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

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

**For reporting on   
FFY 2020**

**Oregon**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

The Oregon Department of Education (ODE) Office of Enhancing Student Opportunities is responsible for Oregon’s 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) programs that serve students eligible for IDEA services. The State works collaboratively with districts and programs to support improved academic and functional results for children with disabilities. The State supports and monitors its districts and programs via the following processes: General Supervision System; Technical Assistance System; Professional Development System; Stakeholder Involvement; and Reporting to the Public. These systems are designed to facilitate high expectations and college and career readiness (CCR) for the State’s students with disabilities.   
  
The State has a Technical Assistance System that utilizes technology and personnel to provide districts and programs timely access to data and activities that ensure compliance, as well as improved academic and functional outcomes for students with disabilities. Education specialists serve as single points of contact for districts and programs. In addition, a web-based system provides access to data and on-demand technical assistance, to specialists, districts, and programs.   
  
The State’s Professional Development System leverages both IDEA discretionary funds and funds from the State Personnel Development Grant (SPDG) to provide every district and program the opportunity to receive direct technical assistance and professional development focusing on the implementation of evidence-based practices for students with disabilities. Activities include: annual state-wide training on data collections and compliance and performance issues as informed by the state-wide, web-based System Performance Review & Improvement (SPR&I) application; workshops to parents of students with disabilities regarding procedural safeguards and navigating the IEP or IFSP; and support for programs to implement Multi-Tiered Systems of Support (MTSS). In addition, districts/programs can request individualized technical assistance from the State and every effort is made to provide the professional development on-site.   
  
The State solicits stakeholder input as needed on Annual Performance Report (APR) target setting and the State Systemic Improvement Plan (SSIP) content. The State creates Special Education Profiles for each of the 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs. These profiles display the indicators on the Annual Performance Report that is required for public reporting. Profiles are given to parents of children with disabilities and made available to the public on the State’s website: https://www.oregon.gov/ode/schools-and-districts/reportcards/SpEdReportCards/Pages/default.aspx.

Additional information related to data collection and reporting

The Covid-19 pandemic continues to have an impact on ability of the State’s EI/ECSE programs to collect indicator data. The biggest impact was on the ability of the EI/ECSE county to receive referrals for possible EI services (C5 and C6) and assess exiting EI children for child outcome data (C3). Some of the EI eligibility evaluations were conducted virtually with some difficulty, or were declined by parents due to health and safety concerns stemming from the pandemic. A small number of eligible exiting EI infants and toddlers were not administered an exit AEPS I for child outcome data due to the inability to assess these children in person nor to administer the exit AEPS I virtually. The State also experienced lower numbers of referrals to EI services from medical practices due to the reduction in parents seeking well-child visits and other medical services for their infants and toddlers. The State is confident the data reported in these indicators remains complete and accurate despite these impacts.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The State works collaboratively with nine contractors and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs on comprehensive data collection, analysis, performance reporting, improvement planning, implementation, and progress reporting.   
  
The State’s general supervision system is coordinated out of the Office of Enhancing Student Opportunities and includes data, monitoring, and legal components that are designed to identify noncompliance. Components are organized as follows:   
  
System Performance Review & Improvement (SPR&I): All EI/ECSE programs in the State that receive IDEA funds are required to participate in the State’s SPR&I system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The SPR&I system provides the State with the mechanism for review of district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR 303.700-708 are met by the State.  
Complaints and dispute resolution: While the State oversees complaints, due process hearings, mediations, and other alternative dispute resolution activities as part of its general supervision responsibilities, only complaints and due process hearings result in findings of noncompliance.   
  
The State uses independent contractors to conduct mediations and complaint investigations for the agency, with support, coordination, and additional assistance by the State’s special education legal specialist. The State provides training and oversight for these complaint contractors. When a complaint final order identifies noncompliance and orders corrective action, State staff work with program staff to ensure completion of corrective action within required time lines. The State uses the same complaint resolution system and complaint contractors for Part B and Part C.   
  
The State has a one-tier due process hearing system. All special education due process hearings are conducted by Office of Administrative Hearings (OAH) administrative law judges. OAH and the State have trained OAH administrative law judges to conduct special education hearings. When a due process hearing final order identifies noncompliance and orders corrective action, State staff work with program staff to ensure completion of corrective action within required time lines. The State uses the same due process hearing system and complaint contractors for Part B and Part C.

**Technical Assistance System:**

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

The State provides Technical Assistance (TA) to the 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs in several ways. The State makes use of a statewide, web-based cycle of continuous improvement mechanism called System Performance Review & Improvement (SPR&I). This system allows both programs and county contacts access to data and activities so that monitoring compliance and noncompliance can occur with regularity and accuracy and allows for timely corrective action to occur. In addition, the State provides training, as needed, that addresses data collection, and compliance and performance issues, as part of the SPR&I continuous improvement mechanism.   
  
The State website (https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/EI-ECSE-Contractor%27s-Information.aspx) provides up-to-date forms, program operation guidelines, and information for parents and EI/ECSE contractors.   
  
The State uses e-mail distribution lists to provide timely information and support to programs ensuring that critical information is received. The State and the nine EI/ECSE contractors who provide the direct services to the birth to 5 population provide regular supervision, training, and technical assistance to subcontractors with regards to compliance and other issues through bi-monthly meetings.   
  
Other TA provided as needed may include: advice by experts; assistance in identifying and implementing professional development, instructional strategies, or methods of instruction that are based on scientifically based instruction; using experienced program coordinators and EI/ECSE Specialists to provide advice, technical assistance, and support; and collaboration with institutions of higher education, educational service agencies, national centers of technical assistance, and private TA providers.

**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 State has several systems in place to provide professional development to its 35 Early Intervention and Early Childhood Special Education (EI/ECSE) county programs throughout the State. The State supports the implementation of Collaborative Problem Solving (CPS), Pyramid Model for promoting social and emotional competence in young children receiving EI/ECSE services, the LEAP Preschool Model, and the Indicators of High-Quality Inclusion. State staff participate in statewide networks such as the Social Emotional Work Group, the Northwest Positive Behavioral Interventions and Support, and the Oregon Early Childhood Inclusion State Leadership Team. This year, the State also began a Community of Practice for Intake staff across the State’s 35 Early Intervention and Early Childhood Special Education (EI/ECSE) county programs to reinforce best practices for child find, referral, and family involvement at intake.  
  
The State Interagency Coordination Council (SICC) brings together several agencies that serve infants, toddlers and preschoolers and provides a channel for information to be shared among programs and stakeholders. Stakeholders include the Early Learning Division, Early Head Start, Head Start, Preschool Promise, EI/ECSE providers, Migrant Head Start, Title V Program, Tribal Head Start, Early Childhood Mental Health (DHS), and the Homeless Liaison, among others. The SICC is advises the State on the professional development needs across the system and is an integral part of the state’s feedback and evaluation process for improvement efforts and infrastructure changes as outlined in the State Systemic Improvement Plan (SSIP).  
  
The State provides annual, state-wide training on compliance and performance issues as informed by the statewide, web-based, cycle of continuous improvement mechanism called Systems Performance Review & Improvement. Additionally, in 2021 ODE provided an annual Summer Institute virtually over three months on topics generated by the State and EI/ECSE providers, and Summer Institute partners: the Oregon Health Authority, Oregon State University, Early Learning and Wellness, and the Early Learning Division. The Coalition of Oregon School Administrators also has an EI/ECSE strand in their annual fall special education conference. To address parent, family needs, the State contracts with the State’s Parent Training and Information Center, called Family and Community Together (FACT), to provide six workshops per year to families in both English and Spanish. Workshop topics include procedural safeguards, navigating the IFSP process and kindergarten transition. Increased partnership with FACT also led to three live sessions on the State Performance Plan and understanding key elements of performance indicators for target setting.

**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 State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

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

YES

**Number of Parent Members:**

88

**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.**

Parents and family members accessed a number of resources and participatory activities to provide input on the State’s targets and the SPP/APR. The State’s virtual engagement sessions allowed collaboration among stakeholders and State staff to analyze data, set targets, and develop improvement strategies. Individual parents and families reviewed data and evaluated options for targets in small groups hosted by program staff who work directly with districts on special education issues. The State provided information in multiple formats and provided information prior to engagement sessions, allowing for individual learning styles and language translation. The State organized the content of engagement sessions by essential questions, helping demystify the data and allowing for holistic conversation about topics that matter to parents and families. By presenting indicator data and target setting options grouped by essential question, the State was able to provide an informational foundation from which to discuss improvement ideas for related indicators.

**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 State utilized the expertise of parents on the State Interagency Coordinating Council, the Oregon Early Childhood Inclusion State Leadership Team to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities. At the local, community, and program level of implementation each agency is required to engage families and have families of young children participate in their monthly meetings and evaluations and action planning for implementation of Pyramid Model, LEAP Preschool Model, and the Community and Program Indicators of High Quality Inclusion. Bi directional communication with families is not only encouraged but highlighted in the indicators of high-quality. To specifically address the needs of the State’s Spanish-speaking families, the strong relationship staff have cultivated with the State parent organization FACT allowed for using a rapid design process to provide all target setting materials in Spanish.   
  
