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

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

**For reporting on
FFY 2021**

**Washington**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

The Department Children, Youth, and Families (DCYF) is a cabinet level agency focused on the well-being of children. Our vision is to ensure that "Washington state’s children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community." (House Bill 1661). DCYF serves as the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program for Washington State. Within DCYF, the Part C programmatic home is the Early Support for Infants and Toddlers (ESIT) program.

Effective September 1, 2020 State Special Education 0-3 Funds previously administered by the State Education Agency were transferred to DCYF as the State Lead Agency as a result of SHB 2787 (2020). This landmark milestone was in alignment with a multi-year Statewide System Re-design for the Provision of Early Intervention Services launched through legislative action outlined in SB 5879 (2016) and finalized in ESSB 6257 (2018). The statewide system re-design included systemic transition from the use of Local Lead Agencies to direct contracts with four County Lead Agencies (King, Pierce, Snohomish and Spokane counties) and 24 Early Intervention Provider Agencies through competitive procurement. Currently, the County Lead Agencies sub-contract with an additional 19 Early Intervention Provider Agencies located within their respective service areas. The total number of Early Intervention Provider Agencies providing services by contract through DCYF or a County Lead Agency is 43.
During Federal Fiscal Year (FFY) 2021, the ESIT State Leadership Office held contracts with four (4) County Lead Agencies (CLAs) and 24 Early Intervention Provider Agencies (EIPAs) statewide in order to ensure that all families have equitable access to a locally coordinated system of early intervention services. As a result, eligible infants, toddlers and their families received early intervention services during the past year. The types of organizations that administered each local early intervention system included:
• 4 County Governmental Entities
• 4 Educational Service Districts
• 3 School Districts
• 2 For-profit Organizations
• 1 Regional Health District
• 7 Neuro-Developmental Centers
• 7 Non-profit Organizations
To ensure services are coordinated and conform to IDEA Part C requirements, each contractor can develop and maintain subcontracts or local interagency agreements and local plans with individual early intervention providers or providing organizations within their geographic service area.
This past year, the ESIT program met the following targets:
• Indicator 5 and 6 (Child Find)
• Early childhood transition with the development of timely IFSPs 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 (Indicator 8A)
• Early childhood transition with timely notifications to the State Educational Agency (SEA) and the Local Educational Agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services (Indicator 8B)

ESIT had no mediations that resulted in mediation agreements.

ESIT did not meet target for the following indicators:
Indicator 1 - Timely Provision of Services
Indicator 2 - Services in Natural Environments (slippage)
Indicator 3 - Child Outcomes
Indicator 7 - 45-Day Timeline (slippage)
Indicator 8c - Early Childhood Transition (slippage)

ESIT continues to sustain a high level of satisfaction with the Part C services provided across the state. We did see a decrease in the response rate to the annual Family Outcomes Survey due to a shortened survey timeline this year. The number of families participating in Part C who report that early intervention services have helped the family know their rights (Indicator 4A) increased, as well as the percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (Indicator 4C).

Additional information related to data collection and reporting

During FFY2021 the state lead agency has initiated a transition from the legacy Silverlight Data Management System to a new Early Intervention Data System (EIDA) available through a vendor on the approved State of Washington Master Contract List. Customization, User training, and data migration is expected to be completed by July 1, 2023.

**General Supervision System**

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

The Early Support for Infants and Toddlers (ESIT) program continues to direct its general supervision and monitoring efforts through the following:
• Aligning and integrating activities with the Annual Performance Report (APR);
• Meeting federal requirements for states to monitor implementation of IDEA, both APR indicators and related requirements;
• Focusing on compliance and quality practices and directing state technical assistance resources to those local lead agencies in greatest need.

Monitoring ESIT Part C Provider Agencies (EIPAs)
ESIT Data Management System (DMS): All APR indicator data, with the exception of Indicator 4 - Family Outcomes, is retrieved from the DMS. The DMS creates an electronic Individualized Family Service Plan (IFSP) record that documents essential child and family information from initial contacts through transition. All child and family information must be entered into the DMS. This includes initial evaluation/assessment results, medical information, eligibility determination, and the child outcome summary, family statement, individual child and family outcomes and services information. All this information is required to be entered into the DMS before an IFSP can be issued as completed.

Child level data is retrieved from IFSPs entered into the DMS and used for APR reporting. DMS business rules and calendar tools ensure either required information is entered into the system or a reason for not entering the information is supplied. When required information is not entered into the DMS in a timely manner, the system creates red alerts on the family resources coordinator’s (FRC) calendar. The calendar is monitored by local contractor staff (i.e. FRCs, program managers, agency administrators) and ESIT staff. Red alerts are reviewed and technical assistance is provided by the ESIT staff.

Results Indicators: APR Indicators 2, 5, and 6 results data is obtained from all IFSPs entered into the DMS on December 1 of the contract year as reported in 618 data submissions gathered throughout the Federal Fiscal Year. Indicator 4 data is collected from hard copy, electronic and phone surveys completed by families and submitted to ESIT annually.
Compliance Indicators: APR Indicators 1, 7, 8, 8A, 8B, and 8C compliance data is retrieved from all IFSPs over a three (3) month period. DMS data is reviewed and verified for accuracy.
Identification and Correction of Non-Compliance: ESIT staff review and analyze compliance data to assess the “reasons” for any noncompliance (delayed services). When necessary, ESIT staff request and obtain clarification regarding reasons for late services, IFSP meeting, transition plan, and transition notification or transition conference to determine the root cause of noncompliance. If late services were due to exceptional family circumstances, findings of noncompliance are not made. If late services were due to reasons other than exceptional family circumstances, child specific noncompliance is identified and findings are issued. If it was determined that the noncompliance was already corrected, a finding is still issued, but a corrective action plan is not required. Even though correction occurred (the service provided though late), ESIT staff still assesses the level of noncompliance, identifies the contributing factors, if any, and determines if the noncompliance was isolated or systemic.
Within three months from when compliance-monitoring data is retrieved from the DMS, each contractor receives a written notice of findings of noncompliance and the need to make timely correction. Upon receipt of written notice, each EIPA Administrator is directed to begin implementing required improvement activities to ensure correction is made, as soon as possible, but no later than one year from notification. Once correction of findings of noncompliance is achieved, the contractor receives a written notice that correction of noncompliance was attained.
When required, corrective action plans (CAPs) outline the resources needed to be accessed and timelines to follow in order to achieve compliance and/or improve performance. CAPs are required of all Part C providers that do not fully correct identified noncompliance by the time annual determinations are issued.

Annual Determinations
ESIT makes an annual determination of its contractor’s efforts in implementing the requirements and purposes of IDEA, Part C. Each ESIT Part C Provider Agency APR data is aggregated by ESIT for annual reporting purposes. This aggregated data is used by the federal Office of Special Education Programs (OSEP) to make ESIT’s annual determination.
ESIT staff disaggregates and evaluates this data to make ESIT Part C Provider Agency annual determinations. The determination status is based on the following:
1. Compliance Data
• Indicator 1 - timely services
• Indicator 7 - timely evaluations and meeting the 45-day timeline
• Indicator 8A - transition plan steps and services
• Indicator 8C - transition conference
2. Timely correction of noncompliance
3. All Indicators must be timely, valid and reliable
4. Citizen’s complaints filed and/or due process hearing or mediations held

A compliance indicator summary worksheet and determination evaluation scoring rubric is used to make contractor level determinations. ESIT uses the four (4) OSEP determination categories to make these determinations.The enforcement actions and sanctions applied to ESIT are applied to all contractors. Before the status determinations are made, ESIT notifies the ESIT Part C provider of any findings of noncompliance. ESIT reports to the public the performance of each provider, a review of each program’s performance against targets in the State’s SPP/APR within 120 days from when ESIT submits the APR to OSEP.

Dispute Resolution
The timely administrative resolution of complaints occurs through established mediation, complaint, and due process hearing procedures. Monitoring the use of these dispute resolution options assists ESIT in identifying noncompliance and other systemic issues. By following each procedure's required steps and timelines, the resolution of any dispute will occur in a timely manner. Families are made aware of their dispute resolution options throughout their participation in the early intervention program. ESIT has a system in place to track and monitor complaint, mediation and due process dispute resolution activities. Parent identified issues are typically resolved through informal procedures rather than the formal dispute resolution options that are available to them.

Biennial Local Team Self-Assessment Process
Each Part C provider self-assessment team (comprised of early intervention providers, family resources coordinators and administrators who supervise providers) is required to complete the self-assessment biennially through a review of children's records. In addition, each contractor is now required to complete a portion of the Local Child Outcomes Measurement System Self-Assessment (LCOMS-SA). Each contractor submits a Local System Improvement Plan with a minimum of one improvement activity related to the local team self-assessment results and one activity related to the LCOMS-SA. The contractor implements improvement strategies throughout the following contract year.
The self-assessment tool and process is designed to gather data from each contractor on state selected data that is not available through the DMS. These data are used to substantiate compliance with IDEA and related requirements associated with each APR indicator, and to encourage the use of best practices associated with improved results for children and families. The launch of the self-assessment for the new biennium has been temporarily paused as a result of the current work on expanding and integrating the statewide monitoring system. A decision to resume the self-assessment process will be made in conjunction with the beginning of the new contract year in July 2022.

**Technical Assistance System:**

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

The Early Support for Infant and Toddlers (ESIT) program employs Technical Assistance Specialists with Part C experience to provide technical assistance to all contractors statewide. Technical assistance is provided through methods including, as needed; email and phone calls, quarterly calls, and on-site visits, depending on locally identified needs or concerns. Regional Provider meetings occur virtually once a quarter.
Meeting topics include; discussion and sharing regarding challenges, successes and evidence-based early intervention practices. ESIT provides direction through practice guides and other written materials. Technical assistance is provided on a variety of topics through webinar recordings. State and national resources are accessed through electronic sources and websites. ESIT technical assistance materials and other publications may be accessed by going to https://www.dcyf.wa.gov/services/child-dev-support-providers/esit/training.

The Technical Assistance Specialists work in collaboration with Quality Improvement Specialists (responsible for accountability and monitoring activities) and Workforce Development Specialists (responsible for development of Practice Guides and other training materials).

**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.**

Through contracts with the Early Support for Infants and Toddlers (ESIT) program, ESIT Contractors are required to ensure all early intervention programs employ qualified personnel. ESIT guidance on minimum education and state licensure/certification/registration requirements are posted on the ESIT website. This guidance information is accessible by going to https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Qualified\_Personnel\_Guidelines.pdf
The Office of Superintendent for Public Instruction and Department of Health license or certify most providers. ESIT provides a statewide training and registration system for Family Resources Coordinators (FRCs). Maintaining current FRC registration status requires meeting annual training requirements.
ESIT offers a series of required training programs for ESIT professionals. These programs are accessible through the DCYF Training Portal and support professional development and an efficient method to track training completion. These requirements apply to all new ESIT Provider Agency (EPA) and County Lead Agency (CLA) staff, including direct service providers, intake coordinators and those processing referrals, and EIPA and CLA administrators. DCYF offers training in two formats: self-paced modules and live sessions attended remotely. There are two sets of self-paced, online modules accessed independently through the Training Portal. Live training is completed with a cohort, or group of learners, using a virtual meeting platform. The overarching learning objective for these programs is to uphold the unique value and dignity of each child and family through trusting relationships as we provide strengths-based, family-centered, culturally, and linguistically responsive services using self-reflection and cultural humility.
Additional training is available to ESIT Provider Agencies upon request and through statewide offerings depending on the topic.

