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

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

**For reporting on
FFY 2019**

**Vermont**



**PART C DUE
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Vermont’s Part C Early Intervention services are part of Vermont’s statewide Children’s Integrated Services (CIS) Program. CIS is administered by the Agency of Human Services, Department for Children and Families, Child Development Division. The Agency of Education is Vermont’s co-lead for Part C services. This relationship is governed by an Interagency Agreement, revised March 2019, and subsequently approved by OSEP. CIS is a statewide health promotion, prevention and early intervention system of services intended to:
- Promote a child’s healthy growth and development,
- Support parents/guardians and child care providers to prevent health or developmental challenges arising from social and environmental factors,
- Support families with a child from birth to three with a developmental delay or medical condition that may result in a developmental delay,
- Support families prenatally through age six to address factors that can put their child at risk for birth defects, or ongoing health, or developmental issues, including social or emotional health and development,
- Support families and early care and education programs so that children with special health or developmental needs, or involved with Vermont’s child protection system, access high quality early care and education programs are able to achieve their full potential.

Vermont’s Part C Early Intervention services are known as CIS Early Intervention services. The State of Vermont contracts with 12 regional non-profit, community-based organizations to deliver CIS services. Early Intervention services are most often provided by regionally based parent-child centers under those contracts. Vermont CIS Early Intervention provides some form of service to approximately 2,100 children annually (up from 1,600 in FFY '13). Vermont’s CIS Early Intervention services are delivered as part of the broader CIS multidisciplinary service array.

CIS Services are provided to:
1. Pregnant/Postpartum people who desire to stay healthy, promote the health and development of their child, and/or have questions or concerns about a situation impacting their well-being.
2. Children whose parent or caregiver has questions or concerns about a suspected developmental delay or condition.
3. Families who have questions or concerns about their children’s behavior, health, mental health, wellbeing, or providing a stable, healthy environment for their family.
4. Early Childhood/Child Care providers who enroll children with specialized health or developmental needs.

CIS provides a systematic referral and intake process that leads to:
1. multidisciplinary and consultative team review, linking with other community resources as needed;
2. comprehensive screening, connected to Vermont’s Help Me Grow universal screening initiative and in compliance with Child Abuse Prevention and Treatment Act (CAPTA);
3. multidisciplinary assessment as needed or upon the request of a family;
4. identification of a primary service coordinator who works with families to develop functional outcomes, coordinate needed services, support access/referrals to additional resources as needed, and ensuring timelines and family rights are maintained;
5. regular, multi-disciplinary team reviews to assess progress and achievement of goals to promote better outcomes; and
6. supports for families transitioning from CIS services (such as when all outcomes are successfully met, for children at age 3 who have a disability needing Part B services, or for families whose children have aged out of CIS services but who may benefit from other community supports).

CIS services are provided by community-based organizations with qualified and supervised professionals. CIS Early Intervention practitioners have, at a minimum, a bachelor’s degree in early childhood special education, social work, or another related human services field. CIS Early Intervention providers performing assessments maintain a CIS Early Intervention Credential.

CIS home visiting services include the use of evidence-based models. These models are delivered in accordance with standards adopted by Vermont’s Home Visiting Alliance in response to Act 66: An Act Relating to Home Visiting Standards. They include Parents as Teachers, and the Maternal Early Childhood Sustained Home Visiting model paired with the Family Partnership Model. CIS Early Intervention practitioners use a variety of evidence-based screening and assessment tools to support the identification of developmental delays, development of appropriate outcomes and delivery of strategies to support developmental gains. CIS Early Intervention practitioners may use the Brazelton Touchpoints method, Ages and Stages Learning Activities, and the Early Start Denver Model to support the development of infants and toddlers receiving Part C services.

CIS services, including CIS Early Intervention, are available year-round. Service delivery occurs in the natural environments of the family to the maximum extent possible. This may be the child’s home or a community-based program or setting. Services delivered in the natural environment of the child are better able to support families’ routines and children’s inclusion with typically developing peers.

The purpose of Children’s Integrated Services is to:
1. increase child and family access to high-quality child-development services;
2. promote the health, social and economic well-being of the recipients of these services;
3. provide performance-based contracts for the provision of services to pregnant/postpartum women, children from birth to age six and their families;
4. increase access to health insurance and a medical and dental home;
5. strengthen implementation of CIS with an emphasis on: infrastructure; outreach; referral and intake; multidisciplinary screening and assessment; integrated services planning; service delivery; and transition; and
6. support a more comprehensive approach to service delivery including: supporting timely delivery of direct services, consultation, group education, team and supervision time, documentation, other record keeping requirements, and data collection and reporting.

The CIS Program is overseen by a team that includes: The CIS Director, Data Manager, and Program Coordinators for home visiting (both nursing and family support), early intervention, early childhood and family mental health, and specialized child care services. Data are collected and monitored by this team. This team is responsible for the quality of service provision and general supervision for adherence to Part C of the Individuals with Disabilities Education Act federal regulations and State rules.

Vermont's Early Intervention Program utilizes technical assistance provided by the Office of Special Education Programs (OSEP) and OSEP-funded technical assistance centers to support continuous quality improvement. Additionally, the strategies identified within the State Systemic Improvement Plan (Indicator 11 within the Annual Performance Report) provide a foundation for ongoing improvement. The Vermont Early Intervention Program adopted the following data statement to define the value of data to our ongoing improvement efforts: Data illuminates’ solutions to our challenges. We use data as an essential tool to see the big picture and make intentional decisions that enable us to focus our limited resources to promote positive outcomes for children, families and staff. We believe in all children reaching their developmental potential.

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.**

CIS Early Intervention’s system of payments adheres to Fiscal Certification 34 CFR §303.202 requirements. This includes ensuring that Part C funds are not used to satisfy a financial commitment for services that would otherwise have been paid for from another private or public source consistent with 34 CFR §303.510. Written parental consent to bill a child’s public or private insurance is obtained from a child’s family/guardian and a copy given to all service providers named in the child’s individualized family services plan (IFSP) known as the One Plan. A copy of this consent is also kept in the child’s file. Families with private insurance can request additional financial assistance to help cover co-pays or deductibles in order to ensure entitled services are provided at no cost to the family.

CIS contract monitoring includes client file reviews for adherence to contractual requirements and federal IDEA Part C timelines. Regions receive a monitoring summary including identified areas of strength and areas in need of improvement and are required to submit a Quality Improvement Plan to address any areas in need of improvement. This monitoring assures all CIS services are delivered in accordance with the CIS contract and that CIS Early Intervention services are delivered in accordance with IDEA Part C Regulations, and Vermont Special Education Rules.

CIS Early Intervention agencies must have copies on site of the current federal and state laws, regulations, rules and state policies and procedures related to Part C Early Intervention and Part B Special Education for Preschool Children for reference and guidance. As co-leads, CIS Early Intervention and Vermont’s Part B (delivered by the Agency of Education) collaborate and review current rules, policies and procedures to ensure compliance with the Part C federal regulations and the State of Vermont Special Education Rules, and provide training and technical assistance to CIS Early Intervention Programs.

