child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02 and a parental signature was unable to be obtained.

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

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

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 98.11% | 96.97% | 97.04% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 254 | 268 | 97.04% | 100% | 94.78% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

NH statewide compliance of 94.78% did not meet the target of 100% compliance for Indicator 8b by 5.22% and shows slippage from previous year’s 97.04% data by 2.26%. The NH state data system indicated that 14 toddlers had late notifications during this reporting period compared to 4 from the previous year. Local programs reported that most of this year’s noncompliance was due to newer staff and lack of knowledge, therefore causing slippage. Local programs trained staff on the referral process after the noncompliance was discovered.

**Number of parents who opted out**

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

0

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

During the monitoring review process of the data reports and verification of documentation submitted, it was noted that twelve notifications to the LEA were not completed at least 90 days prior to a child’s third birthday for those potentially eligible for Part B preschool services due to system delays. Reasons for those delays included: local service provider not submitting referral timely leading to a delay in notification and providers waiting for families to sign referral paperwork who chose not to opt-out of notification.  
  
Fourteen notifications to the SEA were not completed at least 90 days prior to a child’s third birthday for those potentially eligible for Part B preschool services due to system delays. Reasons for those delays included: provider did not submit referral timely leading to a delay in notification, providers waiting for families to sign referral paperwork who chose not to opt-out of notification, and delay in data entry to notify the SEA. Specific reasons for those delays were related to new staff lack of knowledge that resulted in delays in submitting referrals; providers waiting for families who were not opting-out to sign referral papers; and delay in data enter to notify the SEA.  
  
NH had fourteen children who exited Part C where notification to SEA and LEA occurred less than 90 days prior to their third birthday due to exceptional family circumstances (EFC). Submitted documentation identified the EFC reasons due to parent/guardian initially opted out of the notification process and then, at a later date, requested notifications be sent.

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

New Hampshire local programs send notifications via USPS and email to the LEA and enter notification dates to SEA and LEA into the state NHLeads data system. Data is then transmitted to the State Educational Agency (SEA). The Part C office obtains the Transition Monitoring Report from NHLeads and verifies dates with documentation from the child’s chart.

**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 monitoring

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

All 15 New Hampshire (NH) Part C FCESS local programs are monitored using the NHLeads state database system throughout the year. To verify that information in the data system is valid and reliable, the Part C State Office monitoring team reviewed the Transition Monitoring report (months of July – November) for each local program. The Transition Monitoring report indicates the LEA and SEA notification date and the yes or no response to opt-out. Each program was required to submit documentation of notifications for each child randomly selected from the monitoring report. Review of documentation verified that information in the data system is valid and reliable. A random sample for each local program is defined as 8 records of children that transitioned to Part B during the current fiscal year. If a discovery of noncompliance is identified in the initial data report, local programs have a 90-day pre-finding correction period to explain acceptable circumstances or demonstrate 100% compliance with Indicator 8b. If 100% compliance is not demonstrated within the 90-day pre-finding correction period, a finding of noncompliance is issued. Any program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided to local programs by the Part C State Office staff to ensure successful correction of noncompliance.  
  
Compliance with Indicator 8b is defined as notification (consistent with any opt-out policy adopted by the State) to the LEA and the SEA at least 90 days prior to a child’s third birthday for those potentially eligible for Part B preschool services. Target for Indicator 8b is 100% compliance for all local FCESS programs in NH. NH statewide compliance of 94.78% did not meet the target of 100% compliance for Indicator 8b by 5.22%. This FFY21 data of 94.78% shows slippage from FFY20 97.04% data by 2.28%. For the current reporting year, ten of the 15 local programs achieved 100% compliance for timely notifications to the LEA and nine of 15 achieved 100% compliance for timely notifications to the SEA in the initial sample data report and review of individual child documentation.   
  
During the monitoring review process, a discovery of noncompliance was identified at six local programs including: Community Bridges (CB) at 95% compliance, Rise for baby and family (Rise) at 92% compliance, Gateways Community Services (GW) at 86% compliance, R7 Easterseals (ES7) at 86% compliance, Community Partners (CP) at 96.88% compliance, and R10 Easterseals (ES10) at 95% compliance. Local programs determined that most of the noncompliance was due to newer staff and lack of knowledge. Local programs trained staff on the referral process after the noncompliance was discovered.  
  
Due to the discovery of noncompliance, the state reviewed two months of subsequent data from the NHLeads Transition Monitoring report. Through data review and records requested it was determined that five out of six local programs achieved 100% compliance during the 90-day pre-finding correction period and findings of noncompliance were not issued for those five programs. A finding of noncompliance for Indicator 8b was issued to the CB local program, as they did not have enough data in the system to ensure they had achieved 100% compliance for notification to the LEA and SEA during the 90-day pre-finding correction period. CB had a data security breach during FFY21, resulting in a delay in data submission. Due to this finding, a Corrective Action Plan (CAP) was developed in partnership with the program and the Part C State office. This CAP includes local individual staff training and quarterly data monitoring by the Part C office for one year. The Part C Office provides technical assistance to the local program to ensure successful correction of noncompliance.

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

NH Part C State Office was able to conduct onsite monitoring for FFY21. The Part C State Office directed local programs to complete a self-review checklist and have documentation from the children’s records identified in the program’s Transition Monitoring report available during the onsite. The Part C State Office monitoring team reviewed this documentation to verify compliance and quality.