ESIT is a major sponsor and active participant on the planning committee for the statewide Infant and Early Childhood Conference that occurs each year. This important conference draws professionals and interested stakeholders from across the state's many early childhood programs. State and national experts from diverse early childhood backgrounds continue to be key conference and workshop presenters. This conference continues to serve as the state's key early childhood professional development event.

**Broad Stakeholder Input:**

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

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

YES

**Number of Parent Members:**

12

**Parent Members Engagement:**

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

During FFY21, the State Interagency Coordinating Council had 5 parent representatives, and the Parent Institute of Engagement had 8 members. 2 of the parent members of the SICC are also members of one or more SICC sub-committees. These stakeholder groups provided input on APR target-setting, APR data collection and the analysis of the data we collected during FFY21. Specifically, the PIE members engaged in the discussion of reasons for the increased percentage of services provided in an "other" setting and how this relates to the data trends observed for Indicators 1 and 7. The SICC members and members of the SICC sub-committees engage in monthly or quarterly meetings with their respective committees to review quantitative SSIP evaluation data, Indicator data and to assist in the development of refined stakeholder engagement processes. Together, they provide input and suggestions for improvement strategies to support implementation of short- and long-term program goals.

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

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

The program convened internal leaders to identify activities and strategies to increase the capacity of expanded groups of parents to actively engage in the ongoing development of implementation activities designed to improve outcomes for enrolled children and their families. Expanded activities to support the increased capacity of parent involvement included (a) enhancing the orientation process and increasing the number of meetings with the Parent Institute for Engagement (PIE) cohort members, (b) actively recruiting additional parent representatives to serve on the SICC Data Committee and newly formed Service Delivery Committee, and (c) expanding data analysis and evaluation activities within the annual January SICC Special Data Session to include multiple, structured small group breakout discussions at sequential intervals aligned with new indicator groupings.

Planned activities to reinforce and extend increased capacity of diverse groups of parents to support development, analysis, and evaluation of implementation activities to improve child and family outcomes during the current FFY 2021 through FFY 2022 include (a) planning and conducting formal planning meetings with the Washington State Parent Training and Information Center (PAVE), (b) enhancing connections with parent representatives from the 0-5 Preschool Development Grant committees, (c) establishing open lines of communication with Open Doors for Multi-Cultural Families to support planning and facilitation of parent engagement activities, (d) scheduling quarterly stakeholder engagement webinars spotlighting baseline, targets, progress, analysis, and evaluation metrics associated with performance Indicators C3 (Child Outcomes), C4 (Family Outcomes) and C11 (SSIP), and (d) exploring opportunity to connect and join IDEA Part B Section 619 parent engagement activities currently underway

**Soliciting Public Input:**

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

Planning and implementation for this federal expectation are in the early implementation stages. This year, we have begun our work with stakeholder groups with the goal to solicit continuous feedback on our data as well as our data collection and monitoring processes. We worked with the PIE and the State Interagency Coordinating Council and its committees to review the APR data as well as the targets we set last year. Further strategies being explored and considered include (a) adding this body of stakeholder engagement work to the existing public comment protocols and timelines associated with the annual IDEA Part C Federal Grant Application, (b) requesting dedicated time quarterly on existing state advocacy agendas (i.e. PAVE, WeeCare Coalition, ECDAW), (c) connecting SICC Chair with Chair of the Washington State Early Learning Advisory Committee to plan joint cross-teaming stakeholder engagement webinars twice annually, (d) creating and publishing a State Performance Plan Quarterly Briefing (info-graphic style) to share progress, an invitation to join existing stakeholder engagement events, and to solicit input and public commentary, and (e) integrating this body of work into the existing Circles of Engagement activities underway with the Blue Print for Planning and Designing an Effective Monitoring System.

**Making Results Available to the Public:**

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

The primary mechanism and timeline for making the results of the target setting, data analysis, development of improvement strategies, and evaluation will be through development and publication of the State Performance Plan Briefing on a quarterly basis with an expanded State Performance Plan Progress Update semi-annually. In addition to these mechanisms, we also post the APR and the SSIP to our website annually to make it available to stakeholders.

**Reporting to the Public:**

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

The Early Support for Infants and Toddlers Program made the following items available to the public on the program website under the subsection "DMS Publications" at
https://www.dcyf.wa.gov/services/child-dev-support-providers/esit/dms

• Annual Performance Report (APR)
• SPP/APR ESIT Provider Agency Data Profiles FFY17-20
• 618 Data Tables

Information on how these reports could be accessed was emailed to our SICC, contractors, and other stakeholders.

On June 22, 2022, the Office of Special Education Programs (OSEP) FFY 2020 Determination Letter notified the director of the Washington State Department of Children, Youth, and Families (DCYF), the State Lead Agency for Part C, that the Washington State Part C program met requirements of Part C of the IDEA.

## Intro - Prior FFY Required Actions

The State has not publicly reported on the FFY 2019 (July 1, 2019-June 30, 2020) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA. With its FFY 2021 SPP/APR, the State must provide a Web link demonstrating that the State reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2019 and FFY 2018 and FFY 2017. In addition, the State must report with its FFY 2021 SPP/APR, how and where the State reported to the public on the FFY 2020 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

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

We have re-posted the FFY17, FFY18 and FFY19 performance reports (Report Cards) for each EIPA on our website. In addition, we have posted the FFY20 performance reports (re-named Data Profiles) for each local EIPA. The web link is located at https://www.dcyf.wa.gov/sites/default/files/pdf/esit/FFY20APR-dataprofiles.pdf under the section titled "ESIT DMS Publications".

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.93% | 96.90% | 97.34% | 98.22% | 99.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,572 | 5,840 | 99.00% | 100% | 98.87% | 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.***

202

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

After analysis of the late reasons that were identified as "late, other" four categories of late reasons were identified. The four categories are staffing shortages tied to the increased number of children served, delays due to provider illnesses and circumstances related to the COVID-19 pandemic, unwillingness of families to participate in tele-health services, as well as late due to administrative and provider agency scheduling errors. The late reasons identified as "exceptional family circumstances" fall under two main categories: family illness and family cancelling appointments due to scheduling conflicts or weather. During the SICC Special Session in January 2023, program staff in attendance also shared that there are a lot of parent no-shows and that they are investigating why families choose not to participate in services. Some programs are looking to develop a policy that addresses these no-shows. One other reason for delayed service delivery is the availability of interpreters to attend meetings with the families, or scheduled interpreters do not show up for the appointments.

**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).**

Washington State’s criteria for timely receipt of early intervention services requires the provider agency to conduct an initial evaluation and assessments and the initial IFSP within 45 days from the date the provider agency received the referral. The provider then has to provide a timely review IFSP at least 6 months after the issue date of the initial IFSP or 6 months after the issue of the annual IFSP. The early interventions services listed on the IFSP must start within 30 days from the IFSP date or have a planned start date set in the future (beyond 30 days from the IFSP date). When a future planned start date is set, the actual service must start on or before that date.

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

State database

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

Data were collected from January 1 through March 31, 2022, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2022, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

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

In FFY 2021, less than 2% of IFSPs entered in the state database during the compliance monitoring period were late. We recorded a decrease of 0.13% in the number of toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner. The data collected for Indicator 1 was presented to the State Interagency Coordinating Council's Data Committee and discussed at regional provider meetings in November of 2022. In addition to these discussions, our Technical Assistance team in collaboration with the Quality Improvement Specialists provided support to programs who had noticeable decreases in the timeliness of services provided.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 52 | 52 | 0 | 0 |

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

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

The ESIT program verified that those EIS provider agencies that had findings of noncompliance in FFY2020 are correctly implementing the regulatory requirements consistent with the requirements outlined in OSEP Memo 09-02.
ESIT staff, County Lead Agency (CLA) administrators, Early Intervention Provider Agency (EIPA) Administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data. From the date the CLA and EIPA received a finding letter for noncompliance, the CLA and EIPA had one year to correct identified non-compliance for each indicator not meeting 100%. Each CLA/EIPA reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met. To verify that noncompliance was correctly addressing the regulatory requirements, each CLA/EIPA reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The CLA/EIPA then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected. If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the CLA/EIPA that they must develop a CAP. During FFY20, no ESIT Contractor met the criteria for needing a CAP for findings of noncompliance issued for Indicator 7.

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

ESIT staff verified the correction of all 52 individual incidences of non-compliance through the ESIT data management system (DMS). The DMS provides a service start date, and an actual start date for each service on a child's IFSP. If a service was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family. The Accountability and Quality Improvement Team worked directly with the Early Intervention Provider Agency to verify that child-level data was entered accurately in the data management system and that instances of "late, other" delays were corrected and children for whom the service started late are now receiving services as indicated on their current IFSP.

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

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

## 1 - Prior FFY Required Actions

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

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

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

In FFY2020 we identified 52 findings of noncompliance, 52 of which were verified as corrected within one year from the issue date. Our Accountability and Quality Improvement (AQI) team worked with each EIPA that did not meet 100% compliance to identify the reasons for the late delivery of services. The AQI team verified for each instance of noncompliance that the contractor made the appropriate corrections consistent with OSEP Memo 09-02.

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

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

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

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 48.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 93.00% | 93.25% | 93.50% | 95.00% | 95.00% |
| Data | 95.54% | 96.21% | 95.71% | 95.99% | 96.57% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.10% | 95.20% | 95.30% | 95.40% | 95.50% |

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 9,355 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 9,910 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,355 | 9,910 | 96.57% | 95.10% | 94.40% | Did not meet target | Slippage |

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

In FFY2021, the percentage of infants and toddlers with IFSP who primarily receive early intervention services in the home or community-based setting decreased by 2.17% compared to FFY2020, missing the target by 0.7%. We identified 5 contractors where the amount of children served in an “other” setting was significantly below the state set target of 95.10%. Our Quality Improvement Specialists and the Technical Assistance Team have been working with these 5 providers and identified several reasons why families are being served outside of their natural environment. These reasons are circumstances related to the COVID-19 pandemic and the COVID protocols, staffing shortages and terminations due to vaccine mandates, increased number of referrals and demand resulting in utilization of clinical space to meet schedule timelines, family resistance to in home services, lack of community playgroups and library time being offered, and clerical errors during data entry. Families shared that they were financially impacted due to the pandemic resulting in families double or tripling up with other family members or friends to meet their financial responsibilities. This had a direct impact on providers' ability to provide services in the home.

