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

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

**For reporting on
FFY 2021**

**Oregon**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

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 worked collaboratively with districts and programs to support improved academic and functional results for children with disabilities. The State supported and monitored its districts and programs via the following: General Supervision System; Technical Assistance System; Professional Development System; Stakeholder Involvement; and Reporting to the Public. These approaches 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 utilized 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 served as single points of contact for districts and programs. In addition, a web-based system provided access to data and on-demand technical assistance, to specialists, districts, and programs.

The State’s Professional Development System leveraged 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 included: annual state-wide training on data collections ; workshops to parents of students with disabilities regarding procedural safeguards and navigating the 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 solicited stakeholder input as needed on Annual Performance Report (APR) target setting and the State Systemic Improvement Plan (SSIP) content. The State created Special Education Profiles for each of the 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs. These profiles displayed the indicators on the Annual Performance Report that are required for public reporting. Profiles were distributed to parents of children with disabilities and were 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

**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 worked 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 was coordinated by the Office of Enhancing Student Opportunities and included data, monitoring, and legal components that were designed to identify noncompliance. Components were organized as follows:

System Performance Review & Improvement (SPR&I): All EI/ECSE programs in the State that receive IDEA funds were required to participate in the State’s SPR&I system of annual accountability and performance reporting. This system focused on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conducted individual child file reviews annually to collect procedural compliance data. Individual child procedural compliance data was collected by programs and submitted to the State electronically through the SPR&I database. The SPR&I system provided 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 provided training and oversight for these complaint contractors. When a complaint final order identifies noncompliance and orders corrective action, State staff worked with program staff to ensure completion of corrective action within required time lines. The State used 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 used 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, evidence-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 made use of a statewide, web-based cycle of continuous improvement mechanism called System Performance Review & Improvement (SPR&I). This system allowed both programs and county contacts access to data and activities so that monitoring compliance and noncompliance could occur with regularity and accuracy and allowed for timely corrective action to occur. In addition, the State provided 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's-information.aspx) provided up-to-date forms, program operation guidelines, and information for parents and EI/ECSE contractors.

The State used 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 provided 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.

Implementation of evidence-based practices were coordinated by agency staff, who have partnered with outside experts to provide training on Pyramid Model Framework implementation tools and processes, included resources and promoted web-based learning opportunities, and facilitated communities of practice with practitioners and leaders on the following topics: DEC Recommended Practices, Pyramid Model and Culturally Responsive Practices, Early Childhood Inclusion and the Least Restrictive Environment. These TA mechanisms provided a wider network for state and regional TA providers to partner and learn from one another important lessons for implementation.

**Professional Development System:**

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

The 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 supported the implementation of the 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 participated 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) brought together several agencies that serve infants, toddlers and preschoolers and provided a channel for information to be shared among programs and stakeholders. Stakeholders included 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 advised the State on the professional development needs across the system and was 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).

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 contracted 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 included 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).**

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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.

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

The State produced annual Special Education Profiles... These profiles display 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 were 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 required that EI/ECSE programs distribute the profiles to all parents of students with Individualized Family Service Plans (IFSP). The State made 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 2021 release was fully accessible by the visually impaired. The public accessed these Special Education Profiles on this website by 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 was sent via the statewide message system of the Deputy Superintendent of Public Instruction to major state and local news media. The State provided 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

None

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 92.31% | 92.86% | 95.51% | 97.47% | 96.84% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 145 | 148 | 96.84% | 100% | 97.97% | 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.***

0

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

Three 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.**

To select EIS programs for monitoring, the State uses the System Performance Review and Improvement (SPR&I) monitoring tool. 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 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 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.

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

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

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

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

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

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% (12/12) of incidents of noncompliance in FFY 2020 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 and
• 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.**

For FFY 2020, there were 12 incidents of delay of services. Seven incidents across five programs were attributable to exceptional family circumstances and had been reported in the FFY 2020 APR in the section “Number of documented delays attributable to exceptional family circumstances.” The reasons for the remaining five delays across three programs are listed below:
1. Four incidents were due to staff scheduling services after the start date on the IFSP
2. One incident was due to staff providing services prior to the start date of the IFSP.

The verification process for each individual noncompliance included the following steps:
• The State reviewed the reason for each individual case of noncompliance as submitted online through SPR&I, Oregon’s monitoring system, and indicated corrective action needed.
• The State reviewed and approved the corrective action submitted by EI programs (through SPR&I) and approved same.
• The State verified individual correction through review of individual correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system, that 100% (12/12) of the individual incidents of noncompliance in FFY 2020 were corrected within one year.

The state verified through review of subsequent data that in the 12 instances of noncompliance, children received the early intervention services on their IFSP, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved and the programs demonstrated correct implementation of the regulatory requirements of 34 CFR §§ 303.20(c), 303.344(f)(1).

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

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

## 1 - Prior FFY Required Actions

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

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

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

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% (12/12) of incidents of noncompliance in FFY 2020 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% (12/12) of incidents of noncompliance in FFY 2020 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 2020 there were 12 incidents of delay of services. Seven incidents across five programs were attributable to exceptional family circumstances and had been reported in the FFY 2020 APR in the section “Number of documented delays attributable to exceptional family circumstances.” The reasons for the remaining five delays across three programs are listed below:
1. Four incidents were due to staff scheduling services after the start date on the IFSP
2. One incident was due to staff providing services prior to the start date of the IFSP.