The State CIS Early Intervention program posts for the public the Vermont Part C Early Intervention State Performance Plan and Annual Performance Report (http://dcf.vermont.gov/cdd/reports/IDEA\_Part\_C). The State and CIS programs use these data for continuous quality assurance. All Monitoring Reports, letters of findings of noncompliance, determination letters, Quality Improvement Plans, and Regional Interagency Agreements are kept on file by the State CIS Early Intervention program. The CIS State administrative team and key partners review the publicly reported data, contract monitoring reports to ensure compliance with IDEA. Quality Improvement Plans created by the CIS Early Intervention agencies, including activities and evaluation measures, are reviewed to ensure all activities are carried out as planned.

The State CIS Data team ensures all monthly data submitted by the CIS Early Intervention agencies is complete, valid and reliable. The CIS Data team monitors these data to ensure any non-compliance is corrected within one year of identification. All data are submitted manually by CIS Early Intervention agencies by the 8th of each month and manually entered by State CIS Early Intervention Staff into the State’s database. The State CIS Early Intervention data management system and process enables Vermont to review and verify each data element required for the APR and 618 (including Child Count) at the time of entry. If errors such as missing data, discrepancies, or unexplained anomalies are noted, regions are promptly provided technical assistance to validate their data or correct their interpretation of federal regulations to ensure compliance in the delivery of Part C services.

Child and family outcomes are reviewed annually as part of the State’s determination process. Quality Improvement Plans, with advice and assistance from the Vermont Interagency Coordinating Council, and with technical assistance provided by the State CIS Early Intervention staff are required for CIS Early Intervention programs who have identified instances of non-compliance.

Procedural Safeguards, Complaints and Dispute Resolution

VT Part C has an agreement with the VT Agency of Education (AOE) to use the Part B Special Education Dispute Resolution process. This process is posted on the web at: https://education.vermont.gov/student-support/special-education/family-resources. In addition, information on submitting a complaint and due process rights are available at: http://dcf.vermont.gov/child-development/cis/IDEA\_part\_C/parental\_rights#Complaint. A database managed by a representative of the AOE is used to track signed, written complaints, including complaints with reports issued, complaints withdrawn or dismissed and complaints pending and the timelines within each action was completed. The AOE database also includes tracking data for due process hearings and mediations.

The CIS Contracts include language requiring CIS Early Intervention host agencies to assure and document that families are regularly informed of their rights under IDEA, Part C dispute resolution and that staff refer a family to the State office immediately if a complaint is not resolved by the Early Intervention supervisor/director to the family’s satisfaction. CIS Early Intervention host agency staff inform families of their rights to file a formal complaint and/or request mediation or a due process hearing during the intake process, and at least at the initial IFSP/One Plan meeting, during annual reviews and at transition. Written materials are given to families at these times and additionally upon request.

Finally, families are informed by CIS Early Intervention host agency staff about and have access to information about Procedural Safeguards online from Vermont Family Network (VFN), Vermont’s Parent Training Information Center (https://www.vermontfamilynetwork.org/resources/archivedwebinars/special-education-webinars-archived/). In addition to written information, VFN has produced a video to support parents’ understanding on how to file an administrative complaint: https://www.youtube.com/watch?v=10Lzcfg3UiI&feature=youtu.be.

**Technical Assistance System:**

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

Technical Assistance is provided to the regional CIS Early Intervention program staff as follows:
1. The State CIS Early Intervention hosts monthly teleconferences with the regional CIS Early Intervention host agencies. The teleconferences are used to disseminate information, gather regional feedback or input, and provide technical assistance related to interpretation of federal regulations and/or State Rules to ensure the provision of timely, high-quality Part C services in accordance with IDEA.
 2. The State CIS Data Manager provides monthly technical assistance calls with each regional CIS Early Intervention program. The calls are used to support regional understanding of and compliance with required child count data reporting, address any data discrepancies, and support regional correction of findings of non-compliance.
 3. The State CIS Early Intervention staff provides ongoing technical assistance on site to CIS Early Intervention host agencies experiencing staff or leadership changes, determinations of non-compliance, or in response to questions asked by regional CIS Early Intervention practitioners to support understand of federal regulations, State Rules, or State policies. Technical assistance includes the use of materials, trainings and technical assistance from the Early Childhood Technical Assistance center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI).
 4. The State CIS Early Intervention staff provides technical assistance to regions based on results of Family Outcomes and Child Outcomes. This includes the following steps:
 i. Inclusion of the regional CIS Early Intervention practitioners in a review of the Outcomes results, so that all practitioners and service coordinators are aware of their region’s performance on child and family outcomes and can participate in quality improvement plan development.
 ii. Analysis of the data and identification of contributing factors with the regional CIS Early Intervention staff, using ECTA Contributing Factors tool (http://ectacenter.org/topics/gensup/interactive/step3/consider2.asp) and the Relationship of Quality Practices to Child and Family Outcome Measurement (https://ectacenter.org/~pdfs/eco/QualityPracticesOutcomes\_2012-04-17.pdf).
 iii. Facilitated discussions with regional CIS Early Intervention practitioners during monthly teleconferences around techniques used by CIS Early Intervention practitioners across the state for improving child and family outcomes.

Additionally, to provide effective, evidence-based technical assistance, the State Early Intervention Staff receives ongoing technical assistance from:
 1. the Office of Special Education Programs technical assistance and through participation on webinars, at the OSEP Leadership Institute and the DaSy Improving Data, Improving Outcomes conference to improve understanding of federal regulations and improve Vermont’s compliance with federal timelines, especially Indicator’s 8B and 8C, and performance on Child Outcomes. Strategies the State has implemented or will be implementing are described in greater detail within narratives for Indicators 8B and 8C and Child Outcomes below.
 2. the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems to improve Child Outcomes.
 3. the IDEA Data Center to support the State in identifying and implementing strategies to improve compliance with providing timely transition plans, notification to lead education agencies (LEAs) and transition conferences for children may be potentially eligible for Part B services.
 4. the Early Childhood Personnel Center through technical assistance and participation in the ECPC Leadership Institute to improve recruitment, retention and qualifications of Early Intervention staff.
 5. the National Center for Systemic Improvement through technical assistance and as a member of the Cross-State Learning Collaborative to improve Family Outcomes.

**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 CIS contract includes the following language related to professional development: “All CIS professionals demonstrate competence and adhere to current best practices by participating in ongoing, annual professional development and regular supervision. CIS supervisors will maintain a record of staff professional development for State review upon request. Staff can also elect to document their professional development through the Bright Futures Information System (BFIS). All professional development activities referenced in this contract count toward demonstration of competence.