Our teams continue to work with contractors to develop plans and strategies that will enable providers to deliver services in the natural environment.

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

We discussed our data trends with the attendees of the January 2023 State Interagency Coordinating Council Special Session. During these discussions, attendees elaborated on the challenges local programs are facing to provide services in the natural environment. Families are reluctant to have service providers visit their homes because they feel safer receiving services in a clinic rather than having a therapist who had been travelling from home to home come to their houses. Additionally, families continue to be conscious about possibly exposing their children and other families to COVID-19. They feel more comfortable coming to a clinic where the possible exposure to the virus is limited. Another problem that programs are facing is that many daycares and libraries are not allowing staff to use their facilities as they are still limiting access.

## 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**

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2013 | Target>= | 56.70% | 56.80% | 58.25% | 58.50% | 58.50% |
| **A1** | 56.21% | Data | 55.69% | 56.74% | 59.06% | 61.11% | 55.63% |
| **A2** | 2013 | Target>= | 55.50% | 55.75% | 56.00% | 56.00% | 56.00% |
| **A2** | 54.77% | Data | 53.71% | 53.54% | 55.40% | 55.22% | 58.32% |
| **B1** | 2013 | Target>= | 65.50% | 65.75% | 66.00% | 66.25% | 66.25% |
| **B1** | 65.11% | Data | 64.96% | 65.22% | 66.32% | 67.58% | 60.59% |
| **B2** | 2013 | Target>= | 57.40% | 57.60% | 57.80% | 57.80% | 57.80% |
| **B2** | 56.79% | Data | 50.43% | 51.96% | 52.27% | 51.22% | 51.41% |
| **C1** | 2013 | Target>= | 69.00% | 69.25% | 69.50% | 69.50% | 69.50% |
| **C1** | 68.26% | Data | 66.04% | 66.29% | 67.25% | 69.23% | 65.26% |
| **C2** | 2013 | Target>= | 58.75% | 59.00% | 59.35% | 59.35% | 59.35% |
| **C2** | 58.17% | Data | 53.71% | 55.04% | 55.51% | 54.84% | 56.37% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 58.75% | 59.00% | 59.25% | 59.50% | 59.75% |
| Target A2>= | 56.25% | 56.50% | 56.75% | 57.00% | 57.25% |
| Target B1>= | 66.50% | 66.75% | 67.00% | 67.25% | 67.50% |
| Target B2>= | 58.00% | 58.25% | 58.50% | 58.75% | 59.00% |
| Target C1>= | 69.75% | 70.00% | 70.25% | 70.50% | 70.75% |
| Target C2>= | 59.50% | 59.75% | 60.00% | 60.25% | 60.50% |

 **FFY 2021 SPP/APR Data**

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

6,805

**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 | 73 | 1.07% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,843 | 27.08% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 775 | 11.39% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,592 | 23.39% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,522 | 37.06% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,367 | 4,283 | 55.63% | 58.75% | 55.27% | Did not meet 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 | 4,114 | 6,805 | 58.32% | 56.25% | 60.46% | Met target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 80 | 1.18% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,950 | 28.66% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,180 | 17.34% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,080 | 30.57% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,515 | 22.26% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 3,260 | 5,290 | 60.59% | 66.50% | 61.63% | Did not meet target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 3,595 | 6,805 | 51.41% | 58.00% | 52.83% | Did not meet target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 72 | 1.06% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,697 | 24.94% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,071 | 15.74% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,384 | 35.03% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,581 | 23.23% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 3,455 | 5,224 | 65.26% | 69.75% | 66.14% | 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 | 3,965 | 6,805 | 56.37% | 59.50% | 58.27% | Did not meet target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 10,336 |
| 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. | 4,012 |

| **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.**

Providers use formal and informal assessment and evaluation tools to collect information to inform the child outcomes ratings at entry and exit. This might also include observation, parent/caregiver interview and other methods of collecting information about a family’s strengths, priorities, and cultural practices/values/expectations. The Washington COS decision tree is used by the full team, including the parent, to determine descriptor statements for each outcome area.

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

In FFY 2020 we saw an increase in the percentages for Indicator 3A2, 3B1, 3B2, 3C1, and 3C2. We also observed several COVID-related factors that led to us missing the targets for indicator 3 data. These factors continue to have an impact since data are longitudinal and some portion of the child's service or data collection for many of the kids that is reflected in the FFY2021 data was still during the COVID pandemic. Following the COVID pandemic, our program experienced and increase in enrollment which led to a slightly different group of children receiving services. We recently made updates to the qualifying diagnosis table which could also impact our data as it could have led to more children with more serious congenital conditions to qualify.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2019 | Target>= | 83.00% | 83.25% | 83.50% | 83.50% | 83.50% |
| A | 89.87% | Data | 75.72% | 79.17% | 79.53% | 89.87% | 84.88% |
| B | 2019 | Target>= | 91.00% | 91.25% | 91.50% | 91.50% | 91.50% |
| B | ###C04BBASEDATA### | Data | 81.86% | 85.60% | 85.87% | 92.16% | 90.56% |
| C | 2019 | Target>= | 87.00% | 87.25% | 87.50% | 87.50% | 87.50% |
| C | 86.89% | Data | 80.07% | 85.10% | 84.90% | 86.89% | 81.59% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 85.00% | 88.00% | 89.00% | 89.50% | 90.00% |
| Target B>= | 91.75% | 92.00% | 92.25% | 92.50% | 92.75% |
| Target C>= | 87.75% | 88.00% | 88.25% | 88.50% | 88.75% |

**Targets: Description of Stakeholder Input**

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 2,952 |
| Number of respondent families participating in Part C  | 1,101 |
| Survey Response Rate | 37.30% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 833 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 966 |
| 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 | 964 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 1,070 |
| 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 | 798 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 943 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 84.88% | 85.00% | 86.23% | 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) | 90.56% | 91.75% | 90.09% | Did not meet target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 81.59% | 87.75% | 84.62% | Did not meet 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 infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

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

Analysis of FFY2021 Family Outcomes Survey data showed that the respondents represent the population in most ways. The largest difference we noted was an over-representation of the white population by 4.0%, which is a decrease of 0.1% from the previous year's survey results. The Hispanic Population was under-represented by approximately 2.8%, which is a significant change from the previous year. In FY2020, the Hispanic population was under-represented by 4.2%. The data for all other groups (gender, age, race and ethnicity) was representative of the families served in FFY 2021.

In FFY2020, we noticed that less than 50% of Hispanic families have an email address on file, therefore they were less likely to receive the electronic version of the survey. We have since increased our efforts to train staff to ask for e-mail addresses of the families they work with. As a result of the additional training, we noticed more Hispanic families now have an e-mail address on file and we were able to send surveys electronically to these families. We believe that this is one of the main reasons we were able to close the gap between the over-representation of the White population and the under-representation of the Hispanic population. Our data showed that 46% of returned surveys were completed on the Web, and that there was a significant increase in Web surveys returned by Hispanic families.

Strategies to ensure that the future response data is representative of Hispanic families are to continue to emphasize the importance of obtaining an email address for families and recording it in the Data Management System (DMS). Furthermore, we have changed the sequence in which phone interviews are being conducted. Hispanic families now receive phone calls soon after the survey is sent via mail and email. Moving forward, phone interviews with Hispanic families will continue to be prioritized to have more opportunities to contact these families during follow up calls.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 41.76% | 37.30% |

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

Our response rate to the Family Outcome Survey declined in FFY2021 from 41.76% to 37.30%, a total decrease of 4.46%. We believe that the main reason for the decline in the response rate was the shortened timeline from the mailing of the survey to the recording of the responses. To address this decline in response rate, we plan to change the survey timing to the spring, which will allow us to miss the holidays, and will leave the survey open for longer. We will continue to contact eligible families via mail, email, and telephone. In addition to sending 2 paper surveys, we are sending 1 postcard reminder, 3 emails and follow up with telephone calls. Telephone calls are made in English and Spanish, and we are planning to contract a translator service to facilitate phone calls in additional languages spoken by families in our state.

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

Analysis of the response rate did not identify any nonresponse bias. The decline in the response rate is attributed in large to the short turn-around time between mailing the survey and recording the responses. Surveys were sent to families in November 2022 and the surveys closed in December, giving us just short of 4 weeks to collect responses. These 4 weeks encompassed the holidays where families travelled, and mail delivery historically slows down. We were able to compensate the short turn-around with additional follow up emails and phone calls that led to an increase in the responses collected through the Web compared to the previous year.

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

The demographics of families responding to the survey are representative to the demographics of infants, toddlers and families enrolled in the Part C program with exception of the over-representation of White families. The difference here is +/- 4%, which is +/- 1% higher variance than the established threshold of +/- 3% that determines representativeness. We noticed that some of our programs did not receive any responses to the survey sent out to families in their service area. In FFY2023 we plan on increasing the sample size to include more families who have been receiving services. Furthermore, we will be sending the survey in the third quarter of the program year and aim to send the survey to families who recently received services in hopes to increase the response rates for all of our programs.

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

The metric used to determine representativeness is +/- 3% discrepancy.

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

Family involvement and feedback are cornerstones of Washington's Part C program, and it is our goal to increase the response rate to the Family Outcomes Survey in FFY2022. First steps we have taken to achieve this goal is to plan survey distribution for the Spring of 2023. Moving the survey administration to the third quarter of the program year will allow us to target more families, and to allow for a longer turn-around time from mailing the survey to closing it. An increase in sample size, the ability to specifically target families that have been historically under-represented and to work with translator services to reach families that may not be literate will help us increase the response rate, and close the gap between over-representation of White families and under-representation of Hispanic families.

## 4 - Prior FFY Required Actions

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

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

The demographics of families responding to the survey are representative to the demographics of infants, toddlers and families enrolled in the Part C program with exception of the over-representation of White families. The difference here is +/- 4%, which is +/- 1% higher variance than the established threshold of +/- 3% that determines representativeness. We have been making great progress in "closing the gap" and reducing the under-representation of Hispanic families. We will continue to focus our efforts on collection of email addresses for as many families as possible who are receiving services through Part C. For FFY2022, we plan to emphasize phone calls and follow up emails to Hispanic families early on in the process, to allow more time to reach these families and solicit their feedback to the Family Outcomes Survey.

