

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

Mississippi



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 Mississippi State Department of Health (MSDH) is the lead agency responsible for administering Part C of IDEA, known as the Mississippi First Steps Early Intervention Program (MSFSEIP). The MSDH has organized the State's 82 counties into three public health regions, each of which operates nine Local FSEIP responsible for ensuring all eligible infants and toddlers and their families receive early intervention services. The Northern Region has two Local FSEIPs and the Central and Southern Regions have three Local FSEIPs each. The MSFSEIP is advised in program administration by the Mississippi State Interagency Coordinating Council (MSICC) whose members, along with other stakeholders, participate on workgroups providing feedback on systemic improvement efforts.

Additional information related to data collection and reporting

The State uses a centralized data system, known as the Mississippi Infant and Toddler Intervention (MITI) data system, to collect and report on all indicator data except for family outcomes.

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 MSFSEIP has implemented a general supervision system that includes universal, focused, and targeted monitoring approaches to ensure each Local FSEIP implements all Federal regulations and State policies and procedures for Part C of IDEA. The MSFSEIP monitors Local FSEIPs using a combination of methods including annual self-assessments, annual fiscal audits, annual onsite visits (note: due to COVID no onsite visits were conducted), data reviews (i.e., reviews of data in the Mississippi Infant and Toddler Intervention (MITI) data system), desk audits (i.e., reviews of paper records), interviews (i.e., family interviews, LEA interviews), observations, and issues identified during dispute resolutions, as applicable.

In FFY2020, the MSFSEIP continued working with state contacts from OSEP-funded technical assistance centers (The Center for IDEA Early Childhood Data Systems (DaSy Center and the Early Childhood Technical Assistance Center (ECTA)) to review and revision of the general supervision system as the MSFSEIP continue use the MITI data system. With the implementation of the data system MSFSEIP developed new monitoring tools that aligned with the data system.

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 MSFSEIP has an Operations Director who oversees the Monitoring Coordinator and QTA. The Operations Director works with national experts on implementing train-the-trainer models of TA service delivery. The Operations Director and Part C Coordinator ensure personnel receive quality professional development and offer supervision and guidance on early intervention best practices via monthly meetings and reviews of monthly reports. The MSFSEIP State personnel have participated in national professional conferences and in TA opportunities provided through OSEP TA Centers. In addition, they engage in ongoing professional development via webinars and Professional Learning Communities (PLCs).

The MSFSEIP provides ongoing technical assistance by identifying Local FSEIP needs and providing general, focused, and targeted TA to local FSEIP and service providers. The MSFSEIP identify Local FSEIP training needs by periodic data analyses, QTA reports, and specific requests for TA. General TA is provided by MSFSEIP staff through monthly conference calls and quarterly Local FSEIP meetings. Focused and targeted TA are provided by MSFSEIP employees and an assigned QTA using a variety of methods, as needed, including via phone and email, onsite visits, observation and feedback sessions, coaching, assisted preliminary desk audits, conference calls, and video-conferences. As needed, personnel will accompany Service 3 Part C Coordinators and Providers on home visits to offer guidance and support during comprehensive evaluations, Individualized Family Service Plan (IFSP) meetings, and service delivery as well as assist with reviewing paper records and data quality in the electronic Child Registry. Technical assistance is provided to Program and Service Coordinators to identify root cause(s) of noncompliance, develop strategies and activities for any Local FSEIP developed Corrective Action Plans (CAPs), and implement CAPs.

The MSFEIP continued to receive national TA from ECTA and DaSy, as a result of this an ongoing technical assistance, the MSFSEIP completed the following activities: (a) revision of the annual program calendar, inclusive of applications, reports, meetings with OSEP and stakeholders, and monitoring and technical assistance cycles; (b) revision of the general supervision process; and (c) development and/or revision of monitoring tools, monitoring reports, official report of findings, corrective action plan (CAP) and improvement plan templates, and verification of correction templates. The TA helped support MSFEIP in obtaining information about increasing rates for services. Information about increasing rates for service providers. The State applied for the IDEA Fiscal Fourm 2022: Advancing Resilience, Recovery, and Opportunity from the Center of IDEA Fiscal Reporting (CIFR) to assist with Fiscal monitoring.