All Staff and subcontractors funded through CIS must access the CDD CIS Website (https://cispartners.vermont.gov/), CIS Blog (https://cisvt.wordpress.com/), and CIS Guidance Manual (http://cispartners.vermont.gov/manual) for guidance, forms, and current information. All staff new to CIS shall successfully complete (with an 80% or better quiz score) on-line CIS training modules within 30 days of hire. These training modules are available on: http://cispartners.vermont.gov/trainings. These include, but are not limited to: 1. CIS Orientation (3 modules) 2. One Plan [IFSP] Orientation (5 modules) 3. Early Intervention Orientation (8 modules) – Required for EI providers only; recommended for all other CIS service providers. 4. Other modules as they become available.

In addition to professional development required by the service provider’s specialty, license or certification, and training required to meet Federal and State requirements, all CIS staff shall attend/complete at least 10 additional clock hours of professional development activities annually from the following;
1. the annual CIS Conference (attendance may be limited by the State);
2. scheduled CIS Community of Practice Calls, which will be identified in advance as professional development by the state, and for which participants must complete an electronic evaluation at the conclusion of each call;
3. relevant on-line CIS training modules;
4. other professional development required by CIS State Staff based on contract monitoring activities;
5. other State-sponsored trainings, both core and discipline-specific.

CIS Early Intervention host agencies are required to submit proof of the staff qualifications the State to assure that all Early Intervention staff meet the Vermont Part C requirement of holding a bachelor’s degree in early childhood or a related field. CIS maintains a list of all CIS practitioners who have attained and maintain a Vermont CIS Early Intervention Certificate.

The State CIS Early Intervention program provides direct training to regional CIS Early Intervention staff and early childhood professionals as needed related to new initiatives such as the updated State of Vermont Special Education Rules, Ages and Stages Questionnaire (ASQ), and Ages and Stages Social Emotional (ASQ-SE) trainings to implement the screening requirement for Part C. The State contracts with the Community College of Vermont to provide training in the State-approved, evidence-based five-domain assessment tools. The State CIS Early Intervention program provides joint training and Memos to the Field with our Part B/619 partner to address inclusion practices, and Child Find and Transitions requirements within the federal regulations and State rules. The State partners with the Vermont Department of Health to provide training for the evidence-based home visiting models used by CIS. Trainings are provided in person or via webinars.

The State supports the University of Vermont (UVM), Vermont’s University Center for Excellence in Developmental Disabilities (UCEDD), to pursue grants that support students attaining special education degrees. The most recent award, which began in 2019, supports master’s-level interprofessional education across speech language pathology and early intervention/early childhood special education. Students receiving tuition assistance through this grant have a service obligation following graduation to work in the early intervention field. It is hoped that this will support a much-needed gap in capacity for both speech and early intervention. The State Part C Coordinator also presents at UVM to bachelor’s and master’s students on understanding the documentation requirements for Part C. The State provides a contract to the UVM Center for Disability and Community Inclusion (CDCI) to provide training and consultation to regional early intervention teams, including families, to support the development of medically complex infants and toddlers.

The Vermont early childhood system has the following additional resources for professional development: 1. The Child Development Division’s Bright Futures Child Care Information System is being examined as an option for tracking CIS professional development in the future 2. The Vermont Higher Education Collaborative and Castleton Summer Institute 3. Early Multi-Tiered System of Supports, in collaboration with Part B/619 4. VT LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program, which provides long-term, graduate level interdisciplinary training and interdisciplinary services and care.

The State CIS program collaborates with the Child Development Division’s Statewide Systems and Community Collaboration unit, Northern Lights Career Development Center, and the Agency of Education, with technical assistance from the Early Childhood Personnel Center (ECPC), to optimize Vermont’s Comprehensive System of Personnel Development (CSPD). A significant activity of Vermont’s CSPD is an annual recruitment and retention survey, which is compared against national benchmarks. This survey helps Vermont gain an understanding of the demographics, needs, and pressures of regional practitioners to support professional development and ongoing strategies for the recruitment and retention of the workforce.

This State hosts a CIS Institute annually. The topic(s) of the institute and follow-up supports for the incorporation of information into practice are selected with significant input from CIS practitioners. The State seeks to be responsive to the needs of practitioners while providing a high-quality learning opportunity that incorporates best practices in adult learning modalities. The institute focuses on building practitioner skills to effectively engage families. Practitioners share that with increasingly complex family constellations and needs, having the skills to effectively engage families is critical to improving outcomes for children and families.

CIS Early Intervention Credential Certification:

The State CIS Early Intervention program has implemented an Early Intervention Certificate, based on review of Early Intervention credentialing in other states. As of June 30, 2016, all regional CIS Early Intervention staff who wish to conduct evaluations for determining eligibility for Part C, are required to hold a CIS Early Intervention Certificate or a Special Education Endorsement. The State CIS Early Intervention program, with input from regional CIS Early Intervention providers and other stakeholders developed a renewal process for this certification, which is being implemented in 2020. The renewal requirements are intended to align with opportunities for professional growth and ongoing supervision. The renewal process approach was informed by evidence-based effective personnel recruitment and retention practices learned from technical assistance provided by the Early Childhood Personnel Center.

**Stakeholder Involvement:**

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

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

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

YES

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.**

The State CIS Early Intervention develops all reports and publishes them online as follows:
 1. January: Review the Draft Annual Performance Report with the Vermont Interagency Coordinating Council and finalize with their input for submission to the Office of Special Education Programs in February.
 2. February: complete copies of VT Part C’s State Performance Plan and Annual Performance Report to the Agency of Human Services/Child Development Division’s website: http://dcf.vermont.gov/cdd/reports/part\_c. This website link is forwarded to the Vermont Agency of Education and Vermont Family Network for posting on their respective websites and in VFN’s statewide newsletter. It is also posted to the CIS blog at: https://cisvt.wordpress.com/.
 3. March/April: Publicly report VT Part C’s statewide and regional EI program data on Agency of Human Services/Child Development Division’s website: https://dcf.vermont.gov/cdd/reports/part\_c provides Public Reporting for all Part C Data. This Public Reporting contains data from each regional CIS Early Intervention (EI) Program related to compliance and results indicators contained in the State Performance Plan. By clicking the "Public Reporting" link, the public reporting page opens in a separate tab/window. This new tab/window provides a link to the "Compiled Data for all indicators, by region, from 2014 to present." Data prior to 2014 is broken out by indicator on the "Public Reporting" link as well. These data can be accessed by clicking each indicator to view that indicator's historical data.
 4. August/September: Regional Early Intervention Programs are provided with statewide and regional data results from the annual family survey conducted between March and June of the current year.
 5. November: The Vermont Interagency Coordinating Council and representatives from each of the state’s 12 regional Early Intervention Programs meet together. The purpose of this meeting is to discuss progress on the State Performance Plan including statewide and regional Early Intervention Program data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.
 6. April and November: Publicly report VT Part C 618/Child Count data on Agency of Human Services/Child Development Division’s website: http://dcf.vermont.gov/cdd/reports/part\_c.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.

The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that
 technical assistance.