## 4 - OSEP Response

## 4 - Required Actions

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

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.51% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.89% | 0.92% | 0.96% | 1.21% | 2.00% |
| Data | 1.44% | 1.63% | 1.95% | 2.04% | 2.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.10% | 2.20% | 2.30% | 2.40% | 2.50% |

Targets: Description of Stakeholder Input

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 1,904 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 81,060 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,904 | 81,060 | 2.00% | 2.10% | 2.35% | Met target | No Slippage |

**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.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.79% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.43% | 2.49% | 2.55% | 2.80% | 3.00% |
| Data | 2.77% | 2.99% | 3.43% | 3.72% | 3.31% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.10% | 3.20% | 3.30% | 3.40% | 3.50% |

Targets: Description of Stakeholder Input

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 9,910 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 253,126 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,910 | 253,126 | 3.31% | 3.10% | 3.92% | Met target | No Slippage |

**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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 85.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 91.90% | 91.43% | 90.77% | 94.78% | 96.17% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,086 | 2,814 | 96.17% | 100% | 93.64% | Did not meet target | Slippage |

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

In FFY 2021 we saw a decrease of 2.53% 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. The data collected for Indicator 7 was presented to the State Interagency Coordinating Council's Data Committee and discussed at regional provider meetings in November of 2022. In addition to these discussions, our Technical Assistance team in collaboration with the Quality Improvement Specialists provided support to programs who had noticeable decreases in the timeliness of initial evaluations and assessment and initial IFSP meetings conducted. After analysis of the late reasons that were identified as "late, other" four categories of late reasons were identified. The four categories are staffing shortages tied to the increased number of children served, delays due to provider illnesses and circumstances related to the COVID-19 pandemic, unwillingness of families to participate in tele-health services, as well as late due to administrative and provider agency scheduling errors.

**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.**

549

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

After analysis of the late reasons that were identified as "late, other" four categories of late reasons were identified. The four categories are staffing shortages tied to the increased number of children served, delays due to provider illnesses and circumstances related to the COVID-19 pandemic, unwillingness of families to participate in tele-health services, as well as late due to administrative and provider agency scheduling errors.

**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 January 1 through March 31, 2022, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2022, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 91 | 91 | 0 | 0 |

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

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

The ESIT program verified that those EIS provider agencies that had findings of noncompliance in FFY2020 are correctly implementing the regulatory requirements consistent with the requirements outlined in OSEP Memo 09-02.
ESIT staff, County Lead Agency (CLA) administrators, Early Intervention Provider Agency (EIPA) Administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data. From the date the CLA and EIPA received a finding letter for noncompliance, the CLA and EIPA had one year to correct identified non-compliance for each indicator not meeting 100%. Each CLA/EIPA reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met. To verify that noncompliance was correctly addressing the regulatory requirements, each CLA/EIPA reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The CLA/EIPA then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected. If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the CLA/EIPA that they must develop a CAP. During FFY20, one ESIT Contractor met the criteria for needing a CAP because the program was unable to demonstrate that regulatory requirements were consistently and systemically implemented.

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

ESIT staff verified the correction of all 91 individual incidences of non-compliance through the ESIT data management system (DMS). The DMS provides a referral date, an Initial IFSP due date and the actual date the Initial IFSP was issued for every new IFSP. If an Initial IFSP was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family. The Accountability and Quality Improvement Team worked directly with the Early Intervention Provider Agency to verify that child-level data was entered accurately in the data management system and that instances of "late, other" delays were corrected and children for whom the IFSP was issued late have received timely review and annual IFSPs.

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

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

## 7 - Prior FFY Required Actions

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

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

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

The State did not identify any individual instances of noncompliance in FY2020 that were not corrected within one year. Currently, our Accountability and Quality Improvement (AQI) team is working with the contractor that was unable to demonstrate systemic implementation of compliance and a corrective action plan is being implemented by the county lead agencies (CLA). One CLA has reported that the contractor was able to verify a two-week period of time where 100% compliance was demonstrated. The other CLA is still providing intensive technical assistance, training and support to the Early Intervention provider agency to achieve systemic implementation of compliance regulations.

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

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

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 76.00% |

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

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,283 | 1,283 | 100.00% | 100% | 100.00% | Met 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.**

0

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

**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 January 1 through March 31, 2022, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2022, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

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

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

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

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

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

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 95.00% |

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

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,220 | 1,220 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

NA

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

The ESIT Data Management System (DMS) business rules requires ESIT Part C provider agency administrators, family resources coordinators (FRCs), and service providers to document in the DMS if a child was potentially eligible for Part B. ESIT, the state lead agency (SLA), generates notifications from the DMS to the state education agency(SEA) and local education agency (LEA).

LEA Notification. Potential eligibility for Part B special education documentation resulted in the DMS generating notifications. The DMS sent an automated electronic notification to all LEAs informing them of potentially eligible toddlers that would soon be transitioning from early intervention.

SEA Notification. ESIT staff manually sent the required notification to the SEA data manager. SEA and LEA notifications occur monthly. Because of the structure of the DMS, individual instances of noncompliance could not occur regarding this indicator.

**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 from January 1 through March 31, 2022, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

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

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

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

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

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

## 8B - Prior FFY Required Actions

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

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

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

The Washington State ESIT Program reported 100% compliance for Indicator 8B in FFY2020. We did not identify any findings of non-compliance during the prior FFY, therefore there is no correction to report on.

## 8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 80.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.52% | 96.96% | 97.20% | 95.15% | 93.96% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 924 | 1,220 | 93.96% | 100% | 92.48% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

While maintaining a relatively high level of compliance in FFY 2020, slippage occurred and the percentage of toddlers exiting Part C, where a transition conference occurred at least 90 days prior to the child’s third birthday dropped from 93.96% in FFY20 to 92.48% in FFY21. This is a decrease of 1.48%.

After analyzing the data and speaking with school district staff and EIPAs, we identified challenges in the communication between our programs and the corresponding school districts. School districts also elaborated on the difficulties associated with access to data through our ESIT.Web portal that led to delays in scheduling transition conferences with families and EIPAs.

We also want to note the challenges around availability of the families to participate in these meetings. Families were facing challenges with illness, childcare and access to technology to participate in virtual meetings. While this is not a factor that directly impacts the results of this indicator, it did increase difficulties with scheduling conferences in a timely manner.

ESIT staff has been working on creating training and providing technical assistance guidance for FRCs and school districts on data entry of transition conferences that are delayed or cancelled due to COVID-19 related challenges and appropriate documentation of the late reasons (late other and exceptional family circumstances). Furthermore, we are working on developing communication protocols for our programs as well as guidance documents for school districts who are experiencing challenges with accessing reports in our data management system.

Other efforts to ensure timely transition conference meetings is the implementation of virtual conferences in partnership with the school districts.

**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.**

89

**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.**

122

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

After analyzing the data we identified 2 main reasons for delay attributable to exceptional family circumstances. These reasons are family illness and families having scheduling conflicts and cancelling transition conferences.

**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 January 1 through March 31, 2022, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2022, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 172 | 172 | 0 | 0 |

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

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

The ESIT program verified that it corrected all findings of noncompliance identified in FFY 2020, consistent with the requirements in OSEP Memo 09-02.
ESIT staff, ESIT Part C provider agency administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data.
From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met
To verify that noncompliance was correctly addressing the regulatory requirements, each provider agency reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.
If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the contractor that they must develop a CAP. During FFY20, no provider agency met the criteria for needing a CAP.

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

ESIT staff verified correction of all 172 individual incidences of non-compliance through the ESIT data management system (DMS). The DMS provides a transition conference due date and an actual date when the transition conference occurred for each child record required to have a transition conference. If a transition conference was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family. Specifically, staff ensured that all transition conferences marked as "late, other" were held and that determinations were made for eligibility to Part B services.

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

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

## 8C - Prior FFY Required Actions

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

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

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

All 172 findings of non-compliance identified in FFY2020 were corrected in the subsequent year, consistent with OSEP Memo 09-02. The state has verified that each EIS program with noncompliance identified in FFY 2020 has correctly implemented the regulatory requirements based on a review of updated data derived from the State data system by the Accountability and Quality Improvement Team. Specifically, the State's AQI Team in collaboration with the Technical Assistance Team have worked with each individual contractor through desktop monitoring of data entered in the State's data management system to verify 100% compliance within a 2-week sampling timeframe of Indicator 8c data.

## 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8C - Required Actions

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

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

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

The reason this indicator is not applicable is that we use Part C due process hearing requirements and not Part B due process hearing requirements.

## 9 - Prior FFY Required Actions

The State must clarify whether it has adopted Part C due process procedures under section 639 of the IDEA, or Part B due process procedures under section 615 of the IDEA, and ensure consistency between the IDEA dispute resolution survey response and reporting in this indicator in the FFY 2021 SPP/APR.

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

Washington uses Part C due process procedures under section 639 of the IDEA. Therefore, resolution sessions are not applicable to Washington.

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  | 0.00% |  | .00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  | 0.00% |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

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

NO

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

NO

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

NO

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

https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESIT-ssip2022-Theory-of-Action.pdf

Progress toward the SiMR

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 56.21% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 58.75% | 59.00% | 59.25% | 59.50% | 59.75% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sum of children who improved functioning to a level nearer to same-aged peers but did not reach it (c) and those who improved function to reach a level comparable to same-aged peers (d). | all children except those who started at a level comparable to same-aged peers and maintained that function (e) | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 2,367 | 4,283 | 55.63% | 58.75% | 55.27% | Did not meet target | No Slippage |

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

ESIT Data Management System

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

SiMR data is collected within ESIT's Data Management System via direct input from providers in the field. The data is then collected via Data Management System reporting as an Excel spreadsheet for data cleaning. The usage of the COS rating process relates to how the SiMR data is collected. COS rating data are pulled from ESIT’s DMS for the current Federal Fiscal Year and contain data elements such as Service Area, Entry and Exit scoring, COS Type, and scoring metrics. These data are cleaned and placed into pivot tables to allow for customization and further analysis. Data are analyzed to examine the % at an age-expected (AE) level as demonstrated by COS ratings of 6 or 7 and N for those at an AE level (with COS ratings of 6 or 7). AE % and AE N values are computed both at entry and exit. The pivot table also includes the N and % in each of the five Progress Categories; and the % on Summary Statement 1 (SS1) for each child. Analysis involved looking at the particular FFY by itself and across multiple years and looking at trending data of entry/exit ratings and then comparing those percentages to the specific SS1% for each year. This analysis shows the trending data per outcomes and years and compares to SS1% to give a view of how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted. Important to note is that the data included for the SiMR is statewide data and most of the implemented SSIP activities, strategies, and practices have been with a smaller group of implementation sites. The SiMR only includes outcome A from indicator three and more details about data analysis are included in the narrative above for indicator three.