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

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

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

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

Noncompliance reported in FFY20 State Performance Plan (SSP)/Annual Performance Report (APR) for Indicator 8b, LEA and SEA notification, included four late notifications completed less than the 90-days prior to the child’s third birthday. Pre-finding data reports indicated noncompliance and the state issued a finding to Northern Human Services (NHS), Pathways of River Valley (PW), Gateways (GW), and Community Partners (CP).   
  
NHS engaged in a corrective action plan (CAP) for one year, which included quarterly data monitoring, specific staff member training and increased supervision. The State reviewed subsequent quarterly data reports that included 13 transition records in first quarter at 100% compliance (1 EFC), 12 records in second quarter at 100% compliance (2 EFC), 14 transition records in third quarter at 100% compliance (2 EFC), and 6 records in the fourth quarter at 100% compliance (4 EFC). Through review of quarterly data reports and individual child documentation, the state Part C office verified that the program was functioning at 100% compliance within one year of issuing a finding and correctly implementing the regulatory requirements for Indicator 8b. The state provided TA to ensure completion and success of the FFY20 CAP.  
  
PW engaged in a corrective action plan (CAP) for one year, which included quarterly data monitoring, specific staff member training and increased supervision. The State reviewed subsequent quarterly data reports that included 3 transition records in first quarter at 100% compliance, 6 records in second quarter; 5 were compliant, 1 was within program control as provider did not submit data resulting in a delay to the SEA and 83% compliance, 1 transition record in third quarter at 100% compliance, and 3 records in the fourth quarter at 100% compliance (1 EFC). Through review of quarterly data reports and individual child documentation, the state Part C office verified that the program was functioning at 100% compliance within one year of issuing a finding and correctly implementing the regulatory requirements for Indicator 8b. The state provided TA to ensure completion and success of the FFY20 CAP.  
  
GW engaged in a corrective action plan (CAP) for one year, which included quarterly data monitoring, specific staff member training and increased supervision. The State reviewed subsequent quarterly data reports that included 24 transition records in first quarter at 100% compliance (2 EFC), 14 records in second quarter at 100% compliance (6 EFC), 18 transition records in third quarter at 100% compliance (2 EFC), and 7 records in the fourth quarter at 100% compliance (1 EFC). Through review of quarterly data reports and individual child documentation, the state Part C office verified that the program was functioning at 100% compliance within one year of issuing a finding and correctly implementing the regulatory requirements for Indicator 8b. The state provided TA to ensure completion and success of the FFY20 CAP.  
  
CP engaged in a corrective action plan (CAP) for one year, which included quarterly data monitoring, specific staff member training and increased supervision. The State reviewed subsequent quarterly data reports that included 16 transition records in first quarter at 100% compliance, 22 records in second quarter at 100% compliance (6 EFC), 11 transition records in third quarter at 100% compliance (1 EFC), and 10 records in the fourth quarter at 100% compliance. Through review of quarterly data reports and individual child documentation, the state Part C office verified that the program was functioning at 100% compliance within one year of issuing a finding and correctly implementing the regulatory requirements for Indicator 8b. The state provided TA to ensure completion and success of the FFY20 CAP.

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

During FFY20, four instances of noncompliance were identified within four local programs. The lead agency notified each program of the noncompliance and verified that the individual child cases were corrected. Specifically, this included (a) verifying that notifications were sent even though the timeline was not met unless the child was no longer within the jurisdiction of the program, and (b) completing a subsequent data review for compliance of the regulatory requirement for each individual case below 100% compliance during the reporting period.

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

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

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 69.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 99.06% | 98.04% | 98.89% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 245 | 268 | 98.89% | 100% | 95.15% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

NH statewide compliance of 95.15% did not meet the target of 100% compliance for Indicator 8c by 4.85% and shows slippage from the previous year’s 98.89% data by 3.74%. NH state data system indicated that 13 children had untimely transition conferences this reporting period compared to ten from the previous year. Reasons for the delays based on review of documentation included staff scheduling meeting for third visit with family (beyond the 90 days), school not invited to meeting held beyond 90 days, no documentation that meeting was held – meeting scheduled once provider resigned and error discovered, transition processes delayed creating delayed timeline for Transition Conferences, intent to hold Transition Conference at Part B Disposition of Referral meeting but meeting was delayed, Transition Conference held at Transition Planning meeting not allowing for invitation of the LEA, and staff turnover creating delays in process. The Part C office determined staff turnover within local programs contributed to NH’s FFY21 slippage.

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

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

0

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

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

10

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

Ten transition conferences were delayed due to exceptional family circumstances (EFC). The EFCs included families requesting transition conferences be scheduled at the same time as the Part B Disposition of Referral meetings to reduce the number of meetings, scheduling difficulties due to family cancelations of timely meetings, and family nonresponsive to contact for three months.  
  
Eight out of fifteen local programs were found noncompliant for Indicator 8c. Thirteen transition conferences were late due to systems delays. Review of documentation included; staff scheduling meeting for third visit with family (beyond the 90 days), school not invited to meeting held beyond 90 days, no documentation that meeting was held – meeting scheduled once provider resigned and error discovered, transition process delayed creating delayed timeline for Transition conference, intent to hold Transition Conference at Part B Disposition of Referral meeting but meeting was delayed, and one local program held a transition plan and transition conferences prior to sending notification to the LEA and SEA. Although non-compliant (less than 90 days prior to child’s third birthday), all transition conferences did occur prior to the children’s third birthdays at times convenient to the family. See slippage section above for list of system delay reasons.