These programs submitted in SPR&I an explanation for the delay in services and corrective actions for these 12 incidents. The State verified completion of corrective actions and that services were provided to these 12 children and that each noncompliance was corrected 100% (12/12) 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 96.50% | 96.50% | 96.50% | 96.50% | 96.50% |
| Data | 97.01% | 98.15% | 98.47% | 98.66% | 99.31% |

**Targets**

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

**Targets: Description of Stakeholder Input**

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,622 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 3,718 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,622 | 3,718 | 99.31% | 96.50% | 97.42% | Met target | No Slippage |

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

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**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2015 | Target>= | 85.40% | 85.40% | 85.40% | 85.40% | 85.40% |
| **A1** | 84.89% | Data | 85.08% | 84.83% | 85.29% | 85.92% | 87.84% |
| **A2** | 2015 | Target>= | 42.30% | 42.30% | 42.30% | 42.30% | 42.30% |
| **A2** | 41.00% | Data | 41.80% | 42.11% | 41.21% | 38.54% | 43.74% |
| **B1** | 2015 | Target>= | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% |
| **B1** | 66.42% | Data | 64.32% | 61.85% | 61.40% | 61.98% | 61.58% |
| **B2** | 2015 | Target>= | 36.00% | 36.00% | 36.00% | 36.00% | 36.00% |
| **B2** | 35.69% | Data | 34.82% | 34.39% | 34.50% | 31.72% | 34.24% |
| **C1** | 2015 | Target>= | 77.80% | 77.80% | 77.80% | 77.80% | 77.80% |
| **C1** | 77.28% | Data | 75.83% | 75.75% | 74.62% | 74.85% | 74.22% |
| **C2** | 2015 | Target>= | 40.60% | 40.60% | 40.60% | 40.60% | 40.60% |
| **C2** | 40.33% | Data | 38.95% | 36.61% | 36.38% | 33.87% | 36.36% |

**Targets**

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

 **FFY 2021 SPP/APR Data**

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

2,336

**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 | 65 | 2.78% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 223 | 9.55% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,042 | 44.61% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 713 | 30.52% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 293 | 12.54% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,755 | 2,043 | 87.84% | 85.60% | 85.90% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,006 | 2,336 | 43.74% | 42.50% | 43.07% | Met target | No Slippage |

**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 | 39 | 1.67% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 743 | 31.81% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 768 | 32.88% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 422 | 18.07% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 364 | 15.58% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,190 | 1,972 | 61.58% | 67.90% | 60.34% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 786 | 2,336 | 34.24% | 36.20% | 33.65% | Did not meet target | No Slippage |

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

Of those children who entered or exited the program below age expectations in Outcome B1, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program decreased by 1.24%, demonstrating slippage from the year before. Lingering impacts of the pandemic, including lower enrollment, staffing shortages resulting in an influx of new staff and lower interrater reliability may have led to slippage this year.

**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 | 27 | 1.16% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 569 | 24.36% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 912 | 39.04% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 595 | 25.47% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 233 | 9.97% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,507 | 2,103 | 74.22% | 78.00% | 71.66% | Did not meet target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 828 | 2,336 | 36.36% | 40.80% | 35.45% | Did not meet target | No Slippage |

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

Of those children who entered or exited the program below age expectations in Outcome C1, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program decreased by 2.56%, demonstrating slippage from the year before. Slippage is attributed to lingering impacts of the pandemic, including lower enrollment, staffing shortages resulting in an influx of new staff contributed to slippage this year.

**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 | 3,326 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 1,076 |

| **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 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2014 | Target>= | 89.83% | 90.00% | 91.00% | 91.00% | 89.52% |
| A | 89.63% | Data | 95.24% | 89.69% | 94.09% | 89.44% | 90.63% |
| B | 2014 | Target>= | 89.70% | 90.00% | 91.00% | 91.00% | 91.29% |
| B | ###C04BBASEDATA### | Data | 92.86% | 92.07% | 91.40% | 91.30% | 93.75% |
| C | 2014 | Target>= | 92.29% | 92.59% | 93.09% | 93.09% | 91.27% |
| C | 92.09% | Data | 94.60% | 90.25% | 90.32% | 91.25% | 90.63% |

**Targets**

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

**Targets: Description of Stakeholder Input**

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,165 |
| Number of respondent families participating in Part C  | 103 |
| Survey Response Rate | 8.84% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 89 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 103 |
| 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 | 95 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 103 |
| 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 | 93 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 103 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 90.63% | 89.92% | 86.41% | Did not meet target | 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) | 93.75% | 91.63% | 92.23% | 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) | 90.63% | 91.72% | 90.29% | Did not meet target | No Slippage |

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

Reasons for 4A slippage: Slippage may be due to the configuration of counties that were selected this year as part of the sampling plan. The State does not survey each program every year. The State determined that difference in the rates this year compared to last year could be due to different counties surveyed in the sampling plan.

Given the decreases in scores, the State examined whether the decrease was specific to particular counties. A spreadsheet showing which counties had the largest/smallest difference in their Indicator 4 rates has been created to determine if any follow-up is warranted. In addition, each county gets a report of their results over time so is able to quickly see if their Indicator 4 rates have decreased/increased/stayed the same. Lastly, while the response rate this year is higher than the response rate obtained last year, it is lower this year than it has been in the previous several years.

| **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 counties each year that is reflective of the State’s population as a whole. Within counties, the population is stratified by school, grade, race/ethnicity, primary disability, and gender in order to ensure the representativeness of the sample.