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

## Intro - OSEP Response

The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 23, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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

## Intro - Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 86.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.14% | 93.00% | 88.08% | 89.51% | 96.66% |

**Targets**

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

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,111 | 1,325 | 96.66% | 100% | 96.60% | Did Not Meet Target | No Slippage |

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

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

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**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Timely receipt of services is calculated from the date a parent/guardian signs their consent for services to begin and the actual first date each service from the One Plan (IFSP) is provided.

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

State database

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

July 1, 2019 through June 30, 2020.

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

In calculating this indicator, the State conducts a desk audit of all services for every enrolled child for which a parent/caregiver has provided their consent for services on a One Plan (IFSP). The State reports a client case as 'compliant' for this indicator if all services on the child's One Plan (IFSP) have been delivered within 30 days of the date the parent/caregiver provided consent for those services to be initiated. For services planned to begin later than 30 days, the State also conducts a desk audit to determine that those services were delivered as planned and consented to by the family. The timeliness of these services is also a factor in determining compliance within this indicator.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 60 | 59 | 1 | 0 |

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

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:
1) a description of the root cause analysis of the noncompliance;
2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 a. Policy and Procedures
 b. Infrastructure
 c. Data
 d. Training and Technical Assistance
 e. Supervision
 f. Provider Practices
3) Implementation timelines, interim evaluation measures, and data from previous measures.
4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

As such, the State verified, from a desk audit of the State's database, that in 58 instances of noncompliance, each infant/toddler ultimately received the service planned in their IFSP. In two (2) instances the infant/toddler exited Part C early intervention services prior to receiving the service, and therefore was no longer in the jurisdiction of the program.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 154 | 154 | 0 |
| FFY 2016 | 151 | 151 | 0 |
| FFY 2015 | 2 | 2 | 0 |

**FFY 2017**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2017 findings. As such, from a desk audit of the State's database the State was able to identify that 152 of the 154 individual cases of noncompliance ultimately resulted in the infant/toddler receiving the service that was identified as noncompliant due to delays in scheduling on the part of the provider. The State verified that two (2) infants and toddlers exited the program prior to receiving the service, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2016**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2016 findings. As such, from a desk audit of the State's database, the State was able to identify that 145 of the 151 individual cases of noncompliance ultimately resulted in the infant/toddler receiving the service that was identified as noncompliant due to delays in scheduling on the part of the provider. The State verified that six (6) infants and toddlers exited the program prior to receiving the service, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2015**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2015 findings. As such, from a desk audit of the State's database, the State was able to identify that, for the two (2) individual cases of noncompliance, the two (2) infants and toddlers exited the program prior to receiving the service, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 96.60% | 96.80% | 97.00% | 97.20% | 97.30% |
| Data | 97.38% | 96.54% | 97.18% | 97.88% | 96.14% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 97.30% |

**Targets: Description of Stakeholder Input**

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,045 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 1,083 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,045 | 1,083 | 96.14% | 97.30% | 96.49% | Did Not Meet Target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2009 | Target>= | 61.60% | 61.60% | 61.60% | 61.60% | 61.60% |
| **A1** | 60.80% | Data | 66.88% | 65.13% | 60.06% | 63.66% | 64.36% |
| **A2** | 2009 | Target>= | 60.00% | 60.00% | 60.00% | 60.00% | 60.00% |
| **A2** | 59.40% | Data | 62.13% | 60.90% | 57.43% | 64.92% | 64.54% |
| **B1** | 2009 | Target>= | 68.90% | 69.10% | 69.30% | 69.50% | 69.70% |
| **B1** | 67.90% | Data | 74.56% | 66.07% | 65.45% | 71.95% | 70.63% |
| **B2** | 2009 | Target>= | 54.20% | 54.20% | 54.20% | 54.20% | 54.20% |
| **B2** | 53.40% | Data | 55.20% | 49.21% | 46.42% | 53.90% | 50.99% |
| **C1** | 2009 | Target>= | 73.50% | 73.50% | 73.50% | 73.50% | 73.50% |
| **C1** | 72.90% | Data | 75.84% | 72.98% | 69.15% | 71.95% | 73.88% |
| **C2** | 2009 | Target>= | 61.40% | 61.40% | 61.40% | 61.40% | 61.40% |
| **C2** | 60.60% | Data | 60.21% | 64.01% | 66.61% | 67.80% | 67.88% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1>= | 61.60% |
| Target A2>= | 60.00% |
| Target B1>= | 69.70% |
| Target B2>= | 54.20% |
| Target C1>= | 73.50% |
| Target C2>= | 61.40% |

 **FFY 2019 SPP/APR Data**

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

635

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 142 | 22.36% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 113 | 17.80% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 179 | 28.19% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 201 | 31.65% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 292 | 434 | 64.36% | 61.60% | 67.28% | 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 | 380 | 635 | 64.54% | 60.00% | 59.84% | Did Not Meet Target | Slippage |

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

The State, Vermont Interagency Coordinating Council, and regional Early Intervention programs met in December 2020 to review these APR data and discuss root causes for the slippage in Summary State 2 across all 3 child outcome areas. Of particular note was that this slippage was primarily seen in four regions. Three of these four regions experienced significant staff turnover in key leadership positions during FFY 2019. The remaining region had a demonstrated trend over the past four years of noncompliance across indicators, which resulted in the region's termination of that provider and engagement of a new provider beginning in FFY 2020, which the State believes will lead to improvement in the delivery of early intervention services in compliance with Part C IDEA regulations.

The State is supporting the three regions that experienced significant staff turnover, as well as the new early intervention provider in the fourth region by providing orientation and training related to the Part C IDEA regulations. Based on their annual Continuous Quality Improvement Plans, these providers will also be taking the online COS modules available through the Early Childhood Technical Assistance Center.

The State, VICC, and Regional EI Providers also reviewed data pre- and post- COVID onset to determine the impact the pandemic may have had on these data. These data revealed that there was no statistically significant difference between children's outcomes who exited the program prior to the onset of COVID, and those who exited between March and June of 2020, during the pandemic. While these data may not be accurate reflections of the true impact of the pandemic on child outcomes, they certainly were notable. The group discussed how the pandemic may be impacting outcomes.

Anecdotal data shared by the Regional EI providers indicated that, due to most services being delivered via telehealth modalities, they are having more contact with families than they had prior to the pandemic. This increase in contact is due to the fact that the work schedules of many families pre-pandemic required that the majority of services be delivered to the child in their child care settings. The pandemic resulted in the closure of many child cares, resulting in the parent being the primary caregiver during the delivery of EI services. In addition, the telehealth modality inherently required parent education, such that the parent must deliver the services as described by the developmental educator or therapist, since those providers were unable to be in-person with the child and family. The VICC, EI service providers, and the State are examining mechanisms for retaining the gains in direct contact and parent education with families even when many children return to child care and in person service delivery increases.