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

State monitoring

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

All 15 New Hampshire (NH) Part C FCESS local programs are monitored using the NHLeads state database system throughout the year. To verify that information in the data system is valid and reliable, a randomly selected sample from the Transition Monitoring report (July – November) for each local program was reviewed by the Part C State Office monitoring team. The Transition Monitoring report indicates the date the transition conference occurred. A random sample of 8 child records were identified for each local program of children that transitioned to Part B during the fiscal year. If a discovery of noncompliance is identified in the initial data report, local programs have a 90-day pre-finding correction period to explain acceptable circumstances or demonstrate 100% compliance with Indicator 8c. If 100% compliance is not demonstrated within the 90-day pre-finding correction period, a finding of noncompliance is issued. Any program with a finding of noncompliance must then engage in a corrective action plan process that includes one year of quarterly monitoring. Technical assistance is provided to local programs by the Part C State Office staff to ensure successful correction of noncompliance.  
  
Nine of the 15 local programs achieved 100% compliance in the initial sample data report and review of individual child documentation. In the initial data report sample, 268 records were reviewed for FFY21 reporting and 245 were found to have timely transition conferences 90 days or more prior to the child’s third birthday. Ten transition conferences were delayed due to exceptional family circumstances which included family missing timely scheduled meeting and not returning calls to reschedule, a family declining timely dates offered due to work schedule, and families canceling timely scheduled meetings. Therefore 95.15% [(245+10)/268] of transition conferences were timely.  
  
During the monitoring review process, a discovery of noncompliance was identified in the initial data report and review of individual child documentation at eight local programs including: Northern Human Services (NHS) at 95% compliance, Pathways of River Valley (PW) at 90% compliance, Community Bridges (CB) at 95% compliance, Rise for baby and family (Rise) at 92% compliance, Gateways Community Services (GCS) at 86% compliance, Region 7 Easterseals (ES07) at 95% compliance, Richie McFarland Children’s Center (RMCC) at 94% compliance, and Region 10 Easterseals (ES10) at 95% compliance. Reasons for the delays based on review of documentation included staff scheduling meeting for third visit with family (beyond the 90 days), school not invited to meeting held beyond 90 days, no documentation that meeting was held – meeting scheduled once provider resigned and error discovered, transition processes delayed creating delayed timeline for Transition Conferences, intent to hold Transition Conference at Part B Disposition of Referral meeting but meeting was delayed, Transition Conference held at Transition Planning meeting not allowing for invitation of the LEA, and staff turnover creating delays in process.   
  
The Part C office reviewed subsequent data through the NHLeads data system and individual child documentation for the eight programs who had a discovery of noncompliance for 8c. Through the subsequent data reviews, it was determined that seven of the eight (NHS, PW, CB, Rise, GCS, RMCC (now WP), and ES07) achieved 100% compliance during the pre-finding correction period and were not issued a finding of noncompliance. ES10 was issued a finding, as they were 76.92% compliant in the 90-day pre-finding correction period. Due to this finding, a Corrective Action Plan (CAP) was developed in partnership with the program and the Part C State office. This CAP includes local individual staff training and quarterly data monitoring by the Part C office for one year. The Part C Office provides technical assistance to the local program to ensure successful correction of noncompliance.

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

NH Part C State Office was able to conduct onsite monitoring for FFY21. The Part C State Office directed local programs to complete a self-review checklist and have documentation from the children’s records identified in the program’s Transition Monitoring report available during the onsite. The Part C State Office monitoring team reviewed this documentation to verify compliance and quality.

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

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

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

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

Noncompliance reported in FFY20 State Performance Plan (SPP)/Annual Performance Report (APR) for Indicator 8c, transition conference, included one local program which had three late meetings held less than the 90-days prior to the child’s third birthday. Pre-finding data reports indicated noncompliance and the state issued a finding to Easterseals R7 (ESR07). ES07 engaged in a corrective action plan (CAP) for one year, which included quarterly data monitoring, specific staff member training and increased supervision. The State reviewed subsequent quarterly data reports that included 30 transition records in first quarter at 100% compliance (5 EFC), 15 records in second quarter at 100% compliance (3 EFC), 12 transition records in third quarter at 100% compliance (2 EFC), and 8 records in the fourth quarter at 100% compliance. Through review of quarterly data reports and individual child documentation, the state Part C office verified that the program was functioning at 100% compliance within one year of issuing a finding and correctly implementing the regulatory requirements for Indicator 8c. The state provided TA to ensure completion and success of the FFY20 CAP.