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

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

The Oregon Department of Education will add two additional strategies for upcoming surveys, which will directly impact our demographic data. First, a QR Code will be added to all surveys enabling families to have direct access to their surveys via their personal devices. Second, a pre-survey text message will go out to all participating families.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 7.95% | 8.84% |

**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 contracted with FACT (Oregon’s PTI Center) for 2022-23. This contract assisted the State in supporting programs with collecting the following data to inform their parent involvement survey efforts:
1. Continue to identify current communication and dissemination strategies programs are utilizing throughout the State including inquires to other State Agencies.
2. Collect program input as to why the response rate of parents of underrepresented groups is below the state average.
3. Identify additional communication and/or dissemination strategies for increasing the response rate of parents, especially for parents of underrepresented groups.
4. Implement pre-survey texting and QR codes on the surveys to enable better access to the surveys. Work with the vendor to add other translations of the current survey to match the common languages spoken in the state of Oregon.

**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 8.84%, which is the lower than expected. The State proceeded with the next two ways for examining nonresponse bias.

First, the representativeness of the responses was examined: The State used statistical significance testing to determine if one group was over- or under-represented based on their response rate. Although significant differences were found in response rates by race/ethnicity, the actual responses of these different groups of families showed no significant differences in the overall percentages for the three measures. Furthermore, results are weighted by county to ensure that the family survey results reflect the population of families.

Second, the State compared the responses of families 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 measurable way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families 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.**

When the sample plan was created in 2014-15, a representative group of counties was chosen for each of the two survey years. Counties were stratified by special education enrollment, race/ethnicity demographics, and socioeconomic level. Supporting data on this sampling process was provided to and approved by OSEP. As indicated in the sampling plan, “the sample sizes selected ensure similar margins of error across the different county sizes.”

The sample of students is currently chosen so that it mirrors the population. The target population is all age birth to 2 being served in a Part C program in a given fall of a given year. The population size is generally around 1,700 – 2,000 students with disabilities. The chosen sample is around 1,100 – 1,400. The sample is stratified by age, race/ethnicity, gender, primary disability, and home language. ODE examines the representativeness of the respondents by examining race/ethnicity and disability category. Samples are chosen at the county level. The sample is chosen from the official December child count file; and counties are required to ensure all data elements are complete. Mailing addresses are required as part of the child count data collection to further validate data. Given that a stratified, random sample is selected at the county level, selection bias is not present. For about 75% of the counties, all students with disabilities are selected for the sample. A sample is pulled only for those counties that have more than 100 students with disabilities. A large proportion of the population is selected to be in the sample. All parents are selected for counties with 100 or fewer students, and for those counties with more than 100 students, the State stratified the parent selection to ensure representativeness of the resulting sample.

Counties that have less than 6 respondents are not provided information on the demographics of their respondents in order to not disclose personally identifiable information. The State tells counties to pay attention to their response rate and the actual number of parents who respond. ODE is working on ways to increase the response rate so that each county will have more reliable data.

The State used statistical significance testing of response rates to determine if one group was over-or under-represented. Note that the 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. Significant differences were found in response rates by ethnicity. Families of White students were more likely to respond (response rate=10%) than families of Hispanic students (response rate=4%). No significant differences were found in response rates by disability or age of the child. Based on the significance testing of the response rate, the demographics of the parents responding are not representative of the demographics of infants and toddlers enrolled in the Part C program in terms of race/ethnicity and disability.

Though there is significant difference in response rates between groups of families by race/ethnicity, there were no significant differences in the Indicator 4 scores between families of different races/ethnicities. For example, families of White students had a similar score for Measure A, Measure B, and Measure C as families of Hispanic students. Therefore, the SEA is confident that the overall Indicator 4 results are representative of the state. Families from a wide range of counties from across the state responded to the survey. Furthermore, results are weighted by county to ensure that the family survey results reflect the population of families 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).**

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

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

OSEP’s response to the State’s initial FFY 2021 SPP/APR submission required the State to submit a revised sampling plan for this indicator by June 1, 2023. The State has submitted a revised plan and OSEP will respond under separate cover regarding the submission.

## 4 - Required Actions

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

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.80% | 0.80% | 0.80% | 0.80% | 0.80% |
| Data | 0.96% | 0.94% | 0.98% | 1.04% | 0.78% |

**Targets**

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

Targets: Description of Stakeholder Input

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 374 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 39,738 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 374 | 39,738 | 0.78% | 0.81% | 0.94% | Met target | No Slippage |

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.30% | 2.40% | 2.40% | 2.40% | 2.40% |
| Data | 2.74% | 2.92% | 3.17% | 3.27% | 2.58% |

**Targets**

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

Targets: Description of Stakeholder Input

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 3,718 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 123,838 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,718 | 123,838 | 2.58% | 2.50% | 3.00% | Met target | No Slippage |

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.26% | 99.39% | 99.45% | 99.23% | 96.67% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,624 | 3,603 | 96.67% | 100% | 96.25% | Did not meet target | No Slippage |

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

**This number will be added to the "Number of 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.**

844

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

For FFY 2021, there were 979 incidents of delay of services. 844 incidents were attributable to exceptional family circumstances and have been reported accordingly online. The reasons for the remaining 135 delays are listed below;

• 4 incidents were due to staff communication problems
• 4 incidents were due to staff illness
• 80 incidents were due to the evaluation schedule being full due to staff shortage
• 10 incidents were due to data entry/clerical errors
• 6 incidents were due to staff training issues
• 13 incidents were due to unavailability of staff
• 18 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).**

7/2021 - 6/2022

**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 (7/21-6/22).
A CAP template was created for April 2020 – June 2022 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.”