Professional Development System:

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

The MSFSEIP provides annual training to Local FSEIP staff and providers on Federal regulations and State policies and procedures. In addition, the MSFSEIP provides Regional and Local FSEIP trainings on referral procedures, data system and child record maintenance, family rights, evaluation and eligibility determination, IFSP development and revisions, timely services, transition, working with families of children who are deaf/hard of hearing, routines-based model implementation, ongoing child assessments, and financial management.

As a part of the State Systemic Improvement Plan (SSIP), the MSFSEIP's reconstituted Comprehensive System of Personnel Development (CSPD) Leadership Team continued revisions of personnel standards and development of orientation and credentialing procedures for early intervention personnel with support from national experts, OSEP-funded TA Centers, and other State Part C programs. The expanded CSPD Leadership Team supported the MSFSEIP's ability to develop new partnerships to expand professional development opportunities. All training under development includes three levels of support: knowledge development, skill development, and knowledge and skill application. Knowledge development is provided through online training modules and self-study with integrated assessments. Skill development is provided through real-time online or face-to-face training with integrated application exercises. Knowledge and skill application is provided via field-based observation and on-the-job coaching. The progress of all MSFSEIP and Local FSEIP staff and providers will be tracked through these levels of learning experiences. This new approach to professional

development will ensure service providers have the knowledge and skills to provide services effectively to improve results for infants and toddlers with disabilities and their families. The MSFSEIP has begun implementing these CSPD initiatives as part of the Phase III of the SSIP.

Broad Stakeholder Input:

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

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

For FFY 2020, the target was set at 87.40%
For FFY 2021, the target was set at 88.92%
For FFY 2022, the target was set at 90.44%
For FFY 2023, the target was set at 91.96%
For FFY 2024, the target was set at 93.48%
For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

For FFY 2020, the target was set at 62.5%
For FFY 2021, the target was set at 63%
For FFY 2022, the target was set at 63.5%
For FFY 2023, the target was set at 64%
For FFY 2024, the target was set at 64.5%
For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

For FFY 2020, the target was set at 50.5%
For FFY 2021, the target was set at 51%
For FFY 2022, the target was set at 51.5%
For FFY 2023, the target was set at 52%
For FFY 2024, the target was set at 52.5%
For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

For FFY 2020, the target was set at 54%
For FFY 2021, the target was set at 55%
For FFY 2022, the target was set at 56%
For FFY 2023, the target was set at 57%
For FFY 2024, the target was set at 58%
For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

For FFY 2020, the target was set at .73%
For FFY 2021, the target was set at .83%
For FFY 2022, the target was set at .93%
For FFY 2023, the target was set at 1.03%
For FFY 2024, the target was set at 1.13%
For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

For FFY 2020, the target was set at 1.98%
For FFY 2021, the target was set at 2.06%
For FFY 2022, the target was set at 2.09%
For FFY 2023, the target was set at 2.12%
For FFY 2024, the target was set at 2.15%
For FFY 2025, the target was set at 2.18%

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

YES

Number of Parent Members:

6

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.

The State Interagency Coordinating Council (SICC) is comprised of 29 members, six (6) of whom are parents, constituting 21% of the membership. The SICC is chaired by a parent and each standing committee has parent members. The MSFSEIP engages parent members in the process of analyzing state data and setting targets using graphic representations and providing trends, and national data where possible, to help provide a meaningful context. Parent input is solicited in the discussion of improvement strategies and program evaluation to identify strategies that will most proximately improve outcomes for families.

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.

All families participating in early intervention services are provided an annual survey to provide input and feedback on the reported Family Outcomes (Indicator 4), additional items about resources and family supports, and a section for narrative comments. Participation is tracked to ensure the families reached and results are received from diverse parents, across all geographic areas, racial and ethnic groups, family languages, etc. Diverse families are invited and encouraged to participate in quarterly stakeholder meetings to provide guidance to the MSFSEIP. Families may participate using a variety of methods, including in-person, virtual, or through written input. Interpretation services and translation of materials are provided to ensure families who use non-English languages and/or modes of communication can participate.