The State refined plans for collaborating with SICC, SACSE, and the Early Learning Council (ELC) throughout the next reporting period.   
  
Internally, the State recognizes a deficit in current engagement practices, and that current practices reflect white dominant culture. Specifically, the State is committed to increasing the capacity of diverse communities and partner in identifying and implementing promising practices. An internal team formed to develop standard operating procedures on engagement, identified a schema of engagement to use, and continues to strategize how to empower local and community organizations and families in the engagement process.

**Soliciting Public Input:**

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

The State used a set of indicator dashboards to share information and collect information from stakeholders. A dashboard for each indicator was created to serve as an ongoing communication mechanism, sharing data, activities, target options, and collecting stakeholder input on targets and ideas for improvement strategies. These dashboards were published in November 2021, and the State intends to use them as an ongoing communication mechanism. The state began collecting survey input from the community in November 2021 and closed the surveys in January 2021. The State also held three virtual engagement sessions during December 2021 open to the entire State. Community, and targeted sessions specific to individual stakeholder groups throughout November 2021-January 2022.

**Making Results Available to the Public:**

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

The State established the SPP/APR website (https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/spp2020-25.aspx) and indicator dashboards as a communication mechanism for making results available to the public.

**Reporting to the Public:**

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

The State produces Special Education Profiles annually. These profiles displayed the indicators required for public reporting and the corresponding data for each of the 35 Early Intervention/Early Childhood Special Education county programs. Additional profiles are produced for the Confederated Tribes of Warm Springs and a combined profile for Sherman, Gilliam, and Wheeler counties. In the past these Special Education Profiles were released to the public 60 days following the Annual Performance Report (APR) submission to the Office of Special Education Programs. The State requires that EI/ECSE programs distribute the profiles to all parents of students with Individualized Family Service Plans (IFSP). The State makes all 35 Special Education profiles available to the public via its website (Special Education Profiles: https://www.oregon.gov/ode/schools-and-districts/reportcards/SpEdReportCards/Pages/default.aspx) in both Spanish and English, and the May 2020 release was fully accessible by the visually impaired. The public accessed these Special Education Profiles on this website by first selecting the Current At-A-Glance Special Education Profiles link, and typing in the name of the EI/ECSE program. Also, individual EI/ECSE programs provided these Special Education Profiles, or a link to these profiles on their own web pages.  
  
A public announcement is sent via the statewide message system of the Deputy Superintendent of Public Instruction to major state and local news media. The State provides the current APR online (State Performance Plan and Annual Performance Report for Special Education: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/State-Performance-Plan-and-Annual-Performance-Report-for-Special-Education.aspx).

## Intro - Prior FFY Required Actions

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

## 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 85.62% | 92.31% | 92.86% | 95.51% | 97.47% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 146 | 158 | 97.47% | 100% | 96.84% | 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.***

7

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

Aside from the seven delays attributable to family circumstances, five delays were due to staff scheduling services which did not meet Oregon’s definition of “timely receipt of services.”

**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).**

During 2005-2006, the State defined “timely manner” (based on guidance from OSEP) as the initiation date on the IFSP or ten days from when the parent provides consent for the IFSP service.

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

State monitoring

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

System Performance Review and Improvement (SPR&I): All Early Intervention programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) SPR&I system of annual accountability and performance reporting. This system focuses on procedural compliance and indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State the mechanism for review of corrective actions, district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR 303.700-708 are met. Data are based on actual number of days. The early intervention services indicated on an Individual Family Service Plan (IFSP) are implemented by Early Intervention/Early Childhood Special Education (EI/ECSE) programs as soon as possible following parent consent for services; if there is any delay, the reason must be documented. As this is a compliance indicator, the target is 100%. In FFY 2020, Oregon was at 96.83% in providing early intervention services in a timely manner. This is a 0.64 percentage point decrease from FFY 2019.

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

The Covid-19 pandemic had no impact on the data for this indicator for the FFY 2020 SPP/APR report.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 6 | 0 | 0 |

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

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

The State verified through review and approval of correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system, that 100% (6/6) of incidents of noncompliance in FFY 2019 were corrected within one year.   
  
The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [ 34 CFR §§ 303.20(c), 303.344(f)(1)].  
  
The following steps were completed for the verification process for each individual noncompliance:   
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system   
• The State reviewed the reason for noncompliance and indicated corrective action needed and   
• The EI program submitted the corrective action on the individual noncompliance in SPR&I and   
• The State reviewed the submitted corrective action and approved same.   
  
Demonstration of correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §§ 303.20(c), 303.344(f)(1) was obtained through the following:   
• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these in   
 SPR&I.   
• The additional file reviews for each EI Program were reviewed and verified by the State that each EI program with corrected noncompliance was in compliance and correctly implementing 34 CFR §§ 303.20(c), 303.344(f)(1).

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

The State verified that 100% (6/6) of incidents of noncompliance in FFY 2019 were corrected within one year. EI programs submitted in SPR&I corrective actions and additional file reviews of files newly created after correction of noncompliance. The State reviewed and verified corrective actions were completed and the additional file reviews demonstrated correct implementation of regulatory requirements.   
  
For FFY 2019 there were six incidents of delay of services. Two incidents in one program were attributable to exceptional family circumstances and had been reported in the FFY 2019 APR in the section “Number of documented delays attributable to exceptional family circumstances.” The reasons for the remaining four delays across four programs are listed below:  
1. Two incidents were due to staff scheduling services after the start date on the IFSP  
2. Two incidents had no documented reasons for the delay  
  
These five programs submitted in SPR&I an explanation for the delay in services and corrective actions for these six incidents. This included two incidents in one program for exceptional family circumstances, one incident each in two programs (two findings) due to staff delays, and one incident each in two programs (two findings) due to no documentation for a total of six findings. The State verified completion of corrective actions and that services were provided to these six children and that each noncompliance was corrected (100%, 6/6) unless the child was no longer within the jurisdiction of the EIS program.   
  
Each program reviewed the practices that contributed to the noncompliance, and demonstrated compliance with regulatory requirements through submission of additional file reviews in SPR&I. The additional file reviews demonstrating correct implementation of 34 CFR §§ 303.20(c), 303.344(f)(1) for each EI Program were reviewed and verified as compliant and demonstrating correct implementation of regulatory requirements by the State.

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

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

## 1 - Prior FFY Required Actions

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

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

1. Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements  
The State verified through review and approval of correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system, that 100% (6/6) of incidents of noncompliance in FFY 2019 were corrected within one year.   
  
The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [ 34 CFR §§ 303.20(c), 303.344(f)(1)].  
  
The following steps were completed for the verification process for each individual noncompliance:   
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system   
• The State reviewed the reason for noncompliance and indicated corrective action needed and   
• The EI program submitted the corrective action on the individual noncompliance in SPR&I and   
• The State reviewed the submitted corrective action and approved same.   
  
2. Demonstration of correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §§ 303.20(c), 303.344(f)(1) was obtained through the following:   
• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these in   
 SPR&I.   
• The additional file reviews for each EI Program were reviewed and verified by the State that each EI program with corrected noncompliance was in compliance and correctly implementing 34 CFR §§ 303.20(c), 303.344(f)(1).  
  
Describe how the State verified that each individual case of noncompliance was corrected.  
The State verified that 100% (6/6) of incidents of noncompliance in FFY 2019 were corrected within one year. EI programs submitted in SPR&I corrective actions and additional file reviews of files newly created after correction of noncompliance. The State reviewed and verified corrective actions were completed and the additional file reviews demonstrated correct implementation of regulatory requirements.   
  
• Five programs had 6 incidents of noncompliance.  
  
Reasons for noncompliance were as follows:  
• Two programs had delays due to exceptional family circumstances.  
• Four programs had instances of Related Services being provided late due to staff scheduling conflicts  
  
These five programs submitted in SPR&I an explanation for the delay in services and corrective actions. The State verified completion of corrective actions and that services were provided to these nine children and that each noncompliance was corrected (100%, 6/6) unless the child was no longer within the jurisdiction of the EIS program.   
  
Each program reviewed the practices that contributed to the noncompliance, and demonstrated compliance with regulatory requirements through submission of additional file reviews in SPR&I. The additional file reviews demonstrating correct implementation of 34 CFR §§ 303.20(c), 303.344(f)(1) for each EI Program were reviewed and verified as compliant and demonstrating correct implementation of regulatory requirements by the State.