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

For the local ES R7 program with a Finding of non-compliance on Indicator 8c, the state Part C staff used NHLeads, the state’s Part C data system, and individual child documentation to verify that for each instance of noncompliance involved in the FFY20 APR that the child did receive a transition conference, although late. The state Part C Office has verified that the local program with noncompliance identified in FFY20 and reported by New Hampshire under this indicator in the FFY20 APR is correctly implementing the regulatory requirements.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

New Hampshire Part C did not have any family complaints involved in a hearing process during FFY21.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  | .00% |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

New Hampshire’s (NH) SiMR measures the percentage of infants and toddlers who were functioning within age expectations in Outcome 3B Summary Statement 2 (SS2) by the time they turned 3 years of age or exited the program and demonstrated improved acquisition and use of knowledge and skills (including early language/communication). NH’s FFY21 Measure Results can be found at https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/ffy21-simr\_0.pdf

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

NO

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

NO

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

NO

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

NH Theory of Action: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/nh-ssip-toa-ffy21\_0.pdf NH Logic Model: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/nh-ffy21-logic-model.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 48.44% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 48.44% | 48.54% | 48.54% | 48.64% | 48.64% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number 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 (d+e) | Total number of infants and toddlers exiting the program during FFY20. (a+b+c+d+e) | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 705 | 1,329 | 48.44% | 48.44% | 53.05% | Met target | No Slippage |

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

New Hampshire’s state data system NHLeads maintains entry and exit data for Indicator 3B SS2 ratings, which is used to analyze the SiMR.

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

New Hampshire (NH) local programs enter Child Outcome Summary (COS) entry and exit ratings into the state’s NHLeads data system. In August of each year, the Part C State Office obtains a COS exit report that includes all infants and toddlers exiting the system in a given fiscal year. COS ratings are calculated for all children who are at least six months old and have received services for at least six months. Data calculations represent the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) for Indicator 3 Outcome B Summary Statement 2. The data is analyzed by the State Part C office and with stakeholders via email and meetings, to determine progress towards the SiMR.  
  
NH’s COS data is also disaggregated by race and gender to measure progress towards the SiMR. The state will know that the system has succeeded when the following have occurred. The percentage of males in Outcome B Summary Statement 1 (3B SS1) and Outcome B Summary Statement 2 (3B SS2), and the percentage of children identified as in a minority group in 3B SS2 show improved outcomes. NH anticipates that the improvement strategies targeting these groups will result in improved outcomes for all children across NH.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

NH Evaluation Plan: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/ffy21-ssip-evaluation-plan-6.30.21.pdf

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

NO

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

New Hampshire (NH) continues to support the Comprehensive System of Personnel Development (CSPD) through (a) implementing evidence-based practices (EBPs) with fidelity, (b) scaling up EBPs across the system using principles of implementation science, and (c) sustaining promising practices with ongoing support. This structure of the CSPD system is a multi-tiered system to support staff as they learn and implement new evidence-based practices. The multi-tiered system includes in-state trainers and coaches using adult learning strategies to support local staff within each content area for ongoing integration of promising practices and sustain changes in practice. NH maintains funding within the CSPD budget to support trainers and coaches within each content area.   
  
All newly hired local staff are required to complete both the Diversity and Cultural Competence (D&CC) and Child Outcome Summary (COS) trainings within the first year of hire. During FFY21, D&CC trainings were not provided due to the lack of trainers after the COVID-19 pandemic and a virtual module was not available. Although D&CC virtual trainings were not provided, in-person essential meetings were schedule on a limited basis. The COS training has been developed to provide virtually and was provided to 20 newly hired local staff, reaching 10 local programs during FFY21.  
  
The COS training program facilitated by ECTA staff throughout FFY16 included (a) COS evidence-based best practice; (b) data based decision-making, (c) adult learning strategies, and (d) facilitation strategies. The state rolled out the COS training to all 15 Part C FCESS local programs between September 2017 through May 2018. The training addressed a number of common misconceptions that had previously led to inaccuracies in ratings. This training has increased the capacity of providers’ understanding of COS, engaged families in COS rating discussion, and increased consistency of accurately rating a child’s functional skills across outcome areas, including acquisition and use of knowledge and skills. The three years of data percentage decrease is consistent with changes in practice that would occur when providers had better understanding and more accurately applied COS rating criteria. Current performance of outcomes data is consistent with those expected from data that are more accurate. NH’s data collection system is becoming stronger and the observed decreases in the SiMR are an expected result from the training and practitioners understanding of COS rating criteria. NH believes that focus on increasing understanding of COS and COS ratings for FCESS staff statewide, has addressed data quality for Part C child outcomes.  
  
Sustainable Early Engagement for Change (SEE Change) involves implementing the Division of Early Childhood Recommended Practices (DEC RPs) for engaging children and families. During FFY21, four local programs were implementing these EBPs. Each local program implementing SEE Change maintains a Local Leadership Team (LLT) to guide the process within their individual program. Five new local programs, engaged in a virtual Adult Learning Strategies to Support Family Engagement and Peer Coaching training, during January and February 2021, provided by national trainers. The SEE Change State Leadership Team (SLT) includes Part C State Office staff and program directors from each of the three local programs implementing EBPs. Three of the five new local programs needed to pause from SEE Change during FY21. Two of the three programs merged in January 2022. These programs needed to focus on merging, deal with reduced staff, and increased caseloads. The SLT developed a plan that was approved by the Part C Office to pause the collection of data while continuing to focus on the current DEC RP that they were on. This newly merged program is expected to complete the implantation of DEC RP in FY22. One program faced staffing shortages during their engagement in implementing SEE Change. The SLT developed a plan that was approved by the Part C Office to pause the collection of date while continuing to focus on the current DEC RP that they were on until more staff were hired and caseloads decreased. All programs wanted to ensure that staff were able to take this initiative seriously and put great effort into it, as the outcomes were so beneficial to the outcomes of children and families in NH.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

By maintaining the Comprehensive System of Personnel Development (CSPD) infrastructure, the state ensures consistency of knowledge, understanding, and skills across the local programs and staff. D&CC and COS short-term and intermediate outcomes continued to be achieved including incorporating each family’s culture (priorities & beliefs) into IFSP outcomes and engaging families in COS rating discussions as observed through IFSP documentation reviews of individual child records. This knowledge and awareness assist professionals in identifying appropriate practices for families to implement into their natural environments.   
  