To support broad stakeholder engagement in the development of implementation activities, the state facilitated a series of stakeholder meetings to review progress from the initial plan and to determine next steps for a revised plan. To prepare families to participate in these meetings, the state constructed a Padlet site, posting links to articles, tools, infographics, videos, and websites organized around the child outcomes, infrastructure assessment/improvements, evidence-based practices, and documents related to our initial State Systemic Improvement Plan (SSIP). During the stakeholder meeting, these materials were reviewed using several rounds of small group discussion/large group report out activities to ensure they were understood and could be used to inform group decisions. Additional resources to be used during the stakeholder meetings were also uploaded, including self-assessment tools, discussion questions, and surveys. Results of these assessments, discussions, and surveys were uploaded on the site after their completion to prepare for subsequent stakeholder meetings.

Once consensus was achieved in selecting improvement activities, the selected strategies were reviewed by the stakeholders with a focus on their implementation with diverse families to ensure they were appropriate. For example, when considering progress monitoring assessments, the Early Communication Indicator was selected to monitor progress in language development due to its ability to be used with any native language, including American Sign Language. When reviewing models to support family-centered approaches, the Routines-Based Model by Robin McWilliam was selected as it has been demonstrated to be used effectively with diverse populations nationally and internationally.

Soliciting Public Input:

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

The SICC meetings are conducted in January, April, July, and October. During the January meeting, SICC members review and discuss the preliminary Annual Performance Review data and finalize targets. During the April meeting, SICC members discuss program level data and improvement strategies. During the July meeting, SICC members discuss determinations and evaluation of the MSFSEIP efforts. During the October meeting, SICC members again discuss improvement strategies, evaluate progress, and develop initial targets.

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.

All information on setting targets, analyzing data, developing improvement strategies, and evaluation are shared during the public SICC meetings and posted subsequently on the SICC webpage. Members and non-members are invited to participate on committees whose work has informed the development of improvement strategies.

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 MSFSEIP shared the complete APR at its SICC/SSIP Stakeholder Meeting as well as a results summary page. The MSFSEIP discussed the results by Indicator and answered all public questions posed. The performance of each Local FSEIP was disaggregated and shared at subsequent SICC meetings providing comparison relative to the MSFSEIP targets. The MSFSEIP also publishes several years of APR data on the MSDH website

(<https://msdh.ms.gov/page/41,0,74,63.html>). The website also provides information (i.e., phone and email contact information) to submit comments about the SPP/APR.

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2020 SPP/APR

Intro - OSEP Response

The State attached its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit its 2023 SICC form to confirm that the SICC is supporting the State's submission of the FFY 2021 SPP/APR.

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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 | 76.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 86.80% | 86.14% | 85.26% | 87.11% | 86.59% |

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 |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 368 | 550 | 86.59% | 100% | 81.64% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

FSEIP 9 (CP) was the main reason for the slippage of timely services. They had 21 instances in where there was of severe provider shortages in certain counties, also services were cancelled due to positive COVID cases among providers who had full caseloads.

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.

81

Provide reasons for delay, if applicable.

There were 101 instances of system-based reasons for service delay; FSEIP 1 (NW) (19 cases), 5 (CW) (18 cases), 6 (CC) (19 cases) and 9 (CP)(21 cases) had instances of severe provider shortages in certain counties, also services were cancelled due to positive COVID cases among providers who had full caseloads. Programs 2 (NE) (4 cases), 3 (NC) (9 cases), 4 (CE) (7 cases), and 8 (SE) (4 cases) had provider shortages.

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).

Mississippi First Step Early Intervention Program's criteria for "timely" receipt of services is defined as receiving all early intervention services identified on the IFSP no later than 40 calendar days after written parental consent for services.

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).

August 1, 2021 - October 31, 2021

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

The State has pulled multiple reports during different time periods and results average about the same across reporting time frames.