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

YES

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

This year the SLA continued to collect data to measure progress towards outcomes. Implementation sites continued to receive training opportunities in all levels of Promoting First Relationships (PFR), the evidenced based practice being implemented in Washington. Implementation sites continued to complete observations and self-assessments using the Home Visit Rating Scales (HOVRS). The results were collected to measure the implementation of PFR, specifically related to the facilitation of the caregiver-child interaction and collaboration with caregivers as partners. The SLA continues to analyze COS data entered into the DMS by providers statewide with a focus on the distribution of COS entry ratings of six and seven. The focus on these ratings is to consider if greater understanding of social-emotional functioning helps providers and teams identify children’s challenges in social-emotional functioning earlier, leading to more accurate COS ratings. Data also continues to be collected as new providers statewide complete introductory COS training modules and demonstrate their understanding through a quiz. The SLA collected updated COS-TC data from implementation sites to measure COS teaming practices. The COS-TC is designed to assist with improving team collaboration and partnership skills during the COS process. Having higher COS-TC scores may assist with providers’ abilities to make more accurate COS ratings, which may lead to an increase in SS1. Overall, the SLA is analyzing COS ratings and SS1 trends statewide. More in-depth analyses are expected during the upcoming reporting year to assess the continued impact of SSIP activities on the SiMR. The SLA is also considering the impact the COVID-19 pandemic may have on overall results, implications, and next steps. The SLA will include stakeholders when reviewing analysis results and will gather feedback regarding results, implications, and decision making for future planning.

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

NO

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

YES

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

The SLA gathered feedback from agencies regarding the impact of COVID-19 on SSIP activities. The information discussed in the next two paragraphs was gathered from ESIT agencies by the DCYF ESIT Technical Assistance team and the DCYF ESIT Accountability, Quality and Improvement team. The impact of COVID-19 on data quality and services varies across the state. Some agencies reported that due to COVID-19 and other illnesses, there have been increased cancellations of services and barriers with making up sessions, while other agencies reported a decreased gap in services due to families being more supporting of virtual services. Other challenges reported include staffing issues, such as, loss of high-quality staff, limited availability of staff, difficulties with training new staff on PFR, and the time commitment to complete trainings. However, the SLA also received feedback that having virtual opportunities has increased training accessibility. Additional feedback regarding the impact of COVID-19 relates to challenges with staff burnout, access to resources, funding implications, supporting multiple platforms to serve families, and staffing issues. While some agencies reported continued difficulties due to COVID-19, another agency reported being fully operational with no challenges or barriers impacting SSIP activities. Staffing issues may impact data quality in various ways, such as, not having enough staff to complete necessary services or not having adequately trained staff due to staff turnover.

The SLA received feedback that due to COVID-19, there were decreased opportunities for social engagement, which has likely impacted peer socialization and development. This may have impacted the SiMR due to decreased social opportunities for children and families receiving ESIT services. Additional feedback the SLA received was that some staff increased their skills with coaching and improved their abilities to provide coaching practices virtually, however, the difference between virtual interactions and in-person social engagement may continue to impact relationships. Due to COVID-19, some families are still preferring visits outside of the home and providers are having to provide more education around ESIT services and natural environments. Some agencies reported receiving increased referrals regarding social-emotional needs, as well as providers noticing this need even when children are referred for other reasons. The SLA received feedback that the impact of COVID-19 still impacts scheduled appointments and impacts the timelines for IFSPs, which can also impact funding and data quality. There continues to be reports of challenges centering around decreased social opportunities for children and families, which likely continues to impact the SiMR.

During the January 2023 State Interagency Coordinating (SICC) meeting, attendees participated in a discussion on the impact of COVID-19 on services and the impact of SSIP activities on SS1. The information discussed in the next two paragraphs was gathered from this SICC meeting. Stakeholders discussed how there have been less opportunities for social interaction as well as increased family stress and decreased resources, all impacting services and SS1. Participants discussed how during COVID-19, parents and caregivers had increased expectations to implement interventions and supports around social-emotional skills, which may have been challenging for many families due to lack of support and resources. Increased isolation and possible developmental regressions have also likely impacted SS1. Additional feedback centered on challenges with virtual settings, such as, difficulties with building rapport with families and concerns with accuracy of telehealth assessments. These issues may also have an impact on data quality. Stakeholders provided feedback on how due to staff turnover, it’s unclear the impact that SSIP may have on SS1 due to less staff being trained and the availability of training opportunities. Participants also discussed how newer staff might not fully understand social-emotional functioning and development due to not having more in-depth training. Stakeholders discussed the concerns around modality of services potentially impacting SS1. By moving SSIP activities statewide, the SLA intends to have more staff adequately trained across the state to increase data quality accuracy and continuity of services, which will hopefully lead to achievement of the SiMR.

During the pandemic, some participants reported improvements to practice due to SSIP and received more training centered on social-emotional development. Some participants mentioned that due to virtual services, providers have increased abilities to be more reflective with parent coaching and have improved skills. Feedback during the January 2023 SICC meeting specifically from some SSIP implementation sites centered on how SSIP activities have impacted SS1. Agency leadership members from SSIP implementation sites provided information on how these activities have improved provider capacity with identifying social-emotional needs and increased skills to work with families and children in this area. Participants also provided information on use of the COS decision tree and how providers may complete it differently, possibly impacting COS ratings. Some participants expressed concerns with the accuracy of COS entry scores and discussed how increased training for providers may impact SS1. The SLA will continue to evaluate COS data to examine trends and potential concerns. This may have been related to COVID-19 and increased staff turnover, resulting in newer staff who may not have received the same level of training. The SLA received feedback that due to staff turnover, different providers may be completing the entry and exit scores, also impacting SS1. As SSIP moves towards statewide sustainability, more providers will be trained, likely leading to more accurate COS ratings. Another concern that participants discussed was that some services were not provided in natural environments during COVID-19, which may also impact the accuracy of COS ratings. The SLA plans to provide additional training on the COS-TC to assist with improving COS teaming practices and more targeted COS training when appropriate. Overall, feedback continues to vary regarding the impact of COVID-19 on data quality, SSIP activities, and overall EST services. Agencies have reported both positive and negative impacts of COVID-19 on ESIT services. The SLA expects that by moving toward statewide sustainability and expanding training activities, including implementing PFR with fidelity, that the child outcomes data for indicator C3A SS1 will begin to show improvement in future years.

Section B: Implementation, Analysis and Evaluation

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

https://www.dcyf.wa.gov/sites/default/files/pdf/reports/AttC-ESIT-ActionPlan2023.pdf

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

NO

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

SSIP implementation sites were historically organized within three cohorts and comprised of 15 implementation sites. SSIP activities and improvement strategies were initially selected to create positive and sustainable progress for children’s social-emotional development. Washington’s work to improve its infrastructure has focused on a comprehensive system for training and technical assistance (PD & TA), a quality data system (Data System), clarifying roles and responsibilities of the SLA and contractors (Governance), and improving the statewide child outcomes measurement system (Accountability). This year, Washington focused on sustainability of SSIP activities with a shift in moving SSIP training, activities, and data collection statewide to increase equitable opportunities for all ESIT providers. The SLA is creating a plan for statewide implementation and sustainability, which includes evaluating SSIP data, and updating SSIP outcomes, hypotheses, and activities. The SLA created an internal SSIP Collaboration workgroup to support the SSIP. This group consists of members from the DCYF OIAA team, Technical Assistance team, Accountability and Quality Improvement team, and agency leadership members. This group is collaborating to provide input and support statewide implementation and sustainability and will incorporate stakeholder feedback and update supporting documents. By moving SSIP towards statewide sustainability and increasing training opportunities for ESIT providers, the SLA hopes to have more widespread impact across the state and a stronger influence on the SiMR.

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward a more Comprehensive System of Personnel Development (CSPD) continued during 2022 and more details are provided in the stakeholder section. The SLA continued supporting the use of Promoting First Relationships (PFR) by expanding opportunities statewide. From January 2022 to December 2023, training was provided to 67 providers at Level One, eight providers at Level Two, and one provider at Level Three. The SLA supported advanced PFR booster training opportunities for providers and statewide training for PFR Level's Two and Three. During the current reporting year, 15 providers have participated in the booster sessions. This year the SLA also heavily focused on planning the statewide expansion of training activities and created a training survey to gather feedback and improve training. These decisions and planning sessions will lead to updated activities for next year.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

The SLA continued activities to grow sustainability at the local level for reflective supervision and reflective consultation. Providers across the state had access to reflective consultation groups, hosted by qualified professionals through the University of Washington. During 2022, there were 71 participants in reflective consultation groups. This opportunity expanded statewide and three more reflective consultation groups were offered. These groups provide ongoing support, reflective discussions, and shared exploration of the parallel process that occurs between relationships when working with families. Providing reflective consultation group opportunities allows for continued support for providers as they work with families to address social-emotional developmental needs of their children. The SLA offered a new intensive Neurorelational Framework (NRF) training opportunity. This opportunity had a rigorous application and selection process. Four agencies were selected to participate in this 16-session training offered over eight months. NRF training provides information on understanding brain development, focusing on the significance of relationships, and is used in both assessment and intervention practices. NRF training helps increase practitioner knowledge and capacity through shared learning and enhances the use of reflective practice skills. This advanced training contributes to the SiMR by improving providers understanding and skills related to Infant Family Relational Health. The SLA is also creating the ESIT credential, which supports Washington with growing a high-quality workforce to support children and families. The ESIT credential structure is being developed as a part of the state’s CSPD and is expected to be introduced in contracts July 2023.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA continued implementation of the COS decision tree, described in detail within previous APR reports. The SLA previously analyzed the use of the decision tree and set a rigorous yet achievable target for use. “As of September 1, 2021, 70% of FRCs/Teams will use the decision tree with 80-100% of families.” ESIT providers are expected to complete the COS modules to increase understanding of COS practices with a required 100% passing score. As of July 2021, providers are required to use the decision tree with families, but not required to complete the follow-up survey. Additional feedback about the COS process is described in the stakeholder section. SSIP implementation sites submitted additional data on the COS-TC to assess if teams are completing the COS process consistent with best practices. The SLA is exploring strategies for statewide implementation of the COS-TC. The SSIP Collaboration workgroup is exploring additional COS training and support to be implemented statewide. Agencies continued to use social-emotional assessments, including the DECA. The SLA identified a need to update the social-emotional assessment practice guide.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children’s social-emotional skills and social relationships, and improving results for children and families.

FY22-23 contracts are in place between DCYF and ESIT Provider Agencies and County Lead Agencies. Contract requirements include Performance Based Contracting (PBC), with the exception of the services delivered requirement which continues to be on hold until the new data system is in place. A diverse group of statewide partners, supported by national TA specialists was established in 2021. This workgroup aims at assisting the SLA to move toward an effective, integrated, and expanded monitoring system with result indicators. This workgroup revised the Child and Family Record Review tool, drafted the Family Centered Practice Interview tool, and developed the Onsite System Analysis Monitoring Visit and Fiscal Integrity Review components. A “Mock Onsite System Analysis Monitoring Training Visit” is scheduled for 2023. Special Ops workgroups to draft Teaming Practices and Coaching Practices will start in 2023. These tools help support SSIP work and give the SLA new ways to support providers and agencies, including identifying strengths and areas of growth so they can more effectively support and improve outcomes for children and families. The SLA will continue to assess and monitor progress regarding these infrastructure components and will include stakeholders in future discussions around decision making.