## 1 - OSEP Response

## 1 - Required Actions

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

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 96.50% | 96.50% | 96.50% | 96.50% | 96.50% |
| Data | 97.54% | 97.01% | 98.15% | 98.47% | 98.66% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 96.50% | 96.50% | 96.50% | 96.50% | 96.50% | 96.50% |

**Targets: Description of Stakeholder Input**

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,288 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 3,311 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,288 | 3,311 | 98.66% | 96.50% | 99.31% | Met target | No Slippage |

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

The Covid-19 pandemic had no impact on the data for this indicator for the FFY 20 SPP/APR report.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

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

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
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The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2015 | Target>= | 82.00% | 85.40% | 85.40% | 85.40% | 85.40% |
| **A1** | 84.89% | Data | 84.89% | 85.08% | 84.83% | 85.29% | 85.92% |
| **A2** | 2015 | Target>= | 60.00% | 42.30% | 42.30% | 42.30% | 42.30% |
| **A2** | 41.00% | Data | 41.00% | 41.80% | 42.11% | 41.21% | 38.54% |
| **B1** | 2015 | Target>= | 64.30% | 66.70% | 66.70% | 66.70% | 66.70% |
| **B1** | 66.42% | Data | 66.42% | 64.32% | 61.85% | 61.40% | 61.98% |
| **B2** | 2015 | Target>= | 8.00% | 36.00% | 36.00% | 36.00% | 36.00% |
| **B2** | 35.69% | Data | 35.69% | 34.82% | 34.39% | 34.50% | 31.72% |
| **C1** | 2015 | Target>= | 65.00% | 77.80% | 77.80% | 77.80% | 77.80% |
| **C1** | 77.28% | Data | 77.28% | 75.83% | 75.75% | 74.62% | 74.85% |
| **C2** | 2015 | Target>= | 18.50% | 40.60% | 40.60% | 40.60% | 40.60% |
| **C2** | 40.33% | Data | 40.33% | 38.95% | 36.61% | 36.38% | 33.87% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 85.40% | 85.60% | 85.80% | 86.00% | 86.20% | 86.40% |
| Target A2>= | 42.30% | 42.50% | 42.70% | 42.90% | 43.10% | 43.30% |
| Target B1>= | 66.70% | 67.90% | 68.10% | 68.30% | 68.50% | 68.70% |
| Target B2>= | 36.00% | 36.20% | 36.40% | 36.60% | 36.80% | 37.00% |
| Target C1>= | 77.80% | 78.00% | 78.20% | 78.40% | 78.60% | 78.80% |
| Target C2>= | 40.60% | 40.80% | 41.00% | 41.20% | 41.40% | 41.60% |

**FFY 2020 SPP/APR Data**

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

1,980

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 34 | 1.72% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 182 | 9.19% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 898 | 45.35% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 663 | 33.48% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 203 | 10.25% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,561 | 1,777 | 85.92% | 85.40% | 87.84% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 866 | 1,980 | 38.54% | 42.30% | 43.74% | N/A | N/A |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 28 | 1.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 614 | 31.01% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 660 | 33.33% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 369 | 18.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 309 | 15.61% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,029 | 1,671 | 61.98% | 66.70% | 61.58% | Did not meet 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 | 678 | 1,980 | 31.72% | 36.00% | 34.24% | Did not meet target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 19 | 0.96% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 441 | 22.27% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 800 | 40.40% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 524 | 26.46% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 196 | 9.90% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,324 | 1,784 | 74.85% | 77.80% | 74.22% | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 720 | 1,980 | 33.87% | 40.60% | 36.36% | Did not meet target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 3,086 |
| 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. | 720 |

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

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

NO

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

In 2015, using a national AEPS data set from typically developing children, a review team considered 90%, 85% and 80% percentile cut offs against the national data results to decide the cut off level that best reflected the State’s children in EI programs. The review team, State staff, the EI/ECSE Contractors and the EI/ECSE stakeholder group were all asked to analyze the percentile cut offs and determine the cut off level that the State should use for reporting to the EI child outcomes. The consensus was to use the 80% cut off level. This most closely represents the children who are eligible for Early Intervention programs and receive services in Oregon.   
  
Child progress is measured using the following rubric:   
  
If a child enters with a score below the normal range and stays the same or regresses at the next test administration, the child is categorized as (a) does not improve functioning. If the child makes progress and the ratio of how far below the normal level of development increases between test administrations, the child is categorized as (b) improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers. If the child makes progress but the ratio of how far below the normal level of development decreases between test administrations, the child is categorized as (c) improved functioning to a level nearer to the functioning of same-aged peers, but did not reach it. If a child enters with a score below the normal range and increases to reach or exceed the normal range at the next test administration, the child is categorized as (d) improved functioning sufficient to reach a level comparable to same-aged peers.   
  
If a child enters with a score at or above the normal range and maintains their score at or above the normal range at the next test administration, the child is categorized as (e) maintains functioning at or above same age peers.

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

As of 2008, all EI/ECSE programs in the State are required to enter individual child assessment results from the Assessment, Evaluation, and Programming System (AEPS) into the Early Childhood Web (ecWeb). The aggregate results are utilized for reporting on this indicator.

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

The COVID-19 had an impact on the collection of the C3 data on several fronts. Since Oregon uses the AEPS I as their one tool statewide for the C3 Child outcome Data, conducting much of the services virtually had a minimal impact on the gathering of these data. Performance and validity were impacted very little. Completeness was impacted somewhat in that many more families dropped out of services without warning making it impossible to secure an exit AEPS I for the child outcome data. The reliability of these data were impacted a little more in that as the AEPS I was administered virtually, there was heavier reliance on parent report. Early Intervention programs were supported in their C3 data collection through training in conducting services and assessments virtually.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2014 | Target>= | 89.73% | 89.83% | 90.00% | 91.00% | 91.00% |
| A | 89.63% | Data | 91.42% | 95.24% | 89.69% | 94.09% | 89.44% |
| B | 2014 | Target>= | 89.60% | 89.70% | 90.00% | 91.00% | 91.00% |
| B | 89.50% | Data | 89.67% | 92.86% | 92.07% | 91.40% | 91.30% |
| C | 2014 | Target>= | 92.19% | 92.29% | 92.59% | 93.09% | 93.09% |
| C | 92.09% | Data | 92.72% | 94.60% | 90.25% | 90.32% | 91.25% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 89.52% | 89.92% | 90.31% | 90.71% | 91.10% | 91.50% |
| Target B>= | 91.29% | 91.63% | 91.97% | 92.32% | 92.66% | 93.00% |
| Target C>= | 91.27% | 91.72% | 92.16% | 92.61% | 93.05% | 93.50% |

**Targets: Description of Stakeholder Input**

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,207 |
| Number of respondent families participating in Part C | 96 |
| Survey Response Rate | 7.95% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 87 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 96 |
| 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 | 90 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 96 |
| 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 | 87 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 96 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 89.44% | 89.52% | 90.63% | 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) | 91.30% | 91.29% | 93.75% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 91.25% | 91.27% | 90.63% | Did not meet target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | YES |
| If yes, has your previously approved sampling plan changed? | NO |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

The sampling methodology is designed to choose a representative set of respondents each year that is reflective of the State’s population as a whole. Within counties, the population were stratified by program, race/ethnicity, gender, primary disability, and language to ensure the representativeness of the sample.  
  
The sampling plan has been included as an attachment to C4 and the data provided within the indicator is consistent with the approved sampling plan.

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 11.64% | 7.95% |

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

Informed by Oregon’s participation in the Early Childhood TA Center (ECTA) & the Center for IDEA Early Childhood Data Systems (DaSy) Family Outcomes CoP, the State is planning to contract with FACT (Oregon’s PTI Center) for 2021-22. This contract will assist the State in supporting programs with collecting the following data to inform their parent involvement survey efforts:  
1. Identify current communication and dissemination strategies programs are utilizing.  
2. Collect program input as to why the response rate of parents of non-white students is low.  
3. Identify additional communication and/or dissemination strategies for increasing the response rate of parents, especially for parents of non-white students.  
4. Ask programs if there are actions that the State and/or its survey vendor could do in terms of survey design/format/administration that would increase the likelihood parents of non-white students responding to the survey.

**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.**

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few factors can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The response rate is 8%, which is the lower than expected. Possibly, those families who did not respond are different in some measurable way in their level of positivity from those who did respond. Therefore, the State proceeded with the next two ways for examining nonresponse bias.  
  
Second, the representativeness of the responses can be examined. The State describes this in the next question: The State used statistical significance testing to determine if one group was over- or under-represented based on their response rate. No significant differences were found in response rates by disability, race/ethnicity, or age of the child. Furthermore, even though no significant differences present in response rates, results are weighted by county to ensure that the parent survey results reflect the population of parents.  
  
Third, the State can compare the responses of parents who responded early in the process to those who responded later in the process. Possibly, those who do not immediately respond are different in some measureable way than those who respond immediately. These results showed no statistically significant differences between parents who responded earlier and parents who responded later. Therefore, the State concludes that nonresponse bias is not present.