Finally, as identified last year, the trend in Vermont's rate of children diagnosed with Autism continues to bend upward. The State's work with the Vermont Department of Health to obtain diagnosis for toddlers enrolled in early intervention begun in FFY 2019 has helped to ensure children are diagnosed earlier, giving the EI program more time to intervene. The State hopes to see this show improved outcomes for this cohort of children in FFY 2020.

As planned last year, though delayed by COVID, in the spring of 2021, the State will be delivering training to providers on intervening with families impacted by substance misuse. This is a train-the-trainer program, which will enable the State to provide the training to all CIS providers in the next two years. This is in response to the root cause analysis conducted in FFY 2018, which identified that Vermont had a rate of neo-natal abstinence syndrome at more than 5% greater than the national average. The State believes that training providers in methods of serving this population of parents will result in improved outcomes for children enrolled in early intervention.

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 144 | 22.68% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 210 | 33.07% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 187 | 29.45% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 94 | 14.80% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 397 | 541 | 70.63% | 69.70% | 73.38% | Met Target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 281 | 635 | 50.99% | 54.20% | 44.25% | Did Not Meet Target | Slippage |

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

The State, Vermont Interagency Coordinating Council, and regional Early Intervention programs met in December 2020 to review these APR data and discuss root causes for the slippage in Summary State 2 across all 3 child outcome areas. Of particular note was that this slippage was primarily seen in four regions. Three of these four regions experienced significant staff turnover in key leadership positions during FFY 2019. The remaining region had a demonstrated trend over the past four years of noncompliance across indicators, which resulted in the region's termination of that provider and engagement of a new provider beginning in FFY 2020, which the State believes will lead to improvement in the delivery of early intervention services in compliance with Part C IDEA regulations.

The State is supporting the three regions that experienced significant staff turnover, as well as the new early intervention provider in the fourth region by providing orientation and training related to the Part C IDEA regulations. Based on their annual Continuous Quality Improvement Plans, these providers will also be taking the online COS modules available through the Early Childhood Technical Assistance Center.

The State, VICC, and Regional EI Providers also reviewed data pre- and post- COVID onset to determine the impact the pandemic may have had on these data. These data revealed that there was no statistically significant difference between children's outcomes who exited the program prior to the onset of COVID, and those who exited between March and June of 2020, during the pandemic. While these data may not be accurate reflections of the true impact of the pandemic on child outcomes, they certainly were notable. The group discussed how the pandemic may be impacting outcomes.

The State, VICC, and Regional EI Providers also reviewed data pre- and post- COVID onset to determine the impact the pandemic may have had on these data. These data revealed that there was no statistically significant difference between children's outcomes who exited the program prior to the onset of COVID, and those who exited between March and June of 2020, during the pandemic. While these data may not be accurate reflections of the true impact of the pandemic on child outcomes, they certainly were notable. The group discussed how the pandemic may be impacting outcomes.

Anecdotal data shared by the Regional EI providers indicated that, due to most services being delivered via telehealth modalities, they are having more contact with families than they had prior to the pandemic. This increase in contact is due to the fact that the work schedules of many families pre-pandemic required that the majority of services be delivered to the child in their child care settings. The pandemic resulted in the closure of many child cares, resulting in the parent being the primary caregiver during the delivery of EI services. In addition, the telehealth modality inherently required parent education, such that the parent must deliver the services as described by the developmental educator or therapist, since those providers were unable to be in-person with the child and family. The VICC, EI service providers, and the State are examining mechanisms for retaining the gains in direct contact and parent education with families even when many children return to child care and in person service delivery increases.

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**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 124 | 19.53% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 123 | 19.37% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 215 | 33.86% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 173 | 27.24% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 338 | 462 | 73.88% | 73.50% | 73.16% | Did Not Meet Target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 388 | 635 | 67.88% | 61.40% | 61.10% | Did Not Meet Target | Slippage |

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

The State, Vermont Interagency Coordinating Council, and regional Early Intervention programs met in December 2020 to review these APR data and discuss root causes for the slippage in Summary State 2 across all 3 child outcome areas. Of particular note was that this slippage was primarily seen in four regions. Three of these four regions experienced significant staff turnover in key leadership positions during FFY 2019. The remaining region had a demonstrated trend over the past four years of noncompliance across indicators, which resulted in the region's termination of that provider and engagement of a new provider beginning in FFY 2020, which the State believes will lead to improvement in the delivery of early intervention services in compliance with Part C IDEA regulations.

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s part C exiting 618 data | 1,075 |
| 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. | 419 |

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

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

YES

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

Regional CIS Early Intervention contracted providers were required to submit child outcomes summary ratings using the decision tree developed by the Early Childhood Outcomes Center (https://www.google.com/url?q=http://www.ectacenter.org/eco/assets/docs/Decision\_Treenonumbers.doc&sa=U&ved=0ahUKEwjE\_\_uUkebfAhWpm-AKHd4LDN4QFggQMAY&client=internal-uds-cse&cx=001354871196560068277:y9vhkvi\_rsy&usg=AOvVaw0KIjdprPSDziXbe12289f8) and promulgated by Vermont's CIS Early Intervention State technical assistance staff. These data are reported for children who have received at least six (6) months of services within Vermont's CIS Early Intervention Program. The data from all infants and toddlers who exited from Vermont's Early Intervention services after receiving at least six (6) months of services are entered the State's CIS database and compiled within the Early Childhood Outcomes Child Outcomes Rating Calculator tool developed by the Early Childhood Technical Assistance Center. The results of this compilation are used to develop this report, as well as to inform the root cause analysis performed with stakeholders.

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed.

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2011 | Target>= | 78.30% | 78.40% | 78.40% | 78.50% | 78.50% |
| A | 78.10% | Data | 82.63% | 85.27% | 81.68% | 87.19% | 92.74% |
| B | 2011 | Target>= | 86.10% | 86.10% | 86.10% | 86.10% | 86.10% |
| B | 85.90% | Data | 79.78% | 88.96% | 87.99% | 92.48% | 94.61% |
| C | 2011 | Target>= | 81.00% | 81.20% | 81.20% | 81.20% | 81.20% |
| C | 80.80% | Data | 75.86% | 84.21% | 84.98% | 87.47% | 91.33% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 78.50% |
| Target B>= | 86.10% |
| Target C>= | 81.20% |

**Targets: Description of Stakeholder Input**

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

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The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 872 |
| Number of respondent families participating in Part C  | 318 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 259 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 292 |
| 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 | 271 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 292 |
| 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 | 256 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 292 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 92.74% | 78.50% | 88.70% | Met Target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 94.61% | 86.10% | 92.81% | Met Target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 91.33% | 81.20% | 87.67% | Met Target | No Slippage |

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

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | NO |
| The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. | 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 State reviewed the responses and discovered that the responses were representative of the 12 regions with a range of 17% to 73%. Half of the regions had more than 40% of families responding. The State shared these data with regions, as well as the targets set by the Vermont Interagency Coordinating council for the coming year. The State will monitor the response rates for each region and intervene, providing technical assistance as needed to ensure that regions are equitably represented in the survey response rates.