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 104 | 104 | 0 | 0 |

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

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

EI/ECSE programs submitted 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 2020, 104 evaluations and initial IFSP meetings did not meet the 45-day timeline for the following reasons:
• 6 incidents due to staff communication problems
• 7 incidents due to staff illness
• 44 incidents due to the evaluation schedule being full due to staff shortage
• 16 incidents due to data entry/clerical errors
• 11 incidents due to staff training issues
• 2 due to unavailability of physical therapist
• 18 due to program delay in contacting family due to intake staff shortage

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 the regulatory requirements of 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% (104/104) of the incidents of noncompliance in FFY 2020 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 a monthly ODE review and approved submitted Corrective Action Plans (CAPs) documenting each of the 104 cases of noncompliance were corrected to 100% (consistent with OSEP Memo 09-02).

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

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

## 7 - Prior FFY Required Actions

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

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

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

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

1) EI/ECSE programs submitted 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 2020, 104 evaluations and initial IFSP meetings did not meet the 45-day timeline for the following reasons:
• 6 incidents due to staff communication problems
• 7 incidents due to staff illness
• 44 incidents due to the evaluation schedule being full due to staff shortage
• 16 incidents due to data entry/clerical errors
• 11 incidents due to staff training issues
• 2 incidents due to unavailability of physical therapist
• 18 due to program delay in contacting family due to intake staff shortage
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.

Describe how the State verified that each individual case of noncompliance was corrected.
The State verified that 100% (104/104) of the incidents of noncompliance in FFY 2020 were corrected within one year. The State verified 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 a monthly ODE review and approval of submitted Corrective Action Plans (CAPs) documenting each of the 104 cases of noncompliance were corrected to 100% (consistent with OSEP Memo 09-02).

## 7 - OSEP Response

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

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 104 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 95.14% | 94.63% | 86.84% | 88.24% | 92.31% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 126 | 144 | 92.31% | 100% | 87.50% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

In FFY 2021, 87.50% (126/144) of child files reviewed for EI transition included evidence of transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child’s third birthday. There were a total of 18 incidents of noncompliance in 12 programs. This represents slippage of 4.81 percentage points from FFY 2020 (92.31%).

Slippage may be attributed to inadequate tracking of timetables by program staff for 18 children in 12 programs. ODE added a transition conference alert in ecWeb, the Oregon online IFSP database, to provide all programs with advance reminders of transition conference due dates for each transition-age child.

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

0

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

The delays for the 18 incidents are as follows:
• 8 incidents of adding transition services more than nine months before the child’s third birthday.
• 8 incidents of adding transition services less than 90 days before the child’s third birthday.
• 2 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.**

The State process for selecting programs is to require all Early Intervention programs to participate. 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. 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.

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

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

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

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

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

In FFY 2020, 13 incidents of noncompliance resulted in 13 findings across 8 programs (four programs had two incidents each for a total of eight findings; five programs had one incident 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% (13/13) of incidents of noncompliance in FFY 2020 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as implementation of regulatory requirements (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 2020, 92.31% (143/156) 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% (13/13) of incidents of noncompliance in FFY 2020 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 2020**

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

## 8A - Prior FFY Required Actions

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

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

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

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.
In FFY 2020, 13 incidents of noncompliance resulted in 13 findings across 8 programs (4 programs had 2 incidents each for a total of 8 findings; 5 programs had 1 incident each for a total of 5 findings).

The State reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance; 100% (13/13) of incidents of noncompliance in FFY 2020 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as implementation of regulatory requirements (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 2020, 92.31% (143/156) 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% (13/13) of incidents of noncompliance in FFY 2020 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

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

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

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 144 | 144 | 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.**

NA

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

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 and the LEAs. These data comprise a list of all of the EI children in Oregon who are currently in process of transitioning to ECSE services.

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. 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.

**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.**

The State process for selecting programs is to require all Early Intervention programs to participate. 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. 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.

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

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

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

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

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

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.22% | 95.30% | 89.47% | 92.16% | 92.31% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 132 | 144 | 92.31% | 100% | 92.36% | 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.**

1

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

Aside from one delay attributable to family circumstances, the delays for the remaining 11 incidents are as follows:
• 4 incidents of adding transition services more than nine months before the child’s third birthday.
• 2 incidents of adding transition services less than 90 days before the child’s third birthday.
• 5 incidents where no documentation was provided for transition conferences.

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

State monitoring

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

The State process for selecting programs is to require all Early Intervention programs to participate. 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. 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.

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 14 | 14 | 0 | 0 |

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

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

In FFY 2020, 92.31% (142/156) 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 9 months before the child’s third birthday. Fourteen incidents of noncompliance resulted in 12 findings across twelve programs.

ODE reviewed and verified corrective action data submitted in SPR&I by EI/ECSE programs with noncompliance that 100% (14/14) incidents of noncompliance in FFY 2020 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as implementation of regulatory requirements (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.**

Fourteen individual incidents of noncompliance resulted in twelve findings across twelve programs. Each program provided the cause of the noncompliance and demonstrated correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. The State reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I that 100% (14/14) of incidents of noncompliance in FFY 2020 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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 12 | 12 | 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 9 months before the child’s third birthday resulting in 12 findings across twelve 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 implementation of regulatory requirements (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 twelve programs. Each program provided the cause of the noncompliance and demonstrated correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. The State 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 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 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.

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

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.
In FFY 2020, 92.31% (142/156) 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% (14/14) incidents of noncompliance in FFY 2020 were corrected within one year. EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as implementation of regulatory requirements (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.
Fourteen individual incidents of noncompliance resulted in twelve findings across twelve programs. Each program provided the cause of the noncompliance and demonstrated correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. The State reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I that 100% (14/14) of incidents of noncompliance in FFY 2020 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2021. 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 23 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 3 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 15 |

Targets: Description of Stakeholder Input

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 .