**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.**

The State used statistical significance testing of response rated to determine if one group was over-or under-represented. Note that our survey sample was such that if all disaggregated groups have the same response rate, then by definition, the disaggregated groups are representative of the population. For example, if all racial/ethnic groups had a 30% response rate, then the population of the respondents would mirror the actual population in terms of its racial/ethnic make-up. On the other hand, if one racial/ethnic group has a 30% response rate for example and another a 20% response rate, then the population of the respondents would not mirror the actual population in terms of its racial/ethnic make-up. No significant differences were found in response rates by disability, race/ethnicity, or age of the child. Since there are no significant differences in response rates between groups of parents by disability, race/ethnicity, or age of the child, we are confident that the overall results are representative of the State. In addition, parents from a wide range of counties from across the state responded to the survey; thus, the results are representative of all racial/ethnic groups, all disability categories, and all age categories. Furthermore, results are weighted by county to ensure that the parent survey results reflect the population of parents in terms of geographic distribution.

**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).**

Statistical significance testing of response rate was used to determine representativeness with a threshold of p<.0.05.

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

The analyses did not indicate an impact from COVID-19.

## 4 - Prior FFY Required Actions

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

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

Informed by Oregon’s participation in the Early Childhood TA Center (ECTA) & the Center for IDEA Early Childhood Data Systems (DaSy) Family Outcomes CoP, the State is planning to contract with FACT (Oregon’s PTI Center) for 2021-22. This contract will assist the State in supporting programs with collecting the following data to inform their parent involvement survey efforts:  
1. Identify current communication and dissemination strategies programs are utilizing.  
2. Collect program input as to why the response rate of parents of non-white students is low.  
3. Identify additional communication and/or dissemination strategies for increasing the response rate of parents, especially for parents of non-white students.  
4. Ask programs if there are actions that the State and/or its survey vendor could do in terms of survey design/format/administration that would increase the likelihood parents of non-white students responding to the survey.  
Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.  
  
Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program:  
  
The FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.   
  
The State used statistical significance testing of response rated to determine if one group was over-or under-represented. Note that our survey sample was such that if all disaggregated groups have the same response rate, then by definition, the disaggregated groups are representative of the population. For example, if all racial/ethnic groups had a 30% response rate, then the population of the respondents would mirror the actual population in terms of its racial/ethnic make-up. On the other hand, if one racial/ethnic group has a 30% response rate for example and another a 20% response rate, then the population of the respondents would not mirror the actual population in terms of its racial/ethnic make-up. No significant differences were found in response rates by disability, race/ethnicity, or age of the child. Since there are no significant differences in response rates between groups of parents by disability, race/ethnicity, or age of the child, we are confident that the overall results are representative of the State. In addition, parents from a wide range of counties from across the state responded to the survey; thus, the results are representative of all racial/ethnic groups, all disability categories, and all age categories. Furthermore, results are weighted by county to ensure that the parent survey results reflect the population of parents in terms of geographic distribution.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State submitted its sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.75% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 0.76% | 0.80% | 0.80% | 0.80% | 0.80% |
| Data | 0.91% | 0.96% | 0.94% | 0.98% | 1.04% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.80% | 0.81% | 0.81% | 0.82% | 0.82% | 0.83% |

Targets: Description of Stakeholder Input

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 327 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 42,018 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 327 | 42,018 | 1.04% | 0.80% | 0.78% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The COVID-19 pandemic had a significant effect on the slippage in C5 data. Referrals to State EI services are highly dependent on medical practice referrals. During the pandemic, the rate of well child and other medical visits for children decreased, resulting in fewer opportunities for medical practices to identify infants and toddlers who would benefit from EI services. When the pandemic progresses to a more accessible climate for medical services for children, the State anticipates improved data for C5.

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

The COVID-19 pandemic had no impact on the validity and reliability of the C5 data collection. Early Intervention providers and the State education agency’s data team were able to maintain their high standards of data collection and analysis during the pandemic. In terms of performance and data completeness, the pandemic modestly influenced the C5 data in that parents were more reluctant than usual to follow up with a referral to Early Intervention services. EI programs scheduled additional follow up contact with these referrals.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

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

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.78% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.30% | 2.30% | 2.40% | 2.40% | 2.40% |
| Data | 2.61% | 2.74% | 2.92% | 3.17% | 3.27% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.40% | 2.50% | 2.50% | 2.60% | 2.60% | 2.70% |

Targets: Description of Stakeholder Input

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 3,311 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 128,197 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,311 | 128,197 | 3.27% | 2.40% | 2.58% | Met target | No Slippage |

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

The COVID-19 pandemic had no impact on the validity and reliability of the C6 data collection. Early Intervention providers and the State education agency’s data team were able to maintain their high standards of data collection and analysis during the pandemic. In terms of performance and data completeness, the pandemic modestly influenced the C6 in that parents were more reluctant than usual to follow up with a referral to Early Intervention services. EI programs scheduled additional follow up contact with these referrals.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

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

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.56% | 99.26% | 99.39% | 99.45% | 99.23% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,253 | 3,126 | 99.23% | 100% | 96.67% | Did not meet target | Slippage |

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

One of Oregon’s larger and more metropolitan EI/ECSE programs experienced a high level of noncompliance compared to other programs in FY 2020. This program had 65 incidents of noncompliance due to lack of available evaluation slots. The program experienced an evaluator shortage and a high surge of referrals at different points of the year due to COVID. The program hired extra duty staff for evaluations and also paid overtime for existing staff. The program also had a shortage of intake staff. They implemented an improved training and tracking system for referrals. This program also experienced a transition in leadership during FY 2020, with a new director having minimal EI/ECSE experience. The State communicated with this program throughout FY 2020 and met with the new director and offered technical assistance. The State decided not to implement sanctions as the program did not experience these challenges before COVID. All 65 instances of noncompliance were corrected and the program is making improvements due to new implementation efforts and additional staff.

**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.**

769

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

For FFY 2020, there were 873 incidents of delay of services. 769 incidents were attributable to exceptional family circumstances and have been reported accordingly online. The reasons for the remaining 104 delays are listed below:  
  
1. Six incidents were due to staff communication problems  
2. Seven incidents were due to staff illness  
3. Forty-four incidents were due to the evaluation schedule being full due to staff shortage  
4. Sixteen incidents were due to data entry/clerical errors  
5. Eleven incidents were due to staff training issues  
6. Two incidents were due to unavailability of physical therapist   
7. Eighteen were due to program delay in contacting family due to intake staff shortage

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

State database

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

7/2020 - 6/2021

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

The percentage was calculated using aggregated data collected monthly from all EI/ECSE programs in the state. Each monthly data report represents all children in the EI referral process from the second day of the previous month to the first day of the current month. Programs submit data completion status of EI evaluations, eligibility and initial IFSP meeting each month. Of those children, programs must document; (1) how many completed the process within 45 days of referral, (2) how many completed the process but not within 45 days of referral (these programs must submit a corrective action plan), (3) how many have not completed the process, and (4) how many discontinued the process and why.

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

All programs submitted their monthly data and corrective action plans (CAPs) on time for the entire data collection period (7/20-6/21).   
 A new CAP template was created for April 2020 – June 2021 data in order for programs to document delays due to COVID. The delay was coded, “Exceptional Family Circumstances due to COVID-19.” These cases were included in this report with the “Number of documented delays attributable to exceptional family circumstances.”

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

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

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

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

EI/ECSE programs submit a corrective action plan (CAP) for any child for whom the 45-day timeline was not met. Included in the CAP: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting, 2) the child’s initials and birth date, 3) the specific reasons for not meeting the 45-day timeline, 4) corrective actions based on an analysis of the problem(s), and 5) activities planned to address each problem identified.   
  
In FFY 2019, 25 evaluations and initial IFSP meetings did not meet the 45-day timeline for the following reasons: staff communication problems (3), staff illness (4), evaluation schedule full (10), data entry error (5), staff training issues (2), and interpreter being ill (1). The programs with noncompliance developed and implemented CAPs detailing solutions for 100% compliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The programs with noncompliance developed and implemented CAPs detailing solutions for 100% compliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.  
  
The state verified that all programs with noncompliance correctly implemented 34 CFR §§303.310(a) and 303.342(a) and achieved 100% compliance based on a review of CAPs detailing the noncompliance, correction and review of subsequent monthly CAP plans for the program.

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

The state verified that 100% (25/25) of the incidents of noncompliance in FFY 2019 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met based on an the State review of their Corrective Action Plans (CAPs) documenting each of the 25 cases of noncompliance (consistent with OSEP Memo 09-02).

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

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

## 7 - Prior FFY Required Actions

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

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

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.  
1) EI/ECSE programs submit a corrective action plan (CAP) for any child for whom the 45-day timeline was not met. Included in the CAP: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting, 2) the child’s initials and birth date, 3) the specific reasons for not meeting the 45-day timeline, 4) corrective actions based on an analysis of the problem(s), and 5) activities planned to address each problem identified.   
  
In FFY 2019, 25 evaluations and initial IFSP meetings did not meet the 45-day timeline for the following reasons: staff communication problems (3), staff illness (4), evaluation schedule full (10), data entry error (5), staff training issues (2), and interpreter being ill (1). The programs with noncompliance developed and implemented CAPs detailing solutions for 100% compliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators.   
  
The State verified that all programs with noncompliance correctly implemented 34 CFR §§303.310(a) and 303.342(a) and achieved 100% compliance based on a review of CAPs detailing the noncompliance, correction and review of subsequent monthly CAP plans for the program.  
  