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

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

The short-term outcome (PD) measured for this strategy relates to providers understanding of PFR practices and is measured by evaluating provider responses to one question on a survey completed after PFR Level One training. The performance indicator for this outcome is 90% of participating providers report having adequate knowledge of PFR practices by rating themselves either a four or five on the post-training survey question. This outcome has been achieved in previous years and has been maintained during 2022 with 100% of providers who completed the survey rated themselves either a 4 or 5. The measurement of the intermediate outcome (PD) related to PFR uses the Home Visit Rating Scales (HOVRS) to examine the level to which providers are implementing practices to promote positive social-emotional development. This outcome continues to be achieved and maintained. On the Home Visitor Facilitation of Caregiver-Child Interaction Scale, 87% of providers received a score of five, six, or seven. On the Home Visitor Collaboration with Caregivers as Partners Scale, 81% of providers received a score of five, six, or seven. This outcome has been achieved in previous years and continues to be fully achieved with more than 80% of providers who completed the HOVRS received a score of five, six, or seven on two scales. By continuing to offer PFR and other ongoing training opportunities for learning and support, this helps to strengthen the personnel development system, assists with implementing high-quality services, and increases overall sustainability. These training opportunities support our SiMR and are focused on enhancing providers knowledge around Infant Family Relational Health practices.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

The outcomes related to this improvement strategy have been reported in previous APR reports and the SLA did not collect updated outcome data for this strategy. The SLA focused on planning for statewide sustainability, including preparing for the implementation of the ESIT credential in 2023. The ESIT SSIP Collaboration workgroup is reviewing and updating activities to be implemented next year. Although there is not a specific outcome related to reflective supervision and reflective practice activities, the SLA continued to support these efforts and expanded these opportunities statewide. These opportunities will continue to support infrastructure improvement as providers receive additional training and support with improved relationship building, more knowledge around infant mental health, and enhanced reflective practice skills, which all help support improved social-emotional functioning of families. The SLA is exploring adding an outcome regarding reflective consultation and supervision.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The short-term outcome (Accountability) measured for this strategy was that providers have improved understanding of COS quality practices. This is measured by the percentage of providers who pass a quiz after viewing training modules of the COS process. In previous years, this outcome has been achieved and the performance indicator was that 90% of providers receive a passing score of 80% on the quiz. The performance indicator has been updated to 100% of providers will receive 100% on the quiz. Overall, 157 providers completed this quiz from January 2022 to December 2022. This outcome has been achieved. The intermediate outcome (Accountability) measured for this strategy was that teams will complete the COS process consistent with best practices. This was measured by examining COS-TC scores on two separate sections. The COS-TC promotes the use of team collaboration practices for those that participate in the COS process. Part of this outcome looked at individual provider scores and the performance indicator was the 90% of providers will score 87% or better on the adapted COS-TC checklist (section II). Out of the 81 providers that submitted data, 80% received a score of 87% or better. Although this part of the indicator was not met, the results still indicate strong abilities for teams to complete COS processes. The second part of this outcome observed team scores and the performance indicator was that 90% of teams will score 87% or better for each outcome on the adapted COS-TC (section IV). There are three outcome areas for this section and 36 teams submitted data, ranging from 1-6 team members per submission. For outcome area one, 92% of providers scores 87% or better, for outcome area two, 94% of providers scored 87% or better, and for outcome area three, 89% of providers scored 87% or better. This part of the outcome was 1% away from being fully met, which indicates strong COS teaming practices. This strategy supports the SiMR by improving the quality of the COS rating process and improving teaming practices, which leads to more accurate COS ratings. Having accurate COS ratings allows IFSP teams to better plan and support the child and family’s needs. It also supports sustainability by leading to training and materials to be used by IFSP teams for ongoing COS ratings. This strategy supports scale up by building an infrastructure for quality COS rating practices to be used at all ESIT Provider Agencies. Outcomes related to the COS are also being examined this year.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children’s social-emotional skills and social relationships, and improving results for children and families.

The SLA did not collect updated data for the outcomes related to this strategy. The SLA met with stakeholders in 2019 and 2021 to measure progress on the State Child Outcomes Measurement System (S-COMS) Self-Assessment tool. The S-COMS relates to the outcome (Accountability) pertaining to having a high-quality COMS and receiving a score of at least five on the quality indicators. This was reported in previous APR reports and the outcome was partially achieved. The SSIP Collaboration workgroup is focusing on reviewing and updating SSIP activities to be implemented statewide next year. This workgroup is exploring the full use of the S-COMS Self-Assessment tool to better measure progress and areas of needs as it pertains to Washington’s COMS. Results of previous S-COMS stakeholder meetings will continue to guide work on this activity. This year the SLA focused on supporting the statewide expansion, sustainability, and implementation of SSIP. A new ESIT Evaluator started at DCYF as part of the Office of Innovation, Alignment, and Accountability (OIAA) team as of December 2022. The ESIT evaluator is assisting with providing knowledge and recommendations on SSIP data analysis, outcomes, hypotheses, and overall implementation and monitoring of SSIP activities.

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

NO

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

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward the CSPD will continue this year. This supports the outcome related to measuring Washington’s system for in-service training and technical assistance. The SSIP Collaboration workgroup is exploring the use of all 12 quality indicators within the six subcomponents of the Personnel and Workforce (PN) section of the ECTA Center System Framework to measure infrastructure improvement. The SLA expanded training opportunities statewide, which will continue throughout the next reporting year. There will be four PFR Level One trainings offered in 2023. More PFR Booster opportunities are also being offered in 2023. The outcome pertaining to PFR is expected to continue to be maintained. Training for all three PFR levels will continue to be offered and has expanded statewide. The SLA will continue to offer the Foundations of Reflective Practice training and the Foundations of Infant and Early Childhood Mental Health training series to providers statewide. Each of these training opportunities are being offered four times in 2023 in order to support statewide sustainability and to better support our SiMR, and each will offer a session in Spanish in order to support more equitable training to providers. There isn’t currently an outcome tied to these training activities, however, the SSIP Collaboration workgroup is seeking to include these training’s in the outcome revisions. A new SSIP Training Evaluation Survey was created this reporting year for all of the SSIP trainings in order to collect more in-depth data on the evaluation of SSIP trainings. This survey will be administered to providers who participate in SSIP trainings. The SLA previously required providers to participate and submit data for the HOVRS. Due to challenges with sustainability for continued statewide expansion of the HOVRS, the SLA will not require agencies to attend or submit HOVRS data after December 2022. The SLA is also looking into other tools to measure home visiting practices, such as the ESIT Competency Review Tool or other Accountability and Quality Improvement (AQI) tools that are currently being developed. The Workforce Development team will continue to focus on providing high-quality statewide support, training, and written guidance. This team will also provide ongoing training statewide on various topics, such as, functional outcomes, engaging families in the COS, COS-TC, DECA, and social-emotional assessment support.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

WA-AIMH is continuing to offer a Reflective Supervision for Supervisors training, increasing from 11 to 20 statewide openings. The University of Washington is continuing to offer Reflective Consultation groups and increased the number of available groups statewide. This infrastructure improvement activity supports providers statewide to have the capacity for personal and group reflection as they work with families. The sustainability of the local infrastructure for reflective supervision supports all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in outcomes. The SLA will continue to support WA-AIMH endorsement through scholarship opportunities at all levels. There are currently five different WA-AIMH endorsement categories that are aligned with competencies that support Infant Mental Health practices, which supports the SiMR by having a high-quality workforce able to better support the needs of children and families. The SLA is exploring the use of possible incentives to increase provider interest in obtaining endorsement. The SLA is exploring additional outcomes to be added to the SSIP pertaining to reflective supervision and consultation as well as the WA-AIMH endorsement. Continued work centered around creating an ESIT credential will continue this year. The ESIT credential is expected to be included in statewide contracts beginning July 1, 2023. The SLA is also exploring the use of the ESIT Competency Review Tool and is in the process of including it as part of the ESIT credentialing system.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA will continue to focus on training and supporting a high-quality COS process across the state. These activities will be statewide and include training, TA materials, and support for agencies to implement the COS consistent with best practices as measured by the COS-TC. The SLA will also continue to support the use of the COS decision tree. In the upcoming reporting year, the SLA is focusing on statewide implementation of the COS-TC and will include stakeholder feedback for this process. The SLA is updating the outcome pertaining to the COS-TC to expand to more COS-TC sections in order to support the use of the full checklist to improve COS teaming practices. The SLA continues to support the implementation of more in-depth social-emotional assessments and plans to update the related practice guide in order to better align with best practices and to support continuity across the state. Utilizing social-emotional evaluation and assessment tools that align with best practices will help with creating more accurate IFSP goals and is expected to support more accurate COS ratings. The SLA is also exploring the use of the DECA more in-depth in order to determine how to best support statewide use.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children’s social-emotional skills and social relationships, and improving results for children and families.

The SLA will continue to measure the Sate Child Outcomes Measurement System and the SSIP Collaboration workgroup is currently exploring the use of the full S-COMS Self-Assessment tool for ongoing improvement of Washington’s COMS. The SLA is focusing on statewide sustainability and expansion of the SSIP and after December 2022, the SLA will begin to collect data statewide. The Accountability and Quality Improvement team (AQI) is in the process of creating three monitoring tools with stakeholder input focused on coaching, teaming, and family-centered practices. These monitoring tools will help support monitoring certain SSIP activities and outcomes and will also support statewide implementation. The SSIP Collaboration workgroup is looking in-depth at the use of these tools to support statewide sustainability of the SSIP. The SLA has been working on the implementation of the Access to Child Online Records Network (ACORN) with an intended release date of July 2023. The SLA will continue to use the DMS while working with the Public Consulting Group (PCG) on the customization of a COT solution. The SLA plans to support contractors throughout this process until the migration to a new data management system is complete. The migration to a new data management system will provide support with improving data quality as the newer system design is taking into consideration feedback from stakeholders and internal team members, and thus, should have many improvements and updates compared to the DMS.

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

Promoting First Relationships (PFR)

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

Promoting First Relationships (PFR) is an evidence-based curriculum for service providers to help parents and other caregivers meet the social and emotional needs of young children. PFR is a video feedback approach grounded in attachment theory and reflective practice principles. PFR gives professionals who work with caregivers and young children (0–5) the knowledge, tools, and strategies to guide and support caregivers in building nurturing and responsive relationships with children. Participants who attend the PFR Level One training learn unique consultation and intervention strategies they can integrate into their work with families and young children. PFR can be used one-on-one with parents, in the clinic or in home, and also with childcare providers and early childhood teachers responsible for group care. Because PFR is a positive, strengths-based model, caregivers are open to the intervention and gain competence, and thus investment in their caregiving. Participants that attend the training receive curriculum, parent handouts, and training in the following areas; elements of a healthy relationship, attachment theory and secure relationships, reflective capacity building, development of self for infants through preschoolers, PFR consultation strategies, challenging behaviors, and intervention planning and development.