Provide additional information about this indicator (optional)

The State did not issue new findings for FFY2020 because all Programs were still under previous findings. FFY2013 correction of noncompliance for LEIP 5 (CP) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been addressed and services were started for those cases that were still active, unless the child is no longer within the jurisdiction of the program.

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 |

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2019 | 1 | 0 | 1 |
| FFY 2018 | 1 | 1 | 0 |
| FFY 2017 | 5 | 0 | 5 |

FFY 2019

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State required FSEIP 2 (NW) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been addressed and services were started for those cases that were still active, unless the child is no longer within the jurisdiction of the program.

FFY 2018

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 7 (SW) developed Correction Action Plan (CAP) to address timely services. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). The FSEIP 7 (SW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 7 (SW). The MSFSEIP verified all services listed on the IFSPs met the state's 40 calendar

timeframe for timely services (Prong II). Based on the results of the reviews, Local FSEIP 7 (SW) was found in compliance with providing services in a timely manner.

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

The MSFSEIP verified that Local FSEIP 7 (SE) corrected each individual case of noncompliance that caused the timely service findings. In all instances, all cases that were reviewed and documented in the MITI (data system) and verified as having been started if the case was still active, unless the child is no longer within the jurisdiction of the program.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State required the FSEIPs 1 (NE), 4 (CE), 6 (CC), 8 (SE) and 9 (CP) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been addressed and services were started for those cases that were still active, unless the child is no longer within the jurisdiction of the program..

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. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019, the remaining one finding identified in FFY 2018, the remaining five findings identified in FFY 2017, and the remaining one finding identified in FFY 2013 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFYs 2019, 2018, 2017 and 2013: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2020 SPP/APR

1 - OSEP Response

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. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019, the remaining five findings identified in FFY 2017, and the remaining one finding identified in FFY 2013 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2019, FFY 2017, and FFY 2013: (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 (EMAPS)).

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 |
|---------------|---------------|
| 2019 | 87.36% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 87.40% |
| Data | 89.71% | 88.86% | 88.19% | 87.36% | 79.52% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 88.92% | 90.44% | 91.96% | 93.48% | 95.00% |

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

- For FFY 2020, the target was set at 87.40%
- For FFY 2021, the target was set at 88.92%
- For FFY 2022, the target was set at 90.44%
- For FFY 2023, the target was set at 91.96%
- For FFY 2024, the target was set at 93.48%
- For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early

intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

- For FFY 2020, the target was set at 62.5%
- For FFY 2021, the target was set at 63%
- For FFY 2022, the target was set at 63.5%
- For FFY 2023, the target was set at 64%
- For FFY 2024, the target was set at 64.5%
- For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

- For FFY 2020, the target was set at 50.5%
- For FFY 2021, the target was set at 51%
- For FFY 2022, the target was set at 51.5%
- For FFY 2023, the target was set at 52%
- For FFY 2024, the target was set at 52.5%
- For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

- For FFY 2020, the target was set at 54%
- For FFY 2021, the target was set at 55%
- For FFY 2022, the target was set at 56%
- For FFY 2023, the target was set at 57%
- For FFY 2024, the target was set at 58%
- For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

- For FFY 2020, the target was set at .73%
- For FFY 2021, the target was set at .83%
- For FFY 2022, the target was set at .93%
- For FFY 2023, the target was set at 1.03%
- For FFY 2024, the target was set at 1.13%
- For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

- For FFY 2020, the target was set at 1.98%
- For FFY 2021, the target was set at 2.06%
- For FFY 2022, the target was set at 2.09%
- For FFY 2023, the target was set at 2.12%
- For FFY 2024, the target was set at 2.15%
- For FFY 2025, the target was set at 2.18%

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|-------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,191 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 1,592 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 1,191 | 1,592 | 79.52% | 88.92% | 74.81% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

Due to the COVID pandemic, the state is continuing to see a large percentage of service being performed in clinic setting which could maintain safety protocols and increased unwillingness of families to provide and receive services in personal homes.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to revise the baseline for this indicator in the FFY 2021 SPP/APR, the State must provide an explanation.