Describe how the State verified that each individual case of noncompliance was corrected.  
2) The State verified that 100% (25/25) of the incidents of noncompliance in FFY 2019 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met based on the State review of their Corrective Action Plans (CAPs) documenting each of the 25 cases of noncompliance (consistent with OSEP Memo 09-02)

## 7 - OSEP Response

## 7 - Required Actions

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

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.58% | 95.14% | 94.63% | 86.84% | 88.24% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 143 | 156 | 88.24% | 100% | 92.31% | 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.**

Aside from one delay attributable to family circumstances, the delays for the remaining 12 incidents are as follows:  
• There were seven incidents of adding transition services more than nine months before the child’s third birthday.  
• There were three incidents of adding transition services less than 90 days before the child’s third birthday.  
• There were two incidents where no documentation was provided for transition steps.

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

State monitoring

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

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State the mechanism for review of district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR §303.700-708.   
  
As part of the standard operating procedures through SPR&I, EI/ECSE programs:   
• Engage in self-assessment through data collection, review, and analysis to inform meaningful improvement.   
• Report to the State on timely transition planning for a predetermined number of child files selected for review.   
• Address noncompliance with timely transition steps and services through corrective action documented in SPR&I that includes   
 verifying that services were provided to children, an explanation for the cause of the noncompliance, correction of practices   
 that contributed to the noncompliance, and demonstration of current compliance through subsequent data collection.

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

The Covid-19 pandemic resulted in a decrease in the number of children referred for Early Intervention but had no impact on the data for this indicator for the FFY 2020 SPP/APR report.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 19 | 19 | 0 | 0 |

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

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

In FFY 2019, 19 incidents of noncompliance resulted in 19 findings across 11 programs (two programs had three incidents each for a total of six findings; four programs had two incidents for a total of eight findings; and five programs had one incident each for a total of five findings).  
  
The State reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance; 100% (19/19) of incidents of noncompliance in FFY 2019 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on the State’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

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

In FFY 2019, 86.84% (134/153) of child files reviewed for EI transition included transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child's third birthday to support the child's transition to preschool and other appropriate community services.   
  
The State reviewed, verified, and approved corrective action data submitted by EI/ECSE programs to SPR&I; 100% (19/19) of incidents of noncompliance in FFY 2019 were corrected within one year and the programs with noncompliance developed an IFSP with transition steps and services for each child, unless the child was no longer within the jurisdiction of the EI program.   
  
EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on the State’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

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

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

## 8A - Prior FFY Required Actions

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

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

1. Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.  
In FFY 2019, 19 incidents of noncompliance resulted in 11 findings across 11 programs (two programs had three incidents each for a total of two findings; four programs had two incidents for a total of four findings; and five programs had one incident each for a total of five findings).  
  
The State reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance; 100% (19/19) of incidents of noncompliance in FFY 2019 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on the state’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.  
  
2. Describe how the State verified that each individual case of noncompliance was corrected.  
In FFY 2019, 86.84% (134/153) of child files reviewed for EI transition included transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child's third birthday to support the child's transition to preschool and other appropriate community services.   
  
The State reviewed, verified, and approved corrective action data submitted by EI/ECSE programs to SPR&I; 100% (19/19) of incidents of noncompliance in FFY 2019 were corrected within one year and the programs with noncompliance developed an IFSP with transition steps and services for each child, unless the child was no longer within the jurisdiction of the EI program.   
  
EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on the State’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

## 8A - OSEP Response

## 8A - Required Actions

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

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

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

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

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 156 | 156 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

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

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) Systems Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State with the mechanism for review of district/program policies, procedures, and systems to ensure the requirements set forth in 34 CFR §303.700-708 are met.   
  
The State is notified monthly via ecWeb, the State online IFSP data base, of all children transitioning from early intervention to early childhood special education. On the first day of every month, in ecWeb, an SEA/LEA Transition Notification report is generated and distributed to the SEA/LEA. These data comprise a list of all of the EI children in Oregon who are currently in process of transitioning to ECSE services.

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

NO

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

State monitoring

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

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) Systems Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. Data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State with the mechanism for review of district/program policies, procedures, and systems to ensure the requirements set forth in 34 CFR §303.700-708.

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

The Covid-19 pandemic had no impact on the data for this indicator for the FFY 2020 SPP/APR report.

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

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

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

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

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.21% | 97.22% | 95.30% | 89.47% | 92.16% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 142 | 156 | 92.16% | 100% | 92.31% | Did not meet target | No Slippage |

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

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

0

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

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

2

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

Aside from the two delays attributable to family circumstances, the delays for the remaining 12 incidents are as follows:  
• There were six incidents of adding transition services more than nine months before the child’s third birthday.  
• There were five incidents of adding transition services less than 90 days before the child’s third birthday.  
• There was one incident where no documentation was provided for transition steps.

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

State monitoring

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

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by ODE and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to ODE electronically through the SPR&I database. ODE works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides ODE with the mechanism for review of district/program policies, procedures, and systems to ensure the requirements set forth in 34 CFR §303.700-708 are met.   
  
As part of the standard operating procedures through SPR&I, EI/ECSE programs:   
• Engage in self-assessment through data collection, review, and analysis to inform meaningful improvement.   
• Report to ODE on timely transition planning for a predetermined number of child files selected for review.  
• Address noncompliance with timely transition steps and services through corrective action documented in SPR&I that includes verifying that services were provided to children, an explanation for the cause of the noncompliance, correction of practices that contributed to the noncompliance, and demonstration of current compliance through subsequent data collection.

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

The Covid-19 pandemic had no impact on the data for this indicator for the FFY 2020 SPP/APR report.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 12 | 12 | 0 | 0 |

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

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

In FFY 2019, 92.16% (141/153) of child files reviewed for EI transition included evidence of a transition planning conference at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child’s third birthday. Twelve incidents of noncompliance resulted in seven findings across seven programs.  
  
ODE reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance that 100% (12/12) incidents of noncompliance in FFY 2019 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review, verification and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

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

Twelve individual incidents of noncompliance resulted in twelve findings across seven programs. ODE required each program to provide the cause of the noncompliance and demonstrate correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. ODE reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I that 100% (12/12) of incidents of noncompliance in FFY 2019 were corrected within one year and that the programs with noncompliance conducted a transition conference for any child potentially eligible for Part B whose transition conference was not timely, unless the child was no longer within the jurisdiction of the EI program.   
  
EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

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

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

## 8C - Prior FFY Required Actions

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

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

1. Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.  
In FFY 2019, 92.16% (141/153) of child files reviewed for EI transition included evidence of a transition planning conference at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child’s third birthday. Twelve incidents of noncompliance resulted in seven findings across seven programs.  
  
ODE reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance that 100% (12/12) incidents of noncompliance in FFY 2019 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review, verification and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.  
  
2. Describe how the State verified that each individual case of noncompliance was corrected.  
Twelve individual incidents of noncompliance resulted in seven findings across seven programs. ODE required programs to provide the cause of the noncompliance and demonstrate correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. ODE reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I that 100% (12/12) of incidents of noncompliance in FFY 2019 were corrected within one year and that the programs with noncompliance conducted a transition conference for any child potentially eligible for Part B whose transition conference was not timely, unless the child was no longer within the jurisdiction of the EI program.   
  
EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review. Verification, and approval; of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining twelve uncorrected finding/findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

**Prepopulated Data**

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

**Targets: Description of Stakeholder Input**

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Historical Data**

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

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

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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

Covid-19 had no impact on this indicator.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

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

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

**Historical Data**

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

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

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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

Covid-19 had no impact on this indicator.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to 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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

The State Identified Measurable Result (SiMR) for infants, toddlers, and preschool children with disabilities and their families is to increase the rate of growth in social-emotional and approaches to learning skills for children with disabilities, birth through age five. The SiMR will be measured by using the child outcome data for both C3 and B7, Outcomes A and B, Summary statement 1.

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

NO

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

NO

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

YES

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

Based on stakeholder feedback that the previous theory of action continued to lack specificity, the State made changes to encompass the actions, strategies, and impact on students and families given the State EI/ECSE program is a single system of EI and ECSE services for children birth to kindergarten. Because of this seamless system of services, the State developed one State-Identified Measurable Result for improving outcomes for children birth to kindergarten that was reported during Phase I and Phase II. The State's revised Theory of Action for FY20 further to clarify the who, the what, and describes impact beyond improvement of the indicator data.   
  
Below is the State’s updated Theory of Action: If the Early Intervention/Early Childhood Special Education Programs, staff, early learning partners, and families have access to coaching and professional development and implement evidence based practices targeting inclusion, social-emotional and approaches to learning skills to fidelity, and if they engage one another by actively using reflection, assessment, and quality-improvement cycles, then they will increase their capacity to accelerate infant, toddler, and preschool aged children's social-emotional and approaches to Learning skills, which will lead to improved child outcomes and reduce suspension and expulsion rates within inclusive early care and education environments.