Additionally, the State found that of the eight (8) surveys sent to non-English speaking families, none were returned. The State met with partners such as Head Start and Building Bright Futures Early Childhood Council, as well as the Vermont Interagency Coordinating Council, to discuss improvements for reaching these families. A proposal is being developed to have surveys to non-English speaking families administered by a contracted interpreter service agency, so that all survey's are delivered by an interpreter, ensuring an equitable outreach and response tailored to these families. It is the State's goal to have this proposal accepted by the State's business office and that, if accepted, it will lead to improved response rates for these families. If this proposal is not accepted, the State will have the survey administered through interpreters in conjunction with Early Intervention service delivery staff, which is less ideal.

Finally, the State identified that, of non-white, English-speaking populations, Asian families are not equitably represented. The State is beginning to explore root causes for the lack of representation to the family survey among Asian families and will work with partners, Early Intervention programs, and the Vermont Interagency Coordinating Council through the family survey delivery process in 2020 to identify and implement strategies to ensure equitable representation by Asian families.

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

Regional response rates:
Barre = 43.48%
Bennington = 51.15%
Brattleboro = 73.81%
Burlington = 20.47%
Hartford = 51.61%
Middlebury = 54.84%
Morrisville = 55.88%
Newport = 38.10%
Rutland = 36.21%
Springfield = 29.79%
St. Albans = 17.14%
St. Johnsbury = 26.32%

Non-English speaking families requiring translation:
White = 2 surveys
Asian = 4 surveys
Hispanic = 1 survey
Black = 1 survey
No surveys were returned from these families.

Surveys sent and received from the following race/ethnicities:
Asian represent 1.38% of Vermont's surveyed population and .31% of the state's responses
Black represent 1.49% of Vermont's surveyed population and .94% of the state's responses
Hispanic represent .8% of Vermont's surveyed population and .94% of the state's responses
Two or more races represent 5.28% of Vermont's surveyed population and 5.03% of the state's responses
White represent 91.06% of Vermont's surveyed population and 82.08% of the state's responses
Thirty four surveys (representing 10.69% of the state's responses) were returned without identifying a race/ethnicity. It can be assumed, because of Vermont's high population of white families, that these survey responses likely represent white families. The State is implementing an improved method in FFY 2020 to ensure race/ethnicity is captured for every survey response.

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

Another point of interest was the State's analysis of surveys that were 'undeliverable'. Surveys are undeliverable often due to families being 'lost to follow-up', meaning that they begin to no-show or not respond to outreach by their service providers. This year, because Covid interrupted the State's normal process of hand-delivering surveys to all families, many surveys had to be mailed to families. In this case 'undeliverable' was often due to mailed surveys being undeliverable and subsequently 'returned to sender' by the post office. However, the breakdown of undeliverable surveys was noteworthy as follows:
White families saw 12% of surveys undeliverable
Families of two or more races saw 1% of surveys undeliverable
Hispanic families saw 36% of surveys undeliverable.
The State will be studying the high percentage of undeliverable surveys to Hispanic families in FFY 2020 to determine if this is a trend that needs to be addressed, assuming providers are able to resume hand-delivering surveys, or if this was an anomaly due to Covid.

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

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

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 0.99% | 1.11% | 1.11% | 1.11% | 1.11% |
| Data | 1.48% | 1.75% | 2.07% | 2.07% | 2.06% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 1.11% |

Targets: Description of Stakeholder Input

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 131 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 5,579 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 131 | 5,579 | 2.06% | 1.11% | 2.35% | Met Target | No Slippage |

**Compare your results to the national data**

Vermont has historically served a higher percentage of infants per capita than the national average, indicating that Vermont has a successful child-find system. Initiatives in Vermont, both publicly and privately funded, help contribute to this success by ensuring that early childhood issues remain in the media and public eye. This has been especially true with Vermont's Universal Developmental Screening initiative as part of Vermont's Help Me Grow system (https://helpmegrowvt.org/). The IDEA Infant & Toddler Coordinator's Association annual report indicates that Vermont is one of the top ten states serving children birth to one year old in Early Intervention. Vermont's success in this area is as follows: the national average is 1.65% and Vermont served 2.35% of infants below the age of one during this reporting year (this is up from 2.06% in FFY 2018).

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 3.20% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 3.60% | 3.70% | 3.80% | 3.90% | 3.90% |
| Data | 4.38% | 4.96% | 5.23% | 5.79% | 6.12% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 3.90% |

Targets: Description of Stakeholder Input

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 1,083 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 17,059 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,083 | 17,059 | 6.12% | 3.90% | 6.35% | Met Target | No Slippage |

**Compare your results to the national data**

Vermont has historically served a higher percentage of infants per capita than the national average, indicating that Vermont has a successful child-find system. Initiatives in Vermont, both publicly and privately funded, help contribute to this success by ensuring that early childhood issues remain in the media and public eye. This has been especially true with Vermont's Universal Developmental Screening initiative as part of Vermont's Help Me Grow system (https://helpmegrowvt.org/). The IDEA Infant & Toddler Coordinator's Association annual report indicates that Vermont is one of the top five states serving children birth to three years old in Early Intervention. Vermont's success in this area is as follows: the national average is 3.93% and Vermont served 6.35% of infants below the age of one during this reporting year (this is up from 6.12% in FFY 2018).

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 79.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.62% | 90.76% | 95.98% | 95.10% | 95.09% |

**Targets**

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

**FFY 2019 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 583 | 911 | 95.09% | 100% | 92.86% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

Vermont slipped 2.23 percentage points in timely initial One Plans (IFSPs). The Vermont Interagency Coordinating Council (VICC), along with the State and Early Intervention providers met in December to review these data and determine the root causes behind this slippage. A review of data pre- and post COVID (for Vermont this was March 2020) showed no statistically significant difference between region's timely initial One Plans prior to the onset of the pandemic (July 2019 through February 2020), and those timelines between March 1, 2020 and June 30, 2020. In fact, eleven out of the twelve regions in Vermont performed the same (3 regions) or better (8 regions) at providing evaluations and initial One Plan meetings within 45 days of referral than they had prior to March 2020.

The VICC, State, and EI Providers determined that, prior to COVID, engagement with families was more disjointed. As discussed earlier in this report, many children received services within their child care settings. That meant that many children were evaluated at both child care and in their homes. Following these evaluations, the EI Service Coordinator would then outreach to the family to set up the initial One Plan meeting. This increased the evaluation timelines prior to the initial One Plan meetings, and often inhibited the ability for the Service Coordinator to arrange for timely initial One Plan meetings with the family. When child care programs closed during the initial onset of the pandemic, children were evaluated via telehealth and the family was engaged throughout that process, discussed the child's eligibility and began the One Plan immediately following the completion of the evaluation. This streamlined process enabled regions to be more successful in meeting this timeline.