The data for this indicator is incorrectly prepopulated with Part B 16 data. Oregon had no Part C mediations in FFY 2021, the current APR. The correct #s for C10 are as follows:
• 2.0 is 0
• 2.1 is 0
• 2.1a is 0
• 2.1 b is 0
• 2.1b(i) is 0
• 2.2 is 0
• 2.3 is 0
As such, Oregon is not required to set targets for this indicator.

A formal request to correct this data has been supplied to EDFacts Partner Support Center with regards to correcting the data for the SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey submission. EDFacts Partner Support Center indicated the following: Oregon can include the corrected data in the narrative section of the indicator. When Oregon re-submits its corrected data during the May reopen period, the Dispute Resolution attachment uploaded in EMAPS will reflect the updated data and OSEP will acknowledge receipt of the updated data in its response.

**Historical Data**

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

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

**Targets**

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

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | 15 | 23 |  |  | 78.26% | N/A | N/A |

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

The COVID-19 pandemic had no impact on the submission of valid and reliable data for this indicator for the FFY 2021 SPP/APR report.

The data for this indicator is incorrectly prepopulated with Part B 16 data. Oregon had no Part C mediations in FFY 2021, the current APR. The correct #s for C10 are as follows:
• 2.0 is 0
• 2.1 is 0
• 2.1a is 0
• 2.1 b is 0
• 2.1b(i) is 0
• 2.2 is 0
• 2.3 is 0
As such, Oregon is not required to set targets for this indicator.

A formal request to correct this data has been supplied to EDFacts Partner Support Center with regards to correcting the data for the SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey submission. EDFacts Partner Support Center indicated the following: Oregon can include the corrected data in the narrative section of the indicator. When Oregon re-submits its corrected data during the May reopen period, the Dispute Resolution attachment uploaded in EMAPS will reflect the updated data and OSEP will acknowledge receipt of the updated data in its response.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported in its narrative that "the data for this indicator is incorrectly prepopulated with Part B 16 data. Oregon had no Part C mediations in FFY 2021." OSEP notes that the State resubmitted its 2021-22 IDEA Part C Dispute Resolution data during the resubmission period. Those resubmitted data are included on the Dispute Resolution attachment in the APR reporting tool. As noted in the IDEA Part C FFY 2021 SPP/APR User Guide, the data under this indicator are prepopulated using the 2021-22 IDEA Part C Dispute Resolution Survey as of the November 2, 2022, snapshot date.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

The 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)**

NO

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| A | 1,755 | 2,043 | 87.84% | 85.60% | 85.90% | Met target | No Slippage |
| B | 1,190 | 1,972 | 61.58% | 67.90% | 60.34% | Did not meet target | Slippage |

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

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 decreased by 1.28%, demonstrating slippage from the year before. Lingering impacts of the COVID-19 pandemic, including lower student enrollment and staffing shortages resulting in an influx of new staff, may have led to slippage this year.

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

Indicator C3 Measures A1 and B1 are used as the data source.

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

The State collected data using Summary Statement 1: Of those infants and toddlers and preschool children who entered early intervention and early childhood special education 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 early intervention program or, for early childhood special education by the time they turned 5 on or before September 1st of their kindergarten year or exited the program.

Measurement for Summary Statement 1:
Part C: 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.

Part B: Percent = [(# of preschoolers reported in progress category (c) plus # preschoolers reported in category (d)) divided by (# of preschoolers reported in progress category (a) plus # of preschoolers reported in progress category (b) plus # of preschoolers reported in progress category (c) plus # of preschoolers 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.**

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 the nine critical elements and 47 benchmarks in place completely, 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, Community Indicators and Elements of High-Quality Inclusion and Program Inclusion Indicators allow the State, communities, and programs to measure progress towards implementation of this framework.

**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 was impacted by classroom and program closures due to staffing shortages that lead to incomplete data sets for implementation sites. This capacity issue is a persistent challenge to scaling up evidence-based practices across the state. To address this issue, a stakeholder group has been convened by the SICC to review funding decisions related to implementation infrastructure and support the Agency in an advisory capacity regarding the use of funds set aside for comprehensive professional development.

For continuity, State-level coaches 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 programs and classrooms implementing Pyramid model. As funding allows, the State Leadership Team and State staff will provide and analyze ongoing in-service and professional development opportunities.

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

NO

Section B: Implementation, Analysis and Evaluation

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

Oregon SSIP Part C: Evaluation Plan: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Documents/2020%20APR-SPP/Evaluation%20Plan%20ssip.docx .

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

NO

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

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 State has phased out the funds for Collaborative Problem Solving. Some programs continue to use Collaborative Problem Solving to inform their MTSS framework for social-emotional learning and evaluation of intense, persistent, challenging behaviors.

Staffing priorities for oversight and support of SSIP implementation activities:
1) One State specialist oversees the implementation of coherent strategies, and one specialist oversees the comprehensive system of professional development (CSPD). Changes and reduction in staffing for implementation, as well as initiative fatigue, led to gaps in state coach support during the end of the reporting period. This resulted in delays for TA support to regional implementation teams. The need to address the use of other systems improvements, initiatives, and expansion of the coherent strategies used to support growth of the SiMR will necessitate additional investment in internal capacity building for TA provision. Planning on how to expand support of implementation efforts is ongoing.