During FFY21, 20 newly hired staff across 10 local programs participated in COS trainings, which reviewed understanding of COS data, understanding functional outcomes, and how to engage families into COS rating discussions. Currently, all NH providers are trained in the COS and have completed the refresher which reviewed intermediate outcomes including the importance of family engagement in COS rating discussions and identifying natural environment activities to enhance child development and achieve outcomes.  
  
SEE Change intermediate outcomes include: each local program maintaining a Local Leadership Team to guide the process within their individual program, the State Leadership team (SLT) uses data for decisions to scale-up, observations that families are increasing their engagement and use of practices within their natural environment, and observation of providers’ change in practices with implementing DEC RPs with families. Change in providers’ practices through DEC RPs using a coaching model enhances family engagement, which enhances their child’s development.  
  
During FY21, the state has scaled up to include five additional programs totaling 9 out of 15 local programs implementing DEC RPs through SEE Change. Out of the five programs, two of them merged and requested to pause data collection during FY21 to focus on the merge and ensure a smooth transition for families and staff. Another program requested to pause data collection due to a significant staffing shortage from the fall of COVID and increased caseloads. Both programs have plans to continue the data collection during FY22. Data collected from the SEE Change for the two remaining programs shows family engagement increased by 27.01% and child engagement increased by 20.62% across the two programs. Provider practice data shows an average increase between 14.23% - 20.77% in providers to implement DEC RPs including environmental, family, instruction, and interaction practices focused on increasing family engagement.  
  
Research shows increased levels of family engagement is likely to enhance child growth and development across outcome areas including 3B SS2 acquisition and use of knowledge and skills (including early language/communication). NH believes that supporting local programs through the CSPD infrastructure with D&CC, COS, and SEE Change trainings and materials encourages change in professionals’ practice and increases their understanding of family priorities. Through D&CC, COS, and SEE Change increasing family engagement, local program professionals and families will enhance individual child development and address the SiMR to improve child outcomes for all children and families.

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

NO

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

The State will continue to maintain the Comprehensive System of Personnel Development (CSPD) infrastructure to support the Diversity and Cultural Competency (D&CC), Child Outcome Summary (COS), and Sustainable Early Engagement for Change (SEE Change) trainings. SEE Change, D&CC, and COS trainings will be provided for, all newly hired local staff. The SEE Change training will include an Adult Learning Strategies training along with specific Division of Early Childhood Recommended Practices related to engagement to encourage parent and child engagement leading to higher outcomes. It is anticipated that the remaining 5 local programs will engage SEE Change during the next FFY. The D&CC trainings will ensure all local staff are able to engage in conversation with families to understand the family’s beliefs, priorities, and concerns. The COS trainings will ensure all local staff understand COS data collection, functional outcomes, rating criteria, and appropriately engage families in COS rating discussions.

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

Diversity and Cultural Competence (D&CC) evidence-based practices focus on adult learning strategies. Trainers are prepared to use these evidence-based adult learning strategies to increase the cultural competence of local staff who work with children and families. Trainers use the evidence-based model to increase awareness of cultural bias, competence, and differences.  
  
Sustainable Early Engagement for Change (SEE Change) uses evidence-based practices from the Division of Early Childhood Recommended Practices (DEC RPs) related to engagement. The DEC RPs that focus on family engagement include environmental (E3, E4, and E5), family (F1, F3, F4, F5, and F6), Instruction (INS2, INS3, INS4, INS5, INS6, INS7, INS8, INS10, and INS13), and Interaction (INT1, INT2, INT3, and INT4, and INT5). Implementation of these DEC RPs is expected to increase the capacity of providers to engage children and their families and increase the caregivers’ capacity to engage with their children. Focusing on increasing the level of child and family engagement is a strategy that research shows is likely to enhance child growth and development across outcome areas including 3B SS2 acquisition use of knowledge and skills (including early language/communication). NH believes that focus on engagement will improve child outcomes addressing the SiMR.

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

Diversity and Cultural Competence (D&CC)  
NH Office of Health Equity (OHE), formerly the Office of Minority Health and Refugee Affairs (OMHRA) introduced the national D&CC evidence-based training to NH Part C in January 2015. This training included use of evidence-based adult learning strategies through a train-the-trainer model. Trainers are prepared to use these evidence-based adult learning strategies to increase the cultural competence of staff who work with children and families. Trainers engage in quarterly “Trainers Circle” meetings to ensure they are using the most current strategies. It is anticipated that during FFY22, NH will train an additional trainer, building training capacity. The evidence-based model increases awareness of cultural bias, competence, and differences. Evidence-based adult learning strategies are a foundational facet of this training. Self-assessment, reflection, action planning, and other adult learning strategies that respect the breadth of experience of the NH FCESS staff have been key factors in the trainings success.  
  