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

ESIT funded training and ongoing support through the University of Washington (UW) at each implementation site for the provision of culturally appropriate evidence-based practices with PFR. The SLA selected PFR in Phase II after reviewing a number of evidence-based practices for alignment with the Division of Early Childhood (DEC) recommended practices. The SLA is expanding PFR training opportunities to ESIT provider agencies statewide. Through PFR, providers gain knowledge and skills in areas including elements of a healthy relationship, attachment theory and secure relationships, and reflective capacity building. These skills are key for supporting parents and caregivers to better understand their child’s social-emotional development and to meet their needs. Implementation sites continued to make it possible for their staff to participate in PFR training, growing Washington’s capacity to achieve a common foundational understanding of how to support the parent-child relationship and a growing provider base qualified to provide these evidence-based practices, which is expanding statewide. This year, 67 providers completed Level One training, eight providers completed Level Two, and one provider completed Level Three. In Spring 2023, four more PFR Level One training opportunities are being offered to providers statewide and 25 participants per training session are able to attend.

The SLA previously required providers to participate and submit data for the HOVRS. Due to challenges with sustainability related to statewide expansion of the HOVRS, the SLA will not require agencies to attend or submit HOVRS data after December 2022. The HOVRS was initially intended to impact the SiMR by assessing quality home visiting practices for providers who have completed PFR training. The SLA is exploring the use of other tools to examine home visiting practices, such as, the ESIT Competency Review Tool and current monitoring tools being developed by the AQI team. After thorough review and collaboration with the OIAA and ESIT Evaluation team, it was determined that not all of the data was informative for the needs of the current SSIP outcomes and hypotheses. The SLA is currently collaborating with OIAA and the ESIT evaluation team to ensure data collection and evaluation is accurate for the SSIP. Although providers are no longer required to submit HOVRS data, the SLA continues to support and encourage the use of the HOVRS for providers to measure home visiting practices. In Spring 2022, 30 providers received introductory training and additional training for scoring the tool. These participants are qualified to provide observations and reflection using the tool. The initial SSIP plan was created by the previous evaluation team and after further review by the current evaluation team, it was determined that the state did not have all of the necessary data to determine if HOVRS specifically measures PFR. However, many providers reported positive feedback on both PFR practices and the use of HOVRS. ESIT agency leadership members have reported improved abilities to assess social-emotional concerns, improved coaching abilities, and increased skills in supporting families and children in this area due to PFR training.

The SLA supports providers at different training levels and supports several different opportunities to enhance providers knowledge in Infant Family Relational Health (IFRH)/Infant and Early Childhood Mental Health (IECMH) practices, as well as reflective supervision and reflective consultation opportunities. Many implementation sites have restructured their staff to allow for increased capacity of PFR agency trainers, which these opportunities are now available statewide. These structural changes, along with others regarding professional development, mentoring, and new staff onboarding practices are intended to impact the SiMR through implementation of practices supporting positive social-emotional development. As Washington’s SSIP moves towards statewide implementation and sustainability, more providers will have training opportunities focused on IFRH/IECMH practices. These training opportunities will support progress toward the SiMR by supporting a high-quality workforce and increase knowledge on how to better support the unique social-emotional needs of children and families. These changes will ultimately lead to improved program planning to address the social-emotional needs of enrolled children. Providers will be more equipped to identify needs and provide more effective services to support social-emotional development, ultimately leading to the SiMR. Providers at implementation sites were offered various types of training to assist with improving skills and knowledge to better support children and families to ultimately impact the SiMR, which will now be available to ESIT provider agencies statewide. These training opportunities support providers in building stronger and improved relationship skills and increased knowledge of practices regarding how to better support parents and caregivers with improving young children’s social-emotional functioning.

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

PFR training has three levels. Level One training is a foundational, knowledge-building workshop provided by the UW. Level Two provides the opportunity for individuals to reach fidelity to PFR provided by UW or an agency trainer. Level Three provides the opportunity for those who reached Level Two fidelity to become agency trainers.

Fidelity to PFR occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity. Fidelity is scored on a scale from 1-40, and to reach fidelity the provider must score 36 or above. Examples of provider behaviors coded for fidelity include;
1. Encourage positive, social-emotional connection between the caregiver and child,
2. Encourage positive, social-emotional connection between the caregiver and provider,
3. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and child,
4. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and provider, and
5. Encourage feelings of competence and confidence in the caregiver.

Achieving Level Three fidelity as an agency trainer requires an additional 16-hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level Three agency trainers are able to train additional providers to fidelity at Level Two. From January 2022 to December 2023, training was provided to 67 providers at Level One, eight providers at Level Two, and one provider at Level Three. Four additional PFR Level One training opportunities are scheduled for Spring 2023 and will be offered statewide allowing for 25 participants per training. New this year are PFR booster sessions offered by the UW. These booster sessions are offered to providers who have completed PFR Level One or Two. During the current reporting year, 15 providers have participated in the booster sessions with 70 participants registered for 2023 with 20 available spots still. These sessions are focused on supporting providers confidence in using the PFR consultation strategies and understanding how PFR can enhance ESIT services. An ESIT multi-disciplinary peer panel shares their experiences of using PFR within their practice. Providers who attend are expected to learn how PFR can be embedded into their everyday practice, understand how supporting the parent-child relationship is key to all other areas of development, and to gain confidence in using PFR consultation strategies to navigate challenging visits.

PFR data that continues to be collected relates to the outcome that providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers. Data related to this outcome includes analyzing post-training provider survey responses. The SLA has created an updated SSIP Training Evaluation Survey that will be used to assist with measuring training outcomes. The SSIP Collaboration workgroup is exploring current outcomes related to PFR to determine if any changes are needed.

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

The SLA provided professional development activities and provided continued support for the knowledge, practice, and use of PFR. Professional development activities for PFR are described above. Training is currently underway to continue growing statewide capacity to support PFR. Qualitative data gathered during previous stakeholder engagement meetings and quantitative survey data collected this year suggests that the SLA should continue supporting the use of PFR with ESIT provider agencies. As previously mentioned, the SLA developed a more in-depth SSIP Training Evaluation Survey that will be used to collect additional data on PFR and other SSIP trainings. The PFR fidelity data collected continues to support the use of PFR as many providers are choosing to seek more advanced training by going through Level Two and Level Three PFR training. Additionally, 15 providers attended the PFR booster trainings with 70 currently registered for future sessions. The PFR booster sessions had waitlisted participants and the SLA added an additional PFR booster session to meet the needs of the providers. More in-depth analysis will be conducted with stakeholder feedback as the SLA finalizes the updated outcomes and hypotheses to examine the impact that PFR and other SSIP activities may have on the SiMR.

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

The SLA will continue to support the use of PFR and four additional PFR Level One trainings (25 participants per training) are scheduled for Spring 2023. Post-training survey data will continue to be collected after Level One trainings and the outcome related to providers reporting knowledge of PFR is expected to continue being maintained. The SLA is offering PFR training statewide for 2023, including PFR Booster training sessions. Data analysis will continue to be conducted as the updated outcomes and hypotheses are finalized. The SLA will incorporate stakeholder feedback when finalizing the updated SSIP plan. Additional training outcomes are being explored for this evidenced-based practice. ESIT’s new evaluator will assist with developing the evaluation plan.

In the upcoming year, more data will be collected on all of the SSIP specific trainings in order to continue to support high-quality training that supports the SiMR. The SLA in partnership with the OIAA team will determine any new data collection measures needed in order to support the implementation of the evidenced-based practices. The SLA will continue to collect qualitative data regarding reflective supervision and reflective consultation and is considering if an updated outcome is needed for these areas. There are no measured outcomes directly related to these activities. However, these activities support the SLA’s efforts to implement the evidence-based practice and improve outcomes for children and families by creating an infrastructure of support for ESIT providers to reflect with each other and strengthen their skills. The sustainability of the local infrastructure for reflective supervision will support all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in all outcome areas. Reflective consultation groups, Foundations of Reflective Practice training, as well as the Foundations of Infant and Early Childhood Mental Health training series will continue to be offered in order to support strengthening the experience of current personnel. The SLA will also focus on supporting providers obtaining an Infant Mental Health endorsement through WA-AIMH, which will support a high-quality workforce.

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

NO

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

This upcoming year, the SLA is heavily focusing on updating the plan to reflect the current progress and areas of growth in our state related to SSIP. Many of the outcomes originally developed have been met and activities have been implemented. As the SLA shifts towards statewide implementation and sustainability, the SLA with support from national technical assistance partners, has determined that updating SSIP outcomes, hypotheses, logic model, and theory of action are relevant at this time. The new ESIT evaluator that started in December 2022 will be included in these discussions to provide recommendations and to ensure we collect accurate data in order to properly measure our outcomes and support our evaluation plan. Some of the analyses that were projected in the previous reporting year related to the original hypotheses and were unable to be evaluated for a few reasons. There were infrastructure staffing challenges due to not having an ESIT evaluator for part of the previous year. Additionally, the data anticipated for the original hypotheses was not fully available and the new evaluation team determined a need for more informative data. Furthermore, as the SLA moves activities statewide, the evaluation team and SLA determined that the hypotheses needed to be updated in order to better support the changes that have occurred due to SSIP progress and moving SSIP evaluation statewide. As the SLA moves toward statewide implementation, the updated plan will continue to focus on improving social-emotional functioning for children and families with an emphasis on providing high-quality training on Infant Family Relational Health (IFRH), or Infant and Early Childhood Mental Health (IECMH) practices to providers. The updated plan will continue to support in-depth COS training, such as providing more training on the COS-TC. The SLA will continue to incorporate stakeholder feedback throughout the update of the SSIP plan.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The SLA engaged stakeholders on numerous occasions throughout the previous reporting year. In the Fall of 2022, the SLA met with SSIP agency leadership members to provide updated information on the SSIP plan and to gather feedback on the use of the COS-TC, New Provider Trainings, and general feedback regarding participating as an SSIP implementation site. The SLA provided updated information to stakeholders on DCYF staffing changes, detailed information regarding the training opportunities that are moving statewide, as well as the plan to revise SSIP and focus on sustainability efforts. The SLA discussed the use of the HOVRS and moving towards not requiring HOVRS data submission for agencies due to sustainability challenges. A workgroup was convened to discuss the continuation of the HOVRS tool. It was decided the SLA could not continue to support the required use of HOVRS due to sustainability challenges and the SLA will evaluate the use of other tools to measure quality home visiting practices. SSIP implementation site leaders provided information on the use of the COS-TC and gave input on how they have used it at their agencies, with many expressing that the tool is valuable. SSIP implementation site leaders gave feedback on the New Provider Trainings, specifically that many providers have found the training valuable and that leadership finds it important that providers learn about the Washington standards and expectations from ESIT. Overall, agencies provided qualitative feedback on their experience as an implementation site with many leaders reporting positive feedback around the training opportunities that were offered, such as, PFR, DECA, HOVRS, and Reflective Supervision.