2) In FY20, the State sent new surveys to contractors and staff; the team supporting this effort connected with ECTA for universal Technical Assistance (TA) to update and review the plan. This process and analysis of results has led to a review and update of current professional competencies to align with national DEC standards, projected to be complete in 2023. The comprehensive professional development plan (CSPD) continues to advance new strategies to recruit and retain a diverse workforce to support young children in inclusive early learning environments. Additional activities to inform stakeholders, including communities of practice highlighting DEC revised standards, have been added to this comprehensive approach.

3) The Summer Institute, an intensive cross-sector training opportunity, continued this year in a virtual format under the name Oregon Early Childhood Inclusion-Professional Development Institutes. The planning team offered three intensive courses to Early Learning professionals covering the topics of equity, teacher wellness, and quality home visits. This cross-sector professional development was aligned early learning system priorities to ensure offerings across the year on Pyramid Model Framework, SEL, Inclusion, Racial Equity, and DEC Recommended Practices. In future years, professional learning communities will be a vehicle for Agency staff to connect and provide TA to service providers and leadership.

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. Staff 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 program implementation data report processes.

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

1) Finance: Increased engagement with the State Interagency Coordinating Council (SICC) and the Office of Enhancing Student Opportunities (OESO) led to review and evaluation of the impact and use of IDEA State set-aside funds to improve outcomes for young children experiencing disabilities and their families. As a result, the SICC workgroup, the larger council, and State leadership have materials that support understanding of activities set aside dollars are being used for, how these State level activities support regional investments, and an understanding of the relationship between State fiscal investment, local, and State investments to advance effective practices in programs serving children and families. This led to more robust discussion of use of funds and has set in place foundational processes for annual use and will continue to support SICC to advise the Agency, including continued workgroup engagement and an annual feedback calendar for SSIP activities and spending with the full Council.
2) Governance/Staffing: To address the staffing needs to fulfill State commitments for engagement in activities outlined above, OESO leadership completed a review of position descriptions and identified opportunities to expand staffing to support the office and initiatives for infrastructure development and coherent strategies. Limited duration positions were designed to work on aligning Oregon EI/ECSE Standards with National Standards, existing expertise and new technology was leveraged to analyze data for professional development. A shared leadership structure for cross-agency State leadership team was initiated and reinforced by external TA providers and leadership across agencies. This increased capacity at the State, and also illuminated persistent gaps in Agency capacity to meet the needs of programs statewide. Programs will continue to need attention by leadership to support effective governance of Part C and Part B619.
3) Infrastructure development for Professional Development and Technical Assistance: Additional investments and leveraging resources to contract with Pyramid Model Consortium, Raviant, LLC, regional equity and inclusion trainers and the Early Learning Systems Initiative partners provided opportunities to reach a wider audience within implementing communities and build infrastructure across systems at the state, community, program, classroom, and family/home level. Outcomes of these changes and learning lead to comprehensive and coherent early learning systems of support mechanism for families, providers, and children, leading to accelerated growth in outcomes for those served by multiple systems.
4) Accountability/monitoring: Teams learned about the importance of using multiple sources of data at all levels of the system. In the past, EcWeb (Oregon’s Statewide EI/ECSE comprehensive data system) was used to monitor fidelity data; last year, the focus was on improving ways that the system could provide a rolling account of regional improvement activities, improvement plans and needed supports for child outcomes, natural environments, and LRE (through the Service Area Plans). In partnership with Oregon’s Parent Training and Information Center, FACT, team members engaged in shared learning opportunities to improve data literacy.

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

NO

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

The need to address the use of other systems improvements, initiatives, and expansion of the coherent strategies used to support further evaluation of the SiMR and SSIP activities will necessitate additional investment in internal capacity building for State staff and contracted TA partners. ECTA and other relevant national TA partners are supporting the plan to expand support of implementation efforts to ensure that sufficient State and regional capacity for improvement initiatives are outlined in the SSIP. The State will review all infrastructure components identified during this time and actions will be reported in the next APR.

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

Pyramid Model, LEAP Preschool Model, National Early Childhood Inclusion Indicators Initiative, Coaching and Professional Learning Communities.

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

The State continued to invest in implementation of Pyramid Model, LEAP (Learning Experiences- An Alternative Program) Preschool Model, and 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.

The State has invested in Technical Assistance from University of Denver, Morgridge College of Education to support implementation of LEAP. The LEAP for Preschoolers and Parents is a research-based methodology and considered one of the most well researched programs for young children with autism, according to materials that can be located on the PELE Center website (https://morgridge.du.edu/pele-center/leap). The LEAP preschool model integrates a behavioral and developmental approach to teaching young children with and without disabilities and focuses on skill development across multiple domains, in particular meaningful social interaction and use of language and communication to get needs met. LEAP uses an integrated curriculum approach that supports students with autism and other developmental disabilities through systematic skill acquisition, maintenance, and generalization.

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).

Through implementation of the above-mentioned frameworks and classroom practices, the State utilizes practice-based coaching as the vehicle of professional development in combination with workshops, communities of practice and professional learning communities. These strategies for delivering professional development to impact and effect practice change have been identified for additional investment for improvement efforts across the State, leading regional programs to invest in additional supports to ensure staff have the skills to be effective coaches, as they lead and learn together alongside families and other caregivers.

**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 integrated learning from previous year essential work force supports, equity, inclusion, SEL, and quality home visits.
For those programs implementing the Pyramid Model, Practice-Based Coaching, the agency sponsored TPITOS and TPOT reliability trainings in the fall of 2021 and followed up in 2022 with additional winter training on the behavior incident reporting system (BIRS) hosted by the Pyramid Model Consortium staff. 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 continued 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 with emphasis on scale-up, sustainability, and moving forward independently of statewide coaching support.