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

The theory of action is posted here: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Documents/2020%20APR-SPP/FY20%20Part%20C%20TOA.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)**

YES

**Historical Data**

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| A | 2015 | 81.54% |
| B | 2015 | 61.33% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 85.40% | 85.60% | 85.80% | 86.00% | 86.20% | 86.40% |
| Target B >= | 66.70% | 67.90% | 68.10% | 68.30% | 68.50% | 68.70% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | A: Indicator C3 Outcome A1: (# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) B: Indicator C3 Outcome B1: (# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) | A: Indicator C3 Outcome A1: (# 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)) B: Indicator C3 Outcome B1: Outcome B1: (# 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)) | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| A | 1,561 | 1,777 | 85.92% | 85.40% | 87.84% | Met target | No Slippage |
| B | 1,029 | 1,671 | 61.98% | 66.70% | 61.58% | Did not meet target | No Slippage |

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

Indicators C3 and B7, measures A1 and B1 are used as the data source.  
  
The targets listed for 2020-2025 are for Early Intervention. The state also has targets for Early Childhood Special Education. Those targets are from B7 A1 and B1 and are as follows:   
  
Baseline year (2015) and Data for B7 A1 and B1:  
2015 A1: 75.62% B1: 73.66%  
  
Targets for B7 A1 and B1:  
2020 A1: 76.1%; B1: 74.2%  
2021 A1: 76.3%; B1: 74.4%  
2022 A1: 76.5%; B1: 74.6%  
2023 A1: 76.7%; B1: 74.8%  
2024 A1: 76.9%; B1: 75.0%  
2025 A1: 77.1%; B1: 75.2%  
  
FFY 2020 SPP/APR Data for ECSE:  
A1:   
"A1" Numerator: Indicator B7 Outcome A1 (A: Indicator B7 Outcome A1: (# of preschool children reported in progress category (c) plus # of preschool children reported in category (d))   
   
“A1” Denominator: Indicator B7 Outcome A1 (A: Indicator B1 Outcome A1: (# of preschool children reported in progress category (a) plus # of preschool children 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)):  
  
a. Preschool children who did not improve functioning: 38  
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 493  
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it: 1,151  
d. Preschool children who improved functioning to reach a level comparable to same-aged peers: 569  
e. Preschool children who maintained functioning as a level comparable to same-aged peers: 1,144  
  
B1:   
“B1” Numerator: Indicator B7 Outcome B1: (# of preschool children reported in progress category (c) plus # of preschool children reported in category (d))  
  
“B1” Denominator: Indicator C3 Outcome B1: Outcome B1: (# of preschool children reported in progress category (a) plus # of preschool children 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)  
  
a. Preschool children who did not improve functioning: 52  
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 565  
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it: 1,082  
d. Preschool children who improved functioning to reach a level comparable to same-aged peers: 407  
e. Preschool children who maintained functioning as a level comparable to same-aged peers: 1,289  
  
B7 A1 and B1 Data:  
The data for ECSE using the numerators and denominators above is as follows:  
A1: 1720/2251; FFY 2019 Data: 77.1; FFY 2020 Target: 76.1; FFY 2020 Data 76.41; Status: No slippage  
B1: 1489/2106; FFY 2019 Data: 71.99; FFY 2020 Target: 74.20; FFY 2020 Data 70.70; Status: Slippage  
  
Slippage in ECSE B1: The State uses the AEPS I and II as its one statewide tool for determining the B7 child outcome data. The AEPS is administered at eligibility or the initial IFSP, at least at the annual IFSP, and at the time of exiting from ECSE. Due to the COVID-19 pandemic, administering an exit AEPS remained very difficult. Short and long-term periods of hybrid and remote learning had a negative impact in the preschool children’s learning and development as well. The annual IFSP AEPS score was used as the exit score for these children who were not available for assessment or some of the exiting children’s data were not available because they were in service for less than a year. All of these factors resulted in depressing the child outcome data for B7: B1

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

Data are collected using 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

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

YES

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

The Collaborative Problem Solving Assessment and Practice Tool (CPS APT) Fidelity Rubrics are rated from 1 fidelity “needs improvement” to 3 fidelity is “in place” with the middle score of 2, fidelity is “developing.” Teams demonstrate progress towards fidelity while continuing to score a 2, “developing.” The State anticipates that the APT fidelity score would increase over time. During the first 3 years of a teacher’s implementation of CPS practices and at the current rate of coaching provided by the state-level external coach, the State expects a score of 2. The CPS APT Fidelity Rubrics describe a variety of components needed to implement CPS to fidelity. The measure captures changes in the teaching teams’ philosophical approach as well as how the team uses CPS to assess, plan, and intervene with children.  
  
As described in the Phase III (1) report, three research-based measures were selected to evaluate fidelity of EC PBIS+ implementation at the program and teacher levels: Early Childhood Benchmarks of Quality (BoQ), Teaching Pyramid Observation Tool (TPOT™) and The Pyramid Infant Toddler Observation Scale (TPITOS™). Collectively, these data allow for an assessment of fidelity of EC PBIS+/Pyramid Model strategies implementation by participating teachers. A description of why the TPOT was selected can be found in the State’s Phase III (1) report. To evaluate the extent to which programs are implementing Program-Wide EC PBIS+ with fidelity, participating programs collected Early Childhood Benchmarks of Quality data beginning in fall 2017. The EC-BOQ evaluates the extent to which a program has nine critical element and 47 benchmarks in place, partially in place, or not in place at all.  
  
Measurements to assess teacher stress (Adherence and Impact Measure [AIM]) and student progress (Child Behavior Rating Scales [CBRS]) are described in previous reports, but have been discontinued due to barriers related to COVID-19.   
  
The National Indicators of High Quality Inclusion at the State and Community Level were also used during this cycle of the SSIP. Using the State Benchmarks of Quality, the State Indicators of High Quality Inclusion, and the Community Indicators and Elements of High Quality Inclusion allow the state and communities to measure progress towards implementation of this framework. In partnership with ECTA and NCPMI Oregon was selected and began initial installation.

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

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

Data quality issues persist. With regards to the quality of measures used to assess pre and post training for Tier 1 and training and post- coaching for Tier 2 CPS teacher level data, the Tier 1 and 2 knowledge assessments may not be sensitive to the modifications made to the trainings to ensure the content is more relevant to the birth to five population and for students with disabilities (e.g., children who are nonverbal). Additionally, the standard TK-COT (now AIM) may not be sensitive to the nuances of the modified CPS training and implementation (i.e., implementation modifications for use with children with disabilities) and has not been nuanced enough to capture relevant information regarding teacher stress for those receiving training and coaching to implement pyramid model practices.  
  
To improve quality of the data, increased attention to the use of evidence based measures by state coaches and leads will be provided to programs and teaching staff implementing the tools. Additionally, the State has determined that following the 2nd year of implementation, the AIM may no longer be effective, so use of this tool has been recommended to cease after the first two years of implementation and for those programs implementing they Pyramid Model alone, without the addition of Collaborative Problem Solving.   
  
For continuity, State level coaches will continue to provide technical assistance to use the fidelity measures for Pyramid model implementation. A cycle of key trainings to support learning or refresh learning on program-wide implementation will also be provided to sustain improvement and attention to data-based decision making and implementation fidelity. These include the following trainings: Program-Wide Implementation, Practice-Based Coaching, Early Childhood Benchmarks of Quality, the Teaching Practice Observation Tool (TPOT), Teaching Pyramid Infant-Toddler Observation Scale (TPITOS), Early Intervention Pyramid Practices Fidelity Instrument, the EC-BOQ Culturally Responsive Companion, the Behavior Incident Reporting System (BIRS) in classrooms implementing Pyramid model as funding allows.

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

YES

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

Due to the COVID-19 pandemic and classrooms being closed for most of the year or on and off throughout the year, data was incomplete or not taken at all because classroom and child observation was not possible. The State was not able to collect data measuring progress for classroom implementation of Pyramid Model practices, Collaborative problem solving, LEAP classroom data, or Early Care and Education Indicator data as planned. Data measuring teacher stress and child progress in classroom routines was also not collected as in previous years. This leaves gaps in data and a limited understanding of whether efforts in this fifth year of implementation led to improved student outcomes from fall to spring and a reduction of teacher stress as a result of shifting mindset, approaching behavior, social-emotional and approaches to learning in a systematic way or was a result of ongoing stress and increased trauma due to the pandemic  
  
To mitigate the impacts of COVID-19, state leads and coaches continued to provide support virtually to implementation programs. They shared resources and helped identify ways in which implementation could be transitioned to focus more specifically on family concerns, needs for support, use of telehealth for intervention, parent coaching and training around pyramid model practices and collaborative problem solving philosophy for viewing behavior challenges as a result of lagging skills.   
  
In programs implementing the Pyramid Model, Program-wide Leadership teams continued to meet and work towards advancing goals and supporting staff through a challenging year. The Benchmarks of Quality were completed as in previous years and programs worked diligently to ensure staff had resources to support families who were quarantined or isolated at home during the pandemic. This allowed for the development of strong family connections, and supports to build resilience across programs.