The SLA presented on SSIP at the Regional Provider Meetings in November 2022. During these meetings, the SLA provided an overview of SSIP, discussed statewide implementation and sustainability, upcoming training opportunities, stakeholder opportunities, and the plan to revise and update the SSIP. The SSIP gathered stakeholder input on how the CSPD and SSIP can help programs with quality of services and supports for children and families, as well as identifying potential barriers. Provider agencies statewide expressed appreciation for the variety of levels of training provided. The SLA discussed a plan to move toward an electronic tracking tool to assist agencies with tracking trainings. Providers also discussed a desire to have more trainings that focused on cultural and linguistic social-emotional practices. Positive feedback was provided about the transformative impact that SSIP has had on supporting social-emotional progress. Interest was expressed regarding the WA-AIMH endorsement process and the SLA is going to communicate more to agencies about these opportunities, including scholarship availability and potential incentive options. Stakeholders also expressed an interest in participating in more research opportunities related to SSIP. The information gathered from stakeholders will inform the continued work on the CSPD. The SLA will continue to inform stakeholders of opportunities to engage and participate in SSIP efforts and will include stakeholder input regarding decision making.

In November 2022, the SLA met with SSIP implementation site stakeholders for a workgroup meeting that centered around the use of the HOVRS and exploring ways to measure home visiting practices. The SLA presented information on the barriers for the continuation of requiring HOVRS data submission and gathered feedback on how agencies currently evaluate and observe the quality of home visiting practices related to social-emotional development. Stakeholders provided feedback on the use of HOVRS and the SLA continued to encourage providers to attend, participate, and use the HOVRS within their agencies. It was decided the SLA could not continue to support the required use of HOVRS due to sustainability challenges and the SLA will evaluate the use of other tools to measure quality home visiting practices.

In winter 2022, the SLA created an internal SSIP collaboration group. This group consists of members from the evaluation team, technical assistance team, accountability and quality assurance team, and agency leadership. The purpose of this group is to collaborate on the SSIP, improve support and guidance to agencies as SSIP moves statewide, and to gather feedback and input on the SSIP planning updates.

In January 2023, the SLA held an SSIP Strategic Planning Stakeholder Meeting, which included internal DCYF members, providers and agency leadership statewide, national TA partners, as well as parent attendees from the Parent Institute for Engagement (PIE). This meeting focused on re-engaging the state and reviewing SSIP efforts and planning. This stakeholder meeting was primarily centered on having participants gain a deeper understanding of SSIP, learn more about the history of Washington State’s SSIP, as well as progress, accomplishments, and updates to the current plan. The SLA gathered feedback from stakeholders on experiences and knowledge related to SSIP, ways the state can support agencies as activities and opportunities are moving statewide, and how stakeholders view SSIP as beneficial to their work with children and families. SSIP implementation sites shared feedback about PFR, reflective practice training, HOVRS, and the use of the DECA being beneficial to their providers and practice. Stakeholders shared information on how PFR (at all levels) has been beneficial to their agencies. One agnecy provided feedback on being able to secure additional funding after participating in SSIP activities due to having a strong foundation to build and sustain practices. Agencies requested for there to be more collaboration and involvement between DCYF and agencies in the statewide implementation of SSIP in order to better support sustainability efforts.

In January 2023, the SLA presented information on SSIP to the State Interagency Coordinating Council. During this meeting, the SLA provided an overview of SSIP, discussed statewide implementation and sustainability, upcoming training opportunities, and the plan to revise and update SSIP. The SLA gathered information from SICC participants on the continued impact of COVID-19 on services and the impact of SSIP activities on SS1. This information is provided in more detail above in the section pertaining to data quality concerns and COVID-19.

In January 2023, the SLA presented information on the CSPD and ESIT credential to a diverse group of stakeholders. This meeting provided information on the development and different indicators of the CSPD. Participants were asked to provide detailed input on each of the different sections discussed, including completing a “strength and needs” assessment of each component. The SLA received ample feedback regarding considerations for the development and implementation of the CSPD. The participants also provided feedback on the implementation of an ESIT credential, including input centered around partnering with communities and institutions of higher education. The SLA will continue to evaluate the feedback and is planning another stakeholder meeting for February 2023.

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

Stakeholders met with the SLA on multiple occasions to discuss progress on the SSIP. Some of these opportunities included discussions around statewide training opportunities, such as, HOVRS, DECA, WA-AIMH endorsement, reflective supervision opportunities, use of PFR, and PFR booster sessions. Strategic feedback was gathered on specific parts of the SSIP, such as, use of HOVRS and COS-TC and input regarding New Provider Training. General feedback was also encouraged regarding ways the state can support agencies with implementing SSIP, how SSIP can enhance quality of services and benefit programs, and any barriers to consider. The SLA engaged stakeholders in a variety of ways. The SLA sent out written communication about SSIP and included stakeholder and training opportunities within the ESIT weekly as well as separate gov deliveries. During stakeholder meetings, the SLA welcomed verbal and written feedback and supported small and large group discussions. The SLA had targeted questions for stakeholders and gathered feedback on specific topics when appropriate. The SLA also included national TA partners in stakeholder meetings to attend and present when applicable. The SLA provided opportunities for different engagement activities during meetings, such as, using online collaboration tools and using various virtual meeting tools to participate in providing feedback (e.g., stamping feature, polls, breakout rooms, surveys). The SLA also met with the Director of PFR at the UW to explore ways to continue to support the use of PFR, expand support around implementing this evidenced based practice as activities move statewide, and ways to support providers with advanced opportunities to support reflective consultation groups. The SLA met with the Training and Data manager at WA-AIMH to explore ways to better support scholarship opportunities for WA-AIMH endorsement and to gather information on reflective supervision and consultation requirements in order to improve statewide efforts with supporting these opportunities. During the January 2023 SSIP stakeholder meeting, the SLA encouraged SSIP implementation sites to share about their experiences with SSIP in order to engage non-SSIP agencies in the discussion around expanding SSIP statewide. The SLA also gathered information on what type of support’s agencies might need as SSIP expands statewide.

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

YES

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

Providers and agencies continued to express interest in the statewide training opportunities regarding IFRH practices. However, concerns were expressed regarding time commitment to complete trainings and cost to agencies to attend trainings, as well as capacity to expand as ESIT and SSIP expand. The SLA is continuing to look for opportunities to support participation of all agencies in these areas and offered a stipend for agencies with teams who are participating in the NRF training. The SLA is also exploring potential incentive options for WA-AIMH endorsement and currently offers scholarship options. Stakeholders also expressed challenges with the time commitment for the New Provider Training series. The SLA is exploring other options to offer this training series to better support the needs of providers. Providers initially raised concerns about the SLT not requiring HOVRS data submission, however, after the home visiting workgroup convened, stakeholders participated in meaningful discussions around this and together explored the barriers to statewide sustainability and began to focus on solutions around supporting continued excellence in home visiting practices. Providers also shared feedback around wanting the SSIP specific outcomes to be updated and improved in order to better measure social-emotional growth and impact of SSIP activities. Providers expressed that SSIP has been transformative and expressed a desire for outcomes to better reflect this progress. Additionally, stakeholders provided feedback on the use of the DECA. Many agencies utilize the DECA and have provided qualitative information on the usefulness of this tool. However, some providers have expressed concerns around cultural responsiveness with this tool and expressed an interest in learning more about other culturally supportive, responsive, and relevant ways to measure social-emotional functioning. The SLA will update the social-emotional practice guidance and will consider stakeholder feedback during that process. During the SSIP Strategic Planning Stakeholder meeting, stakeholders expressed concerns about capacity with the COS process, supporting families and teams during this process, and how discussing the COS process is a practiced skill. Additional concerns related to possible higher entry scores, how this might impact accuracy of data, and the use of the COS Decision Tree. Agencies also reported possible concerns about the continued impact of COVID-19 on social-emotional functioning as well as increased disparities related to race and other cultural issues. Other concerns centered around the time commitment for providers to attend trainings and the impact on direct service time. Other feedback centered around not having enough PFR booster sessions offered this year to support provider interest. Stakeholders shared information about challenges with interpreters. The SLA will continue to work with stakeholders to address concerns and barriers as SSIP activities move statewide.

**Additional Implementation Activities**

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

NA

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

NA

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

NA

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

NA

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

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:**

Judy King

**Title:**

Director, Family and Community Support

**Email:**

judy.king@dcyf.wa.gov

**Phone:**

360.464.0272

**Submitted on:**

04/24/23 7:13:46 PM

# Determination Enclosures

## RDA Matrix

**Washington**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 93.75% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 7 | 87.50% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 6,805 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 10,336 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 65.84 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

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

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

**II. Child Performance**

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

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

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

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 2 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 55.27% | 60.46% | 61.63% | 52.83% | 66.14% | 58.27% |
| **FFY 2020**  | 55.63% | 58.32% | 60.59% | 51.41% | 65.26% | 56.37% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.87% | YES | 2 |
| **Indicator 7: 45-day timeline** | 93.64% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 100.00% | N/A | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 92.48% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

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

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

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

**Appendix B**

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

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

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **6,805** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 73 | 1,843 | 775 | 1,592 | 2,522 |
| **Performance (%)** | 1.07% | 27.08% | 11.39% | 23.39% | 37.06% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 80 | 1,950 | 1,180 | 2,080 | 1,515 |
| **Performance (%)** | 1.18% | 28.66% | 17.34% | 30.57% | 22.26% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 72 | 1,697 | 1,071 | 2,384 | 1,581 |
| **Performance (%)** | 1.06% | 24.94% | 15.74% | 35.03% | 23.23% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

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

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

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

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

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

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

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

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

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 55.27% | 60.46% | 61.63% | 52.83% | 66.14% | 58.27% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix D**

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

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

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

**Test of Proportional Difference Calculation Overview**

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 4,422 | 55.63% | 4,283 | 55.27% | -0.37 | 0.0107 | -0.3434 | 0.7313 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 5,257 | 60.59% | 5,290 | 61.63% | 1.04 | 0.0095 | 1.0953 | 0.2734 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 5,290 | 65.26% | 5,224 | 66.14% | 0.88 | 0.0093 | 0.9524 | 0.3409 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 6,737 | 58.32% | 6,805 | 60.46% | 2.14 | 0.0084 | 2.5310 | 0.0114 | YES | 2 |
| **SS2/Outcome B: Knowledge and Skills** | 6,736 | 51.41% | 6,805 | 52.83% | 1.42 | 0.0086 | 1.6522 | 0.0985 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 6,736 | 56.37% | 6,805 | 58.27% | 1.90 | 0.0085 | 2.2321 | 0.0256 | YES | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **8** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **2** |

## Data Rubric

**Washington**

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

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

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

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

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

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

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

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

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