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.

For those implementing the Early Childhood Inclusion Indicators, 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 in Fall of 2021. Due to significant interruptions across the state due to the continued impacts of 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. These meetings often take place virtually through winter 2022 and moving into the fall. The resources, infrastructure supports, and summary report of the impact and activities of this implementation effort can be found on the Oregon Early Childhood Inclusion Initiative webpage: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/oeci.aspx

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. Efforts to increase inclusion and the inclusion initiative training and coaching are 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.

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

For the Pyramid Model, the State used multiple fidelity measures 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 used a 3-point rating scale to measure implementation progress (in-place, partially in place, not in place). Each program made progress between spring 2021 and spring 2022 ranging from an increase of 11% to 26% growth in elements of the BOQ that were identified as being in place and partially 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 COVID-19 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 reported that engaging in practice-based coaching has given them new insight into their own practices and growth and prepared themselves 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 100 hours of training and 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 gathered 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 engaged in implementation, there was an average increase from 8%-12% growth in elements of high-quality inclusion being fully or partially implemented from baseline year, with all three communities engaged 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.**

Local level performance indicator data for C3, B6, and B7 data were collected in each implementing community and program. These data were shared with partners as part of the annual review process with the EI/ECSE Contractors, the Oregon Early Childhood Inclusion State Leadership Team, and the State Interagency Coordinating Council. In the data presented by the Early Childhood Coherent Strategies specialist, it was observed that accelerated growth occurred in implementation communities that used the Early Childhood Inclusion Indicators at the community level and the Indicators and Pyramid Model Framework at the Program level had a higher level of performance than those who did not, with one of the smaller and more rural regions increasing their B6A data from 23% to 50% over the course of a year.

**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 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 coordinated engagement will be included in the next cycle.

Additional investments in State level supports for ongoing and accessible training will be needed by communities and programs to address capacity limitations and recover from the pandemic. The State plans to use federal relief funds to achieve this goal with continued partnership across agencies identified by the Oregon Early Childhood Inclusion State Leadership Team and the State Interagency Coordinating Council.

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

NO

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

The State will be reviewing all initiatives and conducting a comprehensive systems data review to determine if any changes need to be made. This may include changes to the SiMR, coherent strategies, and related activities. Regional and statewide improvement has continued over time, but not to the extent that the State expected or in a way that moves towards sustainability and scale up of any of the evidence based practices to date. Lessons learned in the ECTA intensive implementation of the Early Childhood Inclusion Indicators have led to the State’s increased understanding about implementation and improvement processed.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

As per instructions from the Office of Special Education Programs, we are including the stakeholder information related to target setting the previous year, followed by activities conducted in FFY 2021.

The State selected communication channels that reached targeted stakeholders and public audiences. Stakeholders helped to identify whose input needed to be included in the engagement opportunities. The State maximized the use of available communication strategies, including but not limited to:
• Website: The State maintained 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: 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 maintained 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.

In FFY 2021, the state continued to inform and engage stakeholders on the implementation of the SSIP through regular meetings including: Annual Stakeholders, EI/ECSE Contractors, State EI/ECSE SEL workgroup, EI/ECSE Higher Education Collaboration, State Interagency Coordinating Council (SICC), Regional Inclusive Service managers and State Advisory Council for Special Education (SACSE). The Agency continues to partner with the Parent Training and Information Center, FACT, and the lead Title V agency, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), to build parent capacity to engage in meaningful discussions regarding the deliverables and annual performance review outlined by OSEP.

Among those participating were 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 was shared through these meetings as well as conference presentations, emails, and website postings. To provide opportunities to engage stakeholder groups not 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, the EI/ECSE state SEL workgroup (described in Phase III-2). Community of Practice meetings for the 4 implementing Pyramid Model Programs also provided an opportunity to review improvement and implementation data and solicit feedback from participants. 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 .

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, the Oregon Early Childhood Inclusion State Leadership Team, 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 2021, 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. Additional presentations were given at Statewide Conferences for administrators, providers, coaches, and early learning leaders. 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.

Of those who responded to the survey in the past year, appreciated the increase focus on data-based decision making and celebrated that they were able to see the collective cross-system work and its impact on young children experiencing disabilities on one slide. A sampling of the comments included:
• The progress that was made over the year and the theory of action scope is helpful
• Using our available resources throughout the educational stream to target the at-risk child and focus on collaboration with higher educational institutions family and child centers, to assign emerging professional into the classroom to support the at-risk youth.
• It's great to have the data and accountability from State.
• It would be cool if there was break down between urban rural, SES, and racial identity with important statewide indicators.
• I learned how this plan and Theory of Action will improve outcomes for young children with disabilities and build capacity of those who work and serve them, including parents/caregivers
• Would like to get information about how this is impacting suspension and expulsion from the data ODE collects.

The nine contracting regional EI/ECSE service agencies, along with Educational Service District superintendents, approved a proposal to invest ESSER III funds to partner with an outside entity who will support regions by providing ongoing training and support for implementation of the Pyramid Model and the Early Childhood Inclusion Indicators in order to support broader, statewide implementation. This would join existing efforts to support expansion of Practice-Based Coaching across early learning systems.

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

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 For resources and information about implementation activities connected to SSIP implementation, the public can visit the Oregon Early Childhood Inclusion website: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/oeci.aspx .
• Newsletters: Newsletters have been created by the Pyramid Model State Coach and Oregon Early Childhood Inclusion State Coordinator 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. Additional contact information from the collective trainings has also supported the development of a coaching and trainer listserv for Pyramid Model and the Inclusion Initiative.