As a result of this root cause analysis, the State has begun providing training and technical assistance to regions to ensure that they: 1) understand the requirements of this timeline under Part C IDEA Regulations and Vermont Special Education Rules, and 2) that, even when the majority of services return to in person, providers schedule evaluations and initial One Plan meetings early during the intake process, rather than waiting for the completion of the evaluation to schedule the One Plan meeting with the family.

In addition, during the spring of 2020, the State developed and promulgated a tool to providers to help them calculate and track all timelines required by Part C of IDEA. This tool provides predictive timelines for providers based on the child's birthday and date of referral to help providers understand the deadlines for required activities. The tool also enables providers to enter the date that activities actually occurred to help them understand their degree of compliance as well as anticipate and pre-plan for future activities required for the provision of early intervention services such as transition activities.

Vermont believes that these strategies will improve the state's performance on this timeline indicator.

**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.**

263

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

State database

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

Data for Indicator 7 were collected from July 1, 2019 through June 30, 2020.

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

In calculating this indicator, the State conducts a desk audit of data on every child referred to early intervention from July 1, 2019 through June 30, 2020, who is found eligible for early intervention services. The State verifies that each child whose families choose to enroll their child in early intervention services receives an initial One Plan (IFSP) meeting within 45 days of the date of referral.

In cases where an initial One Plan meeting was not held with 45 days of the date of referral, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the initial One Plan meeting to develop the IFSP was ultimately held. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

263 instances where initial IFSP meetings were delayed were attributable to exceptional family circumstances, while 65 were attributable to provider circumstances. Of the 65 delayed due to provider: 5 were attributed by the provider to concerns about COVID. However, these actually were due to be completed prior to COVID in order to be compliant, and therefore were attributed to provider circumstances and not to COVID. 3 of the 65 were delayed due to waiting for an educational surrogate to be assigned. 1 of 65 was delayed due to needing an American Sign Language Interpreter to attend the meeting. 35 of the 65 were due to provider scheduling/availability. 12 of 65 were due to provider illnesses resulting in cancellations. 9 of 65 were delayed due to provider's awaiting State guidance during COVID on how to conduct evaluations to determine eligibility.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 2 | 2 | 0 | 0 |

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

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:
1) a description of the root cause analysis of the noncompliance;
2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 a. Policy and Procedures
 b. Infrastructure
 c. Data
 d. Training and Technical Assistance
 e. Supervision
 f. Provider Practices
3) Implementation timelines, interim evaluation measures, and data from previous measures.
4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

As such, the State verified, from a desk audit of the State's database, that in the two (2) instances of noncompliance, each infant/toddler ultimately received an initial evaluation and meeting to develop their IFSP.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 54 | 54 | 0 |
| FFY 2016 | 56 | 56 | 0 |
|  |  |  |  |

**FFY 2017**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2017 findings. As such, from a desk audit of the State’s database, the State was able to identify that 52 of the 54 individual cases of noncompliance ultimately resulted in the infant/toddler receiving an initial evaluation and IFSP meeting. The State verified that two (2) infants and toddlers exited the program prior to receiving an initial evaluation or IFSP meeting, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2016**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2016 findings. As such, from a desk audit of the State’s database, the State was able to identify that 53 of the 56 individual cases of noncompliance ultimately resulted in the infant/toddler receiving an initial evaluation and IFSP meeting. The State verified that three (3) infants and toddlers exited the program prior to receiving an initial evaluation or IFSP meeting, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 92.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 91.24% | 87.29% | 89.03% |

**Targets**

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

**FFY 2019 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 426 | 536 | 89.03% | 100% | 94.03% | Did Not Meet Target | No Slippage |

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

78

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

State database

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

Data were collected from July 1, 2019 through June 30, 2020.

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

The State performed a desk audit of entire Part C State Database, July 1, 2019 through June 30, 2020. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Of the 32 instances of delay in toddlers exiting Part C services with a transition plan with steps, the State performed a desk audit of the State's database and determined: three (3) of the toddlers received transition plans prior to 180 days of their third birthday, which is not in line with the State's Special Education rules. However, in these three (3) instances, the toddlers did receive a transition plan with steps. Nine (9) instances of delay were due to provider's not understanding the Part C IDEA regulations and State Special Education Rules related to this indicator. Each of these toddlers did ultimately receive a transition plan with steps. One (1) toddler's transition plan was delayed as the school did not attend the transition conference, which was due to be held in the summer months as they were not available. Therefore, the conference and subsequent transition plan were delayed, though both were ultimately provided to the toddler and the toddler's family. The remaining 19 toddlers received a transition plan with steps less than 90 days from their third birthday due to provider availability or scheduling challenges.

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

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

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

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

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:
1) a description of the root cause analysis of the noncompliance;
2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 a. Policy and Procedures
 b. Infrastructure
 c. Data
 d. Training and Technical Assistance
 e. Supervision
 f. Provider Practices
3) Implementation timelines, interim evaluation measures, and data from previous measures.
4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

As such, the State verified, from a desk audit of the State's database, that in the three (3) instances of noncompliance, each toddler who exited on their third birthday with a disability ultimately received a transition plan with steps prior to their exit from the program.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 75 | 75 | 0 |
| FFY 2016 | 157 | 157 | 0 |
|  |  |  |  |

**FFY 2017**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2017 findings. As such, from a desk audit of the State’s database, the State was able to identify that 67 of the 75 individual cases of noncompliance ultimately resulted in the toddler receiving a transition plan with steps. The State verified that seven (7) toddlers exited the program without receiving transition plan with steps, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2016**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2016 findings. As such, from a desk audit of the State’s database, the State was able to identify that 143 of the 157 individual cases of noncompliance ultimately resulted in the toddler receiving a transition plan with steps. The State verified that 14 toddlers exited the program without receiving transition plan with steps, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 8A - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 79.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 86.71% | 88.31% | 90.58% | 84.80% | 86.10% |

**Targets**

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

**FFY 2019 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 436 | 486 | 86.10% | 100% | 89.71% | Did Not Meet 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

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

Regional CIS Early Intervention programs are required to send copies of all LEA Notifications to State Education Agency. The State records the data on these notifications and transfers those data electronically to the Agency of Education. Regional CIS Early Intervention programs also send data each month identifying all toddlers who are found potentially eligible for Part B services and the date that the determination of potential eligibility was made.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. In Vermont, LEA notification does not require parental consent, and therefore delays in LEA notification are not allowed to be attributed to family circumstances. If notification is sent more than 180 days from the child's third birthday at the request of the family due to the child's medical complexity or some other family factor, the LEA notification is considered compliant. If the notice is sent more than 180 days or fewer than 90 days from the child's birthday and the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

The State verified that, out of 50 LEA notifications that were not complaint: 15 were actually sent prior to 180 days from the toddler's 3rd birthday, which is not compliant according to the State's special education rules. 4 of these were due to a provider misunderstanding the State special education rules. 1 was due to a child having significant medical concerns. The remaining 10 were due to providers failing to properly use a date calculator and therefore were sent between 1 and 3 days too early. In each of these instances, a notification was sent to the LEA. Of the 35 LEA notifications that were not sent at least 90 days prior to the toddler's 3rd birthday: 16 were delayed due to providers not understanding the State's special education rules and policies associated with determining potential eligibility. The remaining 19 were delayed due to provider availability to complete the activities needed to determine potential eligibility in time to comply with federal regulations and State special education rules and policies. Each of these notifications were ultimately sent to the LEA's on behalf of these 35 toddlers.