Section B: Implementation, Analysis and Evaluation

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

NO

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

As noted in FY19 report, the EI/ECSE Leadership team used the ECTA Systems Quick Start Guide to determine which infrastructure activities needed attention for communication or improvement. This was done with the idea that using the Systems Implementation Tool could provide the State with a measurement that would allow the State Part C/Part B 619 program quantitative data about improvement for infrastructure components outlined in the SSIP. Further planning with the State Leadership Team, in coordination with the State Interagency Council to create an updated evaluation plan, appropriate measures, and updated timelines began in December 2021. The State is working on developing the evaluation plan and will provide a link to it with the next submission.  
  
The evaluation plan is titled "SSIP Part C" and can be found at the following location: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/FFY-2020-SPP-APR-Part-C.aspx.

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

The State continues to allocate IDEA discretionary funds to support implementation, training and local level professional development activities for National Early Childhood Inclusion Indicators, LEAP, Pyramid Model, and Collaborative Problem Solving. The funds for Collaborative Problem Solving will be phased out in the next biennium and programs will be expected to sustain implementation efforts.   
  
Staffing priorities for oversight and support of SSIP implementation activities:   
1) Two State specialists oversee the implementation of coherent strategies, and two staff member oversees the annual cross-sector early learning training institute. These four also support the higher education coordinating council and work outlined in the comprehensive system of personnel development (CSPD). Additional EI/ECSE Leadership Team members who connect to critical infrastructure components (P-3 Coordinator, and Early Learning and Literacy Specialist) have become more active as positions that have been unfilled were filled this year. The need to address the use of other systems improvements and expansion of the coherent strategies used to support growth of the SiMR, will necessitate that all agency staff on the leadership team be required to support efforts outlined in the SSIP. Planning on how to expand support of implementation efforts will take place over the next two cycles and will be outlined in the FY21 report.   
  
2) A review of the CSPD beginning with an annual needs assessment of program staff and administrators of EI/ECSE programs was planned for spring of 2020. Due to Covid-19, response was limited response and the State determined activities were put on hold as programs were given the opportunity to address rapidly changing health and safety measures. In FY20, new surveys were sent to contractors and staff and the team supporting this effort connected with ECTA for universal Technical Assistance to update and review the plan. This has led to an enhanced review of competencies and alignment with national standards to be completed the next year. The plan also continues to advance new strategies to recruit and retain a diverse workforce to support young children in inclusive early learning environment.   
  
3) The Summer Institute, an intensive cross-sector training opportunity, continued this year in a virtual format. The planning team offered six intensive courses to Early Learning professionals covering the topics of equity, inclusion, SEL, quality home visiting, and universal design principles. Moving forward, this cross-sector professional development will be unified with other cross-sector PD efforts and work to provide offerings across the year.   
  
4) EcWeb, the existing data system, continues to be improved to include a parent portal and ways to analyze service levels, child outcome data, and service area plans across the state. These improvements will support better analysis of data, increased support of data literacy for families, and increased capacity to support state and local staff to use data to inform decision making and engage in continuous growth and improvement projects.   
State staff have attended trainings from national TA centers to determine the best way to proceed and will reach out for universal and targeted supports from DASy and ECTA to further improve the State data system, improve evaluation, and integrate improvement activities into the ways in which programs can report implementation data.

**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.**

During the reporting period, the primary focus of infrastructure improvements was to maintain supports and increase outreach during the pandemic. This focus on communication, consistency, supportive and responsive relationships align with the principles and values of the State and have provided an opportunity for State leaders to engage in a more transparent, intentional parallel process of continued growth and improvement alongside regional partners, leaders, teachers, families and children experiencing disabilities within the State. The need for increased State action with regards to implementation of coherent strategies also shifted some state focus to policy, expanded or revised guidance, and increased collaboration with partners across early learning. This intentionality, coordination, and alignment where appropriate will support achievement of the SiMR, and increase the likelihood of sustainability of systems improvement efforts and scale up of evidence based practices.

**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.**

Revise the evaluation plan for the CSPD, expand opportunities for cross-sector professional development through the State’s Early Childhood Inclusion-Professional Development offerings, and hire or expand existing staff responsibilities to achieve systems coherence and increased capacity for implementing evidence based practices and cross-sector collaboration to advance the quality of the State’s Inclusive Services (EI, ECSE, Regional Inclusive Services, Early Literacy, and PreK-3rd grade alignment) as measured by the High Quality Systems Framework.

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

Pyramid Model, Collaborative Problem Solving, LEAP Preschool Model, National Early Childhood Inclusion Indicators Initiative.

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

The State continues to invest in implementation of Pyramid Model, Collaborative Problem Solving, LEAP Preschool Model, National Early Childhood Inclusion Indicators Initiative. These approaches are directly related to improving child outcomes outlined in the SiMR and have been effective in advancing child outcomes, reducing teacher stress, and supporting a comprehensive understanding of the practices and assessment tools needed to address the social-emotional needs of young children with and without disabilities.   
  
The Pyramid Model is a conceptual framework of evidence-based practices that promote the healthy development of children’s social emotional development. The Pyramid Model builds upon a tiered system of support that addresses the needs of all, provided guidance about targeted supports that some children may need to support their learning, and identifies tools and supports for intensive interventions that may be needed for a few children in their early years.  
  
Collaborative Problem Solving (CPS) is built on the philosophy and belief that challenging behavior is the byproduct of lagging cognitive skills and is best addressed by teaching children the skills they lack. In the CPS model, teams work together to identify the student’s specific lagging skills (flexibility/adaptability, frustration tolerance, problem solving, etc.) and possible environmental triggers. The teacher, parent, or other adult brainstorms solutions with the student to create a plan of action together that is realistic and mutually satisfactory.  
The State has invested in Technical Assistance from University of Denver, Morgridge College of Education to support implementation of LEAP. The LEAP (Learning Experiences- An Alternative Program) for Preschoolers and Parents is a research-based methodology and considered one of the most well researched programs for young children with autism.   
  
The National Early Childhood Inclusion Indicators are the culmination of two years of deep engagement by the Early Childhood Technical Assistance Center and the National Center for Pyramid Model Innovations with key early learning partners at the national, state, and local level. The results of this outreach are a set of quality indicators that address inclusive policies and practices at the four levels of a state early care and education system: State, community, program, and early care and education environment (classroom).

**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.**

During this cycle, the State streamlined professional development for predictability across the year and provided the calendar for feedback prior to Spring Break. The annual Summer Institute provided a consistent avenue for professional development that allowed those implementing both strategies opportunities throughout the year to participate in Tier One training, and other trainings that focused on equity, inclusion, SEL, quality home visiting, and universal design principles. The Statewide Coach for Collaborative Problem Solving met monthly with teams to support learning and skill acquisition for implementing the use of the assessment tools and application of the philosophy program wide. Due to closures and inconsistency on in person classroom availability, no fidelity data were collected this cycle for implementation of Collaborative Problem Solving, For those implementing the Pyramid Model, Practice Based Coaching, TPITOS and TPOT reliability trainings were offered in the spring, summer and fall of 2020-21. Opportunities for the State Coach and Coherent Strategies Specialist were also created to provide support from a distance to programs during their Program-Wide Leadership Team meetings. Three coordinated coaching meetings provided time for Pyramid Model programs and coaches to gather and learn from one another, to explore tools and resources to advance coaching skills and support implementation decision making. Training and TA was provided during and after these coaching calls on exploration and use of the EC-BOQ Culturally Responsive Companion and other equity resources found here: https://challengingbehavior.cbcs.usf.edu/Implementation/Equity/index.html.  
  
Practice Based Coaching continued for practitioners implementing Pyramid Model and LEAP throughout the year from a distance. Programs implementing LEAP participated in intensive training at the beginning of the year and mid-year, and calls for all of the regional coaches (from Oregon, Washington, Idaho, and Colorado) to improve distance coaching, highlight successes, and discuss challenges to implementation For the new program in the Columbia Gorge, an implementation Coach from Regional Programs provided support through observation, coaching, and team meetings both virtually.  
  
A coordinated book-study using the Preschool Inclusion Toolbox by Barbara Smith and Erin Barton, with activities for Community Inclusion Teams, took place over 12 sessions. Orientation to program-wide implementation, pivotal practices supporting the Indicators for High-Quality Inclusion, and practice based coaching using the Early Care and Education Environment Indicators was provided virtually due to COVID-19. While programs and coaching began in Fall of 2021, there have been significant interruptions across the state due to COVID and related staffing shortages. In spite of this, the coaches, programs, and instructional teams have continued to meet monthly, learn together, develop relationships, set goals and define action plans.  
  
The impact of all of these efforts can be seen in SiMR data from each area and indicator B6 data that shows improvement over time, Incidentally, efforts to increase inclusion and the inclusion initiative training and coaching were highlighted in an evaluative report on community engagement here: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/EI\_ECSE%20Community%20Engagement%20Report.pdf as increasing support to teachers, specialists, programs so they are better able to care and educate young children experiencing disability.