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

NO

**Additional Implementation Activities**

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

In the next cycle, increased emphasis on developing professional learning communities to support implementation and coaching, launch of online trainings available through the Early Learning Systems Initiative, and ongoing collaboration and coordination with the Department of Early learning and Care will continue. Professional Learning communities on the topics of Racial Equity in Early Intervention, the DEC Recommended Practices, Inclusion and Pyramid Model Coaching begin in January 2023 and will connect agency efforts for retention and recruitment by supporting the workforce as they navigate complex topics and systems change and creating networks of support for professionals. Beginning in January 2023 and continuing the spring of the same year, new staff will be added to the unit overseeing implementation of SSIP coherent strategies. With these new staff, practitioners, families, and other system partners will have a new level of increased staff support and access to technical assistance.

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

The timeline for work is ongoing, with some collaborations initiated in Fall 2022, and others beginning in January 2023. These activities will use a variety of data collection and evaluation measures to collect feedback from participants for improvement. The State will provide additional reports to State agencies about progress for implementation by the end of August 2023 and will include them as attachments in the next report. The anticipated outcomes of these activities are:
• Improvement of cross-sector priority and initiative alignment.
• Understanding gaps in personnel to meet sustainability and scale-up goals for coherent strategies.
• Comprehensive and accessible data on the impact of coaching, training, and implementation of the Pyramid Model Framework and Inclusion Indicators.
• A fully articulated cross-sector strategic plan for scale-up and sustainability across environments where young children experiencing disabilities are being served.

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

State staff capacity to coordinate, evaluate, and plan for activities outlined in the SSIP has been stressed for the past year with work plans shifting, and new organizational changes. With the loss of the State Pyramid Model Coach to another position, the quality of State support and availability of personnel to support implementation has gone down, leaving some smaller programs at a loss for where to turn. This, with the changing landscape of Early Learning and the creation of a new Department of Early Learning and Care has led to gaps in state level coordination of coherent strategies.
Moving into the next cycle, the following steps will need to commence to address the above barriers:
1. Engage partners, including the Oregon State Leadership Team for Early Childhood Inclusion, leadership of the Department of Early Learning and Care, and SICC, to advise on continuation of shared investment in infrastructure development for coaching and high-quality practices for inclusion.
2. Evaluate gaps in funding that lead to barriers in effective and efficient cross-sector, statewide scalability.
3. Identify and utilize existing staff expertise to redistribute the work of writing and delivering the outputs outlined in the plan to address state capacity for implementation.

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

Due to residual staffing shortages from the COVID-19 pandemic and closures due to either illness or staffing issues, data quality was impacted dramatically when it came to implementation fidelity data. This led to decreased data sets for this year.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State did not report all of the data required under this indicator. Specifically, the State reports, "The SiMR will be measured by using the child outcome data for both C3 and B7, Outcomes A and B, Summary statement 1," however, the State did not provide FFY 2021 Part B Indicator 7 data in this indicator. Therefore, OSEP could not determine whether the State met its target.

## 11 - Required Actions

In the FFY 2022 SPP/APR, the State must report all required data and components in this indicator. Reporting data under this indicator is critical so that the State, OSEP, and the public can determine the State’s performance and whether and how the State met its targets for this indicator.

# 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

**Phone:**

15036895642

**Submitted on:**

04/24/23 11:27:39 AM

# Determination Enclosures

## RDA Matrix

**Oregon**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 83.93% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 13 | 92.86% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,336 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 3,326 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 70.23 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

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

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

**II. Child Performance**

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

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

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

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

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 85.90% | 43.07% | 60.34% | 33.65% | 71.66% | 35.45% |
| **FFY 2020**  | 87.84% | 43.74% | 61.58% | 34.24% | 74.22% | 36.36% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 97.97% | YES | 2 |
| **Indicator 7: 45-day timeline** | 96.25% | NO | 2 |
| **Indicator 8A: Timely transition plan** | 87.50% | YES | 1 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 92.36% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **2,336** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 65 | 223 | 1,042 | 713 | 293 |
| **Performance (%)** | 2.78% | 9.55% | 44.61% | 30.52% | 12.54% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 39 | 743 | 768 | 422 | 364 |
| **Performance (%)** | 1.67% | 31.81% | 32.88% | 18.07% | 15.58% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 27 | 569 | 912 | 595 | 233 |
| **Performance (%)** | 1.16% | 24.36% | 39.04% | 25.47% | 9.97% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 85.90% | 43.07% | 60.34% | 33.65% | 71.66% | 35.45% |
| **Points** | 2 | 1 | 1 | 1 | 1 | 0 |

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

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 1,777 | 87.84% | 2,043 | 85.90% | -1.94 | 0.0109 | -1.7772 | 0.0755 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 1,671 | 61.58% | 1,972 | 60.34% | -1.24 | 0.0162 | -0.7617 | 0.4463 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 1,784 | 74.22% | 2,103 | 71.66% | -2.56 | 0.0143 | -1.7901 | 0.0734 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 1,980 | 43.74% | 2,336 | 43.07% | -0.67 | 0.0151 | -0.4440 | 0.657 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 1,980 | 34.24% | 2,336 | 33.65% | -0.60 | 0.0145 | -0.4114 | 0.6808 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 1,980 | 36.36% | 2,336 | 35.45% | -0.92 | 0.0147 | -0.6266 | 0.5309 | NO | 1 |

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

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

## Data Rubric

**Oregon**

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

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 13 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 18 |

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

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 36.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 36.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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