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

NO

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

State database

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

Data were collected for the period of July 1, 2019 through June 30, 2020.

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

The State performed a desk audit of entire Part C State Database, July 1, 2019 through June 30, 2020. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

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

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

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

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

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:
1) a description of the root cause analysis of the noncompliance;
2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 a. Policy and Procedures
 b. Infrastructure
 c. Data
 d. Training and Technical Assistance
 e. Supervision
 f. Provider Practices
3) Implementation timelines, interim evaluation measures, and data from previous measures.
4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

As such, the State verified, from a desk audit of the State's database, that in the four (4) instances of noncompliance, each toddler who exited on their third birthday with a disability ultimately had a notification sent to the LEA that they were potentially eligible to receive Part B IDEA services.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 78 | 78 | 0 |
| FFY 2016 | 5 | 5 | 0 |
| FFY 2015 | 1 | 1 | 0 |

**FFY 2017**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2017 findings. As such, from a desk audit of the State's database, the State was able to identify that 75 of the 78 individual cases of noncompliance ultimately resulted in an LEA notification being sent to the LEA on behalf of the toddler who exited early intervention services with a disability. The State verified that three (3) toddlers exited the program prior to a notification being sent to the LEA, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2016**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2016 findings. As such, from a desk audit of the State's database, the State was able to identify that four (4) of the five (5) individual cases of noncompliance ultimately resulted in a notification being sent to the LEA on behalf of the toddler who was exiting with a disability. The State verified that one (1) toddler exited the program prior to a notice being sent to the LEA, and therefore was no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2015**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2015 findings. As such, from a desk audit of the State's database the State was able to identify that, for this one (1) individual instance of noncompliance, the toddler exited the program prior to a notification being sent to the LEA, and therefore was no longer in the jurisdiction of the State's Early Intervention program.

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 83.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.91% | 92.08% | 87.94% | 89.80% | 89.71% |

**Targets**

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

**FFY 2019 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 357 | 486 | 89.71% | 100% | 91.91% | 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.**

4

**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.**

86

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

State database

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

Data were collected from July 1, 2019 through June 30, 2020.

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

The State performed a desk audit of entire Part C State Database, July 1, 2019 through June 30, 2020. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Of the 39 instances where a transition conference was delayed, the State conducted a desk audit of the State's database and determined: One (1) toddler received a transition conference more than 180 days prior to the toddler's 3rd birthday as the provider misunderstood the States Special Education Rules, which require Conferences to be held between 180 and 90 days of the child's third birthday. However, this toddler did receive a transition conference. Ten (10) toddlers received transition conferences less than 90 days from their third birthday due to provider's not fully understanding Part C of IDEA Regulations and State Special Education Rules. These children ultimately received a transition conference. The State conducted a training in the spring of 2020 to ensure ever provider understood the Special Education Rules and federal Part C regulations and timelines. The State also provided a timeline tracking tool to ensure providers were able to correctly calculate the transition timelines and comply with regulations. Seven (7) toddler's conferences were delayed due to issues with the school systems not being available or being unresponsive/untimely to requests to schedule transition conferences, and the remaining 21 instances of delay were due to Early Intervention provider capacity/turnover/scheduling delays. Ultimately each of these 28 toddlers received a transition conference.

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

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

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

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

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:
1) a description of the root cause analysis of the noncompliance;
2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 a. Policy and Procedures
 b. Infrastructure
 c. Data
 d. Training and Technical Assistance
 e. Supervision
 f. Provider Practices
3) Implementation timelines, interim evaluation measures, and data from previous measures.
4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

The State verified, from a desk audit of the State's database, that in the three (3) instances of noncompliance, each toddler who exited on their third birthday with a disability ultimately received a transition conference prior to their exit from the program.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 52 | 52 | 0 |
| FFY 2015 | 1 | 1 | 0 |
|  |  |  |  |

**FFY 2017**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2017 findings. As such, from a desk audit of the State’s database, the State was able to identify that 48 of the 51 individual cases of noncompliance ultimately resulted in the toddler receiving a transition conference. The State verified that three (3) toddlers exited the program without receiving a transition conference, and therefore were no longer in the jurisdiction of the State's Early Intervention program.

**FFY 2015**

**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 that the source of noncompliance, ie. each region where noncompliance was identified, is correctly implementing the regulatory requirements by reviewing the regulatory requirements with the region and requiring Continuous Quality Improvement Plans (QIP) to be developed and implemented to address the reasons for non-compliance. The State reviewed each regional QIP and provided feedback or technical assistance for any adjustments needed to the QIP to ensure strategies the region identified would lead to compliance with regulatory requirements. Regions reported progress on their QIPs two times per year during calls with the State. In addition, in the spring of 2020, the State conducted a training on the Transition Process, including all timelines, Part C of IDEA regulatory, and State Special Education Rule requirements, and introduced a timeline calculator tool to ensure Early Intervention providers were aware of and correctly implementing the regulatory requirements for this indicator.

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until FFY 2019, the State had no other process than the one described above for ensuring the source of noncompliance was correctly implementing the regulatory requirements. The State has subsequently developed a process as described in this report, which complies with OSEP Memo 09-02.

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

Since the State did not develop an effective Findings Process in accordance with OSEP Memo 09-02 until 2019, the State was only able to verify correction in 2019 of these 2015 findings. As such, from a desk audit of the State's database the State was able to identify that, for this one (1) individual instance of noncompliance, the toddler exited the program prior to a transition conference being held, and therefore was no longer in the jurisdiction of the State's Early Intervention program.

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

## 8C - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1 Number of resolution sessions | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State’s twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of Children’s Integrated Services (CIS). This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (http://cispartners.vermont.gov/icc). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies. In FFY 2019 the VICC examined additional ways to involve families or get their input into CIS services and initiatives, including participating in the Building Bright Futures Families and Communities workgroup.

In addition to leading the VICC and CIS family engagement efforts, Vermont’s CIS Family Engagement Coordinator works with Vermont’s Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont’s Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont’s Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

**Historical Data**

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

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

**Targets**

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

**FFY 2019 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2018. 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 EDFacts Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

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**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  |  | 0.00% |  |

**Targets**

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

**FFY 2019 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 0 |  |  |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# 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:**

Danielle Howes

**Title:**

Children's Integrated Services Part C Administrator

**Email:**

danielle.howes@vermont.gov

**Phone:**

802-279-1302

**Submitted on:**

04/26/21 4:07:57 PM

# ED Attachments

  