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

During the 2020-21 school year, fidelity data was unable to be collected for those implementing Collaborative Problem Solving, and the LEAP preschool model due to closures related to COVID-19. Each implementation effort did continue to provide coaching support and consultation from a master coach to support implementation with parent support and home based implementation.  
  
For Pyramid Model, multiple fidelity measures are used to measure fidelity of implementation. During FY2020, only program-wide data was able to be collected for those implementing the Pyramid Model. The EC-BOQ uses a 3-pointrating scale to measure implementation progress (in-place, partially in place, not in place). Each program made progress between spring 2020 and spring 2021 ranging from an increase of 11% to 26% growth in elements of the BOQ that were identified as being partially in place and in place, and a collective reduction of elements not in place by 2%, eliminating areas not being addressed to ¼ implementing programs. %. In spite of the challenges brought by the pandemic, two programs were able to meet their target of 80% of indicators being in place by the 5th year of implementation and will focus on continued partnership with communities and maintenance of effort within their program.  
  
Teachers again reported that engaging in practice-based coaching has given them new insight into their own practices and growth and prepared them in many ways for the coaching with families and providers from a distance. The continued support of Pyramid Model coaches during the COVID closures ensured that teachers and students stayed connected and were able to collaboratively address the social-emotional needs of young children and their families. On average there were 56 hours of professional development offered and 1200 hours of coaching follow-up to community partners, families, and special education classroom staff.   
  
For completion of the Indicators for High-Quality Early Childhood Inclusion three implementing communities and the State Leadership Team were able to gather two data points. The State Leadership Team completed the State Indicators of High-Quality Inclusion and each community team completed the Community Indicators and Elements of High-Quality Inclusion. The State Indicators showed an increased growth in State Indicators of High Quality Inclusion of 17% being implemented and 2% growth from baseline in State Indicators of High Quality Inclusion that are partially implemented. For the three communities engaging in implementation there was an average increase from 8%-12% growth in elements of high quality inclusion being fully or partially implemented from baseline one year previously, with all three communities engaging in robust planning for equitable, culturally responsive, developmentally appropriate and inclusive early learning across their communities.

**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.**

Data collected for Indicator B6 and B7 (summary statement A1 and B1), workforce data from the State and the Early Learning Division (ELD), and data collected regarding suspension and expulsion across early learning environments are also being used to support the decision to continue ongoing use of the Pyramid Model, LEAP, and the National Indicators of High Quality Inclusion. While evidence has been promising from implementation of Collaborative Problem Solving with addressing the needs of young children experiencing disabilities, the funding period for piloting implementation of this approach ends in 2022 and will not be renewed due to challenges with capacity and limitations to implementing with young children experiencing disabilities under three and families in homes and other early care and education environments. For more information about Indicator B6 and B7 and the target setting process see here: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/spp2020-25.aspx. For more information about research and evaluation of the Early Learning System workforce needs and efforts to address suspension and expulsion see here: https://oregonearlylearning.com/PDGAssessment.

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

Continued monitoring of fidelity of implementation, support for coaching, and evidence on the effectiveness of training and technical assistance will continue over the next cycle. The State also plans to intensify engagement with the State Leadership Team, the State Advisory Committee of Special Education, and the State Interagency Coordinating Council with regards to systems evaluation and funding for improvement efforts. The findings of this deep engagement will be included in the next cycle.

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

See above. At this time, when reviewed with the SICC and other critical stakeholders there was overall consensus that the State should continue with these implementation efforts.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The State selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. The State maximized the use of available communication strategies, including but not limited to:  
• Website: The State maintains a dynamic and accessible website to provide current information to districts, families, community members, and the general public at https://www.oregon.gov/ode/Pages/default.aspx.   
• Newsletters: Various offices maintain regularly published newsletters to support district efforts. Additional newsletters have been created by the State CPS Lead and the Pyramid Model State Coach and are distributed monthly.  
• Listservs: The Office of Enhancing Student Opportunities maintains a Director’s listserv to update district special education directors and EI/ECSE program coordinators on announcements, deadlines, opportunities, and resources.  
  
During FY2020, the State used three primary methods to solicit stakeholder input on the targets in the SPP/APR and on the SSIP. The first method was the development of a two-way dashboard communication system between the State Education Agency (SEA) and stakeholders. The SEA published detailed information related to target setting and improvement activities, and communicated with the community about why and how to give input on the SPP/APR including target setting. This information was made available in both English and Spanish on individual indicator dashboards, displaying for each indicator data, target options, and the survey response form. This detailed information also included fact sheets with historic performance, target options, and an overview of the indicator. Additionally, the State created presentation slides explaining how performance is measured for each indicator, and providing the State’s rationale for suggesting different target options.   
  
The second method for soliciting broad input was through virtual engagement events. The State hosted three, day-long virtual events open to the public. Each event focused on a different set of Part B and C indicators, organized around central questions pertaining to life after high school, inclusion of families and students in process and environments, and student performance in key areas. During these engagement events, State staff provided an overview of the indicator, shared historical data and possibilities for future target. Following discussion in the large group, State Staff facilitated small group conversations with stakeholders, soliciting input on targets and improvement activities for each performance indicator.   
  
The third mechanism for soliciting broad input was through targeted engagement sessions hosted by SEA staff who have ongoing relationships with specific organizations or with cross-agency workgroups.   
  
Through the large scale and targeted engagement sessions, stakeholders provided input directly and came away with resources to share with their communities about how to provide input to the State.   
  
After soliciting input from stakeholders, the State set ambitious targets for indicators as required in this reporting period, revised baselines to indicators as required, and learned how to facilitate authentic and ongoing engagement with constituents.   
  
The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts, including the annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know.

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

The State continues to inform and involve stakeholders in the decision-making process regarding the on-going implementation of the SSIP through several existing efforts: Annual Stakeholders meetings, EI/ECSE contractor meetings, State EI/ECSE SEL workgroup, Summer Institute Planning Committee, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Programs, and the State Advisory Council for Special Education (SACSE) meetings. Among those participating are parents, representatives of school districts, Early Intervention (EI) and Early Childhood Special Education (ECSE) service providers, education service districts (ESDs), higher education, charter schools, private schools, and state agencies. Progress of implementation continues to be disseminated through these meetings, conference presentations, emails, and meeting website postings. To provide opportunities to inform stakeholder groups who have not been represented on SSIP work teams, the State intentionally selected communication channels that reach targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the informational opportunities. Presentations to the SICC took place three times during FY 2020, and the SSIP and related activities remains a standing agenda item for every meeting. Information regarding SSIP activities were also presented to the State’s 9 EI/ECSE contractors, and the EI/ECSE state SEL workgroup (described in Phase III-2), and during Community of Practice meetings for the 4 implementing Pyramid Model Programs. During these presentations, participants discussed improvement and implementation data and stakeholders asked questions and offered feedback. Open-ended survey questions were used to gather additional feedback through an alternative mode and help determine next steps and areas of improvement. The following questions were presented to each group: 1) Did we do what we said we would do? 2) Did we get the results we were looking for? 3) What is missing or could be changed at this point? 4) Other observations and/or anything else you would like us to know?

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

YES

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

During public engagement for SPP/APR engagement feedback was evenly split between selecting more gradual and more robust targets. This lack of clarity indicated a need to be more concise and transparent with the evaluation plan and link to Child Outcomes. Similar feedback was provided in the three surveys presented to stakeholders during the State Interagency Coordinating Council, Feedback from 12 surveys show that on a scale of 1-5, 100% of respondents rated the efforts at a 4 or 5, stating that they believed efforts remained important to ensuring progress on child outcomes data, and that they had witnessed positive impacts in communities where implementation of evidence based practices occurred. Random sampling of the comments in response to the following question: What improvements are needed?  
• Focus on practices that increase family engagement and support   
• Examine practices that support children birth to three  
• Understanding the “why” social-emotional skills are important resonated with me  
• More staff development opportunities to learn strategies that are working well in other areas  
• Reaching every daycare and every preschool and inviting them to learn about and begin implementing Pyramid Model practices is key to having more children reach the benchmarks for social-emotional learning and approaches to learning, as well as creating equitable and inclusive environments for all children.  
• More targeted efforts to the birth to three population.  
• Continued roll out across the state, including community preschool settings.  
• I think we need for better leading indicators about workforce by gleaning enrollment and completion information from community colleges and universities for education majors, PT, OT, and SLPs etc.   
• I would like to see more opportunities for teachers not familiar with Pyramid Model practices to be able to observe a classroom that implements Pyramid Model to a high level of fidelity. Seeing an example of Pyramid Model in action in a live classroom (post pandemic) is a fast and engaging learning activity that can cement a teacher's commitment to bring Pyramid Model practices to her or his own classroom.

**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

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

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

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:**

Kara Williams

**Title:**

Director of Inclusive Services

**Email:**

kara.williams@ode.oregon.gov

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**Submitted on:**

04/21/22 7:14:21 PM

# ED Attachments

  