Response to actions required in FFY 2020 SPP/APR

2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

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

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

For FFY 2020, the target was set at 87.40%
For FFY 2021, the target was set at 88.92%
For FFY 2022, the target was set at 90.44%
For FFY 2023, the target was set at 91.96%
For FFY 2024, the target was set at 93.48%
For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

For FFY 2020, the target was set at 62.5%
For FFY 2021, the target was set at 63%
For FFY 2022, the target was set at 63.5%
For FFY 2023, the target was set at 64%
For FFY 2024, the target was set at 64.5%
For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

For FFY 2020, the target was set at 50.5%
For FFY 2021, the target was set at 51%
For FFY 2022, the target was set at 51.5%
For FFY 2023, the target was set at 52%
For FFY 2024, the target was set at 52.5%
For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

For FFY 2020, the target was set at 54%
For FFY 2021, the target was set at 55%
For FFY 2022, the target was set at 56%
For FFY 2023, the target was set at 57%
For FFY 2024, the target was set at 58%
For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the

pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

- For FFY 2020, the target was set at .73%
- For FFY 2021, the target was set at .83%
- For FFY 2022, the target was set at .93%
- For FFY 2023, the target was set at 1.03%
- For FFY 2024, the target was set at 1.13%
- For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

- For FFY 2020, the target was set at 1.98%
- For FFY 2021, the target was set at 2.06%
- For FFY 2022, the target was set at 2.09%
- For FFY 2023, the target was set at 2.12%
- For FFY 2024, the target was set at 2.15%
- For FFY 2025, the target was set at 2.18%

During the October 22, 2021, the SICC and stakeholders, recommended that the State reset the baseline to FFY 2020 for all Summary Statement 2 outcomes. The reason for the reset would allow the state to increase the target over time as new evidence-based methods are introduced into the program.

Historical Data

| Outcome | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2020 | Target>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| A1 | 74.24% | Data | 77.78% | 81.28% | 80.37% | 89.17% | 74.24% |
| A2 | 2020 | Target>= | 65.00% | 65.00% | 65.00% | 65.00% | 62.50% |
| A2 | 52.00% | Data | 61.53% | 60.22% | 61.60% | 62.49% | 52.00% |
| B1 | 2020 | Target>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| B1 | 76.72% | Data | 77.92% | 80.69% | 83.86% | 82.06% | 76.72% |
| B2 | 2020 | Target>= | 64.00% | 64.50% | 65.00% | 65.00% | 50.50% |
| B2 | 47.05% | Data | 57.18% | 53.04% | 52.78% | 50.04% | 47.05% |
| C1 | 2020 | Target>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| C1 | 75.09% | Data | 80.80% | 80.98% | 80.31% | 81.11% | 75.09% |
| C2 | 2020 | Target>= | 63.50% | 64.00% | 64.00% | 64.00% | 54.00% |
| C2 | 50.11% | Data | 56.99% | 55.43% | 55.74% | 50.30% | 50.11% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A1>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| Target A2>= | 63.00% | 63.50% | 64.00% | 64.50% | 65.00% |
| Target B1>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| Target B2>= | 51.00% | 51.50% | 52.00% | 52.50% | 53.00% |
| Target C1>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| Target C2>= | 55.00% | 56.00% | 57.00% | 58.00% | 59.00% |

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

850

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 | 12 | 1.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 171 | 20.12% |

| Outcome A Progress Category | Number of children | Percentage of Total |
|--|--------------------|---------------------|
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 265 | 31.18% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 254 | 29.88% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 148 | 17.41% |

| 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 | 519 | 702 | 74.24% | 85.00% | 73.93% | 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 | 402 | 850 | 52.00% | 63.00% | 47.29% | Did not meet target | Slippage |

Provide reasons for A2 slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turnover in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same aged peers) than previous years. COVID is continuing to play a significant role in the slippage of COS scores throughout the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS 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 | 15 | 1.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 178 | 20.94% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 307 | 36.12% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 293 | 34.47% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 57 | 6.71% |

| 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 | 600 | 793 | 76.72% | 85.00% | 75.66% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 350 | 850 | 47.05% | 51.00% | 41.18% | Did not meet target | Slippage |

Provide reasons for B1 slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turnover in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same

aged peers) than previous years. COVID is continuing play a significant role in the slippage of COS scores though out the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS slippage.