All 15 local FCESS program staff completed the D&CC training during FFY17. NH believes that a focus on cultural awareness with all families will address the SiMR for Part C to improve child outcomes, as the SiMR is disaggregated by gender and race. Local staff have increased their capacity to engage families in cultural conversations that include priorities, beliefs, and values. This will ensure that IFSPs reflect family culture and families will value services provided, demonstrating achievement of D&CC intermediate outcomes of the logic model. During FFY21, NH was unable to complete any trainings due to trainers being unavailable. It is anticipated that during the beginning of FFY22, NH will be able to complete two trainings ensuring that all staff across NH have an increased awareness of cultural bias, competence, and differences.  
  
Sustainable Early Engagement for Change (SEE Change)  
The SEE Change teaches providers how to coach parents using evidence-based engagement practices from the Division of Early Childhood Recommended Practices (DEC RPs) related to child and family engagement. Collaboration with national TA providers focused on building NH’s capacity to strengthen professional development, design support, and to improve the outcomes of children who are at risk for or who have developmental delays or disabilities. DEC RPs related to child and family engagement are used to enhance the effectiveness of the FCESS program staff and families (a) implemented DEC RPs, (b) engaged in coaching, (c) maintained state and local leadership teams for planning and evaluation, and (d) collected data on child engagement, family engagement, coaching fidelity, and provider practice fidelity.  
  
Through SEE Change, the capacity of providers to engage children and their families will increase the caregivers’ capacity to engage with their children. Implementation of DEC RPs increases the level of child and family engagement that research shows is likely to enhance child growth and development across outcome areas. NH believes that focus on engagement of families will enhance their child’s development and address the SiMR to improve child outcomes. During FFY21, NH trained 4 additional programs, consisting of 67 providers.

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

Diversity and Cultural Competence (D&CC) trainers are prepared to use evidence-based adult learning strategies to increase the cultural competence of staff who work with children and families. Staff increase their awareness of cultural bias, competence, and differences. NH believes that a focus on cultural awareness with all families will address the SiMR to improve child outcomes in the disaggregated data of gender and race. Local staff increase their capacity to engage families in cultural conversations that include priorities, beliefs, and values, which ensures that IFSP outcomes reflect family culture, and in turn families’ value the services that are provided.   
  
Sustainable Early Engagement for Change (SEE Change) increases practitioner’s ability to coach parents and caregivers using evidence-based engagement practices from the Division of Early Childhood Recommended Practices (DEC RPs). These practices increase the capacity of providers to engage families and increase the caregivers’ capacity to engage with their child. Through the adoption of evidence-based practices, SEE Change focuses on increasing the level of child and family engagement, which is a strategy that research shows is likely to enhance child growth and development across outcome areas including acquisition and use of knowledge and skills (including language/communication). NH believes that change in provider practice to focus on child and family engagement will address the SiMR to improve child outcomes with engaged families.

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

Family Outcome Survey (FOS) data is reviewed yearly to measure families reporting of satisfaction in regard to their culture (priorities, values, and beliefs) being respected. This data is then shared with the local program and with individual providers. The FOS data for FFY21 showed 96.40% of families reported above average satisfaction with practitioners listening to and respecting their choices. Data also showed 92.57% of families reported above average satisfaction with practitioner talking with them about what they think is important for their child. This data supports a consistently positive impact of the D&CC trainings on family satisfaction regarding their culture (priorities, values, and beliefs) being respected.  
  
The following SEE Change tools measure change in providers’ practices consistent with fidelity and change in child and family engagement. Reaching Potentials through Recommended Practices Observation Scale – Home Visiting (RP2 OS-HV) measures provider implementation of DEC RPs with families on a scale of 0-5. Observations are conducted monthly by peer-to-peer coaches via in-person or virtually, then discussed during coaching sessions. Scoring data is reported to the Part C State Office quarterly. Local and state leadership teams’ review individual provider and overall program data for fidelity. Engagement Assessment Scale for ESS (EASE) measures the child and caregivers' level of engagement on a scale of 1-4. Parent/Child sessions of engagement are viewed monthly during peer-to-peer coaching sessions; data is recorded monthly and reported to the Part C State Office quarterly. Both local and state leadership teams, review child and caregiver engagement data for overall increases in engagement due to change in provider practices. FFY21 RP2 OS-HV data supports change in practice with an overall average increased implementation of DEC RPs following categories: environment 0.80%, family 0.62%, instruction 0.67%, and interaction 0.57%. EASE data supports increased child and family engagement with an overall average increase of child 0.60% and caregiver 0.82% with families receiving services from providers implementing DEC RPs.

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

The Child Outcome Summary (COS) Indicator 3B SS2 data disaggregated by individual local program indicates the six programs who are fully trained and implementing SEE Change DEC RPs have improved COS percentages in comparison to local programs who have not yet actively engaged in SEE Change. Three years of COS comparison data shows five of the six programs fully implementing DEC RPs demonstrate improved percentages in outcome 3B SS2. Five of these six programs show two years of data above the state data reported during FFY20 & FFY21 48.44%. Of the 9 local programs not yet fully implementing the DEC RPs, two programs show data below the state FFY21 reported target of 48.44%.

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

New Hampshire (NH) will continue to provide both Diversity and Cultural Competence (D&CC) and Child Outcome Summary (COS) required trainings to newly hired statewide local FCESS staff two to three times per year, which will maintain a level of knowledge and understanding statewide. The Comprehensive System of Personnel Development (CSPD) budget will continue to fund these trainings through individual line items. Family Outcome Survey’s will continue to provide stakeholders with data about the impact D&CC trainings have on family’s priorities, beliefs, and values. Indicator 3B COS data will advise stakeholders on the effects of the COS training and identify future trainings needed. State Leadership Teams will continue to meet as needed to ensure sustainability.  
  
Five local programs continued to engage in evidence-based Adult Learning Strategies to support family engagement & peer coaching as part of the state SEE Change which includes DEC RPs focused on family and child engagement and data collection during FFY21. These programs implemented the DEC RPs during FFY21 at a variety of levels due to unanticipated staffing shortages. Due to timing, all programs who engaged in SEE Change during FFY21 will continue into FFY22. The state anticipates the remaining 4 out of 14 local programs (Originally 15 programs but Waypoint and Richie McFarland Children Center merged January 2022) will engage in SEE Change at various levels during FFY22.  
  
NH Part C State Office plans to further scale-up Sustainable Early Engagement for Change (SEE Change) to include remaining 4 additional local programs during FFY22. The programs will participate in an “Evidence-Based Adult Learning Strategies to Support Family Engagement & Peer Coaching” training provided by the national trainers. The state anticipates that these three additional programs will begin implementation of the DEC RPs beginning FFY22 increasing the number of local programs across the state to include all 14 local programs implementing DEC RPs focused on child and family engagement. Analysis of change in provider practice and child/family engagement will continue with current data collection tools. The CSPD budget will continue to fund SEE Change through an individual line item.  
  
NH Part C Coordinator continues to hold a place on the Pyramid Model State Leadership. This involvement with state leadership promises to align the Part C system with key early childhood system partners in the state to benefit from a shared system of personnel support. These partnerships will also help to align Part B, Part C, and other early childhood partners for infrastructure improvements to the early childhood system. The line items in the CSPD budget will assist in facilitating training and accessing trainers. NH Part C State Office will pursue national technical assistance personnel as needed, such as ECTA.

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

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

New Hampshire (NH) reported in the FFY19 and FFY20 submission that (1) additional COS trainer would be sought and teamed with current Master Cadre during FFY20, (2) six additional programs would be trained and implementing SEE Change using DEC RPs, and (3) that NH anticipated all 15 local programs would be implementing DEC RPs by June of 2023. Due to the COVID-19 pandemic and local program staff capacity, NH had difficulty meeting the initial timelines set.   
  
During FY21, NH was able to train 2 additional COS trainers. This has allowed for more trainings to be offered throughout the year as new staff are hired at the local programs.   
  
Due to local staff capacity and/or lack of staffing, of the six local programs who engaged in the evidence-based Adult Learning Strategies training by national trainers during FFY20, two programs needed to pause due to merging and another due to limited staff capacity. NH anticipates scaling up to include. The COVID-19 pandemic and the state staffing capacity has changed NH’s timeline for complete implementation of the DEC RPs across all local programs across the state from June 30, 2023 to June 30, 2024.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The Part C State Office intentionally invites and engages stakeholders of those interested and/or affected by significant decisions regarding the Part C System. Stakeholders in NH include (a) families, (b) providers, (c) Area Agencies (AAs), (d) other early childhood programs, (e) advocates, and (f) other programs serving children and their families, including but not limited to, programs in areas of education, family support, and health.   
  
The Interagency Coordinating Council (ICC) membership reflects federal membership requirements. Although there are some vacancies in the appointed membership that the ICC is working to fill, it is well attended by the current members. Family participation has stayed consistent from FFY20 to FFY21. The ICC formed a work group specifically focused on increasing family member participation. All ICC meetings took place virtually over the past fiscal year. Funds are set aside for families to be reimbursed for mileage and childcare to participate in meetings, work groups, WESS orientation and other times when stakeholder input may be collected. Remote participation is available through the use of technology, video conferencing, email, public hearing, and phone calls. NH is continuously working on ICC family recruitment and documents to explain the importance and purpose of the ICC.  
  
Stakeholder input is gathered through stakeholder activities such as: (a) group email discussions, (b) face-to-face meetings, (c) conference calls, and (d) web workshops to enhance decision making for the statewide system. The primary stakeholder meetings include the Quarterly FCESS Program Directors meetings and the ICC meetings, which typically convene every other month. FCESS state and local staff participate in public awareness activities, organizations, councils, and committees as stakeholders to give and gather input throughout the year. Annual Family Outcome Surveys help the Part C system to gather family input. Strong partnership with New Hampshire Family Voices (NHFV) and Parent Information Center (PIC) enable the state staff to gather family input through their networks. The Part C State office held stakeholder meetings with ICC on 8/6/21, 9/10/21, 10/7/21, 12/3/21, 2/4/22, 4/1/22, and 6/3/22 and Quarterly Director meetings on 9/29/2021, 12/8/21, 3/9/22, and 6/22/22. Prior to all ICC meetings, the Part C State office emails all data and information that will be shared during the upcoming meeting. The Part C State office has scheduled time prior to all ICC meetings for family members to attend and review information that was sent out previously and clarifying any questions they may have. This time allows family members the opportunity to increase their capacity to be an active and informed participant throughout the meeting.

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

Stakeholder feedback and support for the SSIP informs and drives all aspects of the work moving forward. Throughout the implementation of the SSIP content areas, the Part C State Office shares updates and data with early childhood partners at Interagency Coordinating Council (ICC) meetings four to five times per year and with Area Agency and local program staff at quarterly FCESS staff meetings four times per year. In addition to updating and sharing data, the Part C Office actively solicits input into the necessary infrastructure and improvement strategies.   
  
The Part C State Office works with the Parent Information Center (NH’s federally funded parent center) and NH Family Voices (NH’s federally funded Family-to-Family Health Information Center) to gather family feedback. Evidence of SSIP updates and feedback are included in ICC and Quarterly meeting agendas and notes. The FCESS website publicly posts ICC notes, following approval by the Council. At each of the stakeholder meetings, NH’s Part C State Office staff answer questions, review data, and gather feedback to inform the continued SSIP implementation and evaluation process. Stakeholder input is received through face-to-face meetings, distance/remote meetings, email discussions, and phone. State and Local Leadership Teams for each content area use stakeholder feedback, data, and information collected from staff to inform their planning and evaluation. The Bureau for Family Centered Services (BFCS) administration is also engaged in feedback cycles about SSIP activities. BFCS administrators give feedback and guidance regarding infrastructure development, system change, and budget management. This feedback informs the Part C State Office staff and State Leadership Teams about funding and planning for each SSIP activity.  
  
The Part C State office held stakeholder meetings with ICC on 12/3/21 and FCESS Directors on 12/8/21 to review seven years, 2013-2019, of COS SSIP Indicator 3 Summary Statement 2 and disaggregated gender and minority data showing a continued decrease during FFY18-20 following a statewide COS training event that occurred during FFY17. Current data is consistent with changes in practice that would occur when practitioners understand and more accurately apply rating criteria. Stakeholders also reviewed the State Child Outcomes Data Profile New Hampshire Part C 2019, provided by ECTA and DaSy, which showed that NH statewide performance has moved from being more than one standard deviation above the national average to closer to the national average after NH’s statewide COS training. This data is indicative of increased data quality and actually a better reflection of the functioning and progress of children who have been served in NH all along.  
  
FFY21 stakeholder groups engaged in reviewing exit data by gender and race due to questions regarding families of these boys and minority subgroups may be withdrawing from the Part C system sooner than families of girls or the white group.  
  
During FFY21, stakeholder input also included strategies to increase outreach to minority groups. Diversity & Cultural Competency trainings were on hold due to a lack of trainers. After the COVID-19 pandemic, many of the trainers left the field resulting in a shortage. Stakeholder input was received as to whether D&CC was still relevant and/or other options to be considered for programs in order to increase minority outcomes. It was determined that D&CC was still relevant and a plan to increase trainers was initiated.

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

NO

**Additional Implementation Activities**

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

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

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

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

**Name:**

Nicole Bushaw

**Title:**

NH Part C Coordinator

**Email:**

nicole.m.bushaw@dhhs.nh.gov

**Phone:**

1-603-271-6711

**Submitted on:**

04/25/23 2:21:27 PM

# Determination Enclosures

## RDA Matrix

**New Hampshire**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 87.50% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 1,329 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 1,878 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 70.77 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

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

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

**II. Child Performance**

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

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

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

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

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 62.13% | 62.40% | 63.91% | 53.06% | 69.52% | 55.97% |
| **FFY 2020** | 59.11% | 62.03% | 60.68% | 49.22% | 67.52% | 52.72% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.96% | YES | 2 |
| **Indicator 7: 45-day timeline** | 92.70% | N/A | 2 |
| **Indicator 8A: Timely transition plan** | 99.25% | YES | 2 |
| **Indicator 8B: Transition notification** | 94.78% | YES | 2 |
| **Indicator 8C: Timely transition conference** | 95.15% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **1,329** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 1 | 330 | 160 | 383 | 432 |
| **Performance (%)** | 0.08% | 25.27% | 12.25% | 29.33% | 33.08% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 3 | 386 | 224 | 465 | 228 |
| **Performance (%)** | 0.23% | 29.56% | 17.15% | 35.60% | 17.46% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 349 | 226 | 570 | 161 |
| **Performance (%)** | 0.00% | 26.72% | 17.30% | 43.64% | 12.33% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 62.13% | 62.40% | 63.91% | 53.06% | 69.52% | 55.97% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 851 | 59.11% | 874 | 62.13% | 3.02 | 0.0235 | 1.2845 | 0.199 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 1,081 | 60.68% | 1,078 | 63.91% | 3.23 | 0.0208 | 1.5493 | 0.1213 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 1,133 | 67.52% | 1,145 | 69.52% | 2.00 | 0.0195 | 1.0277 | 0.3041 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 1,288 | 62.03% | 1,306 | 62.40% | 0.37 | 0.0190 | 0.1944 | 0.8459 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 1,288 | 49.22% | 1,306 | 53.06% | 3.84 | 0.0196 | 1.9572 | 0.0503 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 1,288 | 52.72% | 1,306 | 55.97% | 3.26 | 0.0196 | 1.6649 | 0.0959 | NO | 1 |

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

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

## Data Rubric

**New Hampshire**

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

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

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

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

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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