Provide reasons for B2 slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turner in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same aged peers) than previous years. COVID is continuing play a significant role in the slippage of COS scores though out the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS 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 | 15 | 1.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 203 | 23.88% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 251 | 29.53% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 290 | 34.12% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 91 | 10.71% |

| 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 | 541 | 759 | 75.09% | 85.00% | 71.28% | Did not meet target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 381 | 850 | 50.11% | 55.00% | 44.82% | Did not meet target | Slippage |

Provide reasons for C1 slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turner in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same aged peers) than previous years. COVID is continuing play a significant role in the slippage of COS scores though out the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS slippage.

Provide reasons for C2 slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turner in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same aged peers) than previous years. COVID is continuing play a significant role in the slippage of COS scores though out the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS slippage.

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

| Question | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data | 1,659 |
| 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. | 458 |

| 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.

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not

yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life." These data are entered into the MITI data system to be included on the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected as close to but no more than 6 months prior to exit to determine child outcomes ratings again using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations, d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers).

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to revise the baseline for this indicator in the FFY 2021 SPP/APR, the State must provide an explanation.

Response to actions required in FFY 2020 SPP/APR

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that revision because the State did not provide an explanation for the revision that was inclusive of both summary statements across the three outcomes areas. The State only provided an explanation for the revision for summary statement two. OSEP would expect that a State's baseline year is consistent for both summary statements and across the three outcome areas. The State reported, "During the October 22, 2021, the SICC and stakeholders, recommended that the State reset the baseline to FFY 2020 for all Summary Statement 2 outcomes. The reason for the reset would allow the state to increase the target over time as new evidence-based methods are introduced into the program." Additionally, OSEP cannot accept the State's FFYs 2021 through 2025 targets for for this indicator, because of the discrepancy with the baseline data.

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 | 2006 | Target>= = | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| A | 84.00% | Data | 89.33% | 91.85% | 90.12% | 81.77% | 95.21% |
| B | 2006 | Target>= = | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| B | ###C04BBA SEDA TA### | Data | 90.97% | 93.01% | 90.29% | 74.88% | 95.20% |
| C | 2006 | Target>= = | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |

| | | | | | | | |
|---|---------|------|--------|--------|--------|--------|--------|
| C | 88.00 % | Data | 90.27% | 89.80% | 89.08% | 90.05% | 93.49% |
|---|---------|------|--------|--------|--------|--------|--------|

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|--------|--------|
| Target A>= | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| Target B>= | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| Target C>= | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

- For FFY 2020, the target was set at 87.40%
- For FFY 2021, the target was set at 88.92%
- For FFY 2022, the target was set at 90.44%
- For FFY 2023, the target was set at 91.96%
- For FFY 2024, the target was set at 93.48%
- For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

- For FFY 2020, the target was set at 62.5%
- For FFY 2021, the target was set at 63%
- For FFY 2022, the target was set at 63.5%
- For FFY 2023, the target was set at 64%
- For FFY 2024, the target was set at 64.5%
- For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

- For FFY 2020, the target was set at 50.5%
- For FFY 2021, the target was set at 51%
- For FFY 2022, the target was set at 51.5%
- For FFY 2023, the target was set at 52%
- For FFY 2024, the target was set at 52.5%
- For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

- For FFY 2020, the target was set at 54%
- For FFY 2021, the target was set at 55%
- For FFY 2022, the target was set at 56%
- For FFY 2023, the target was set at 57%
- For FFY 2024, the target was set at 58%
- For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

- For FFY 2020, the target was set at .73%
- For FFY 2021, the target was set at .83%
- For FFY 2022, the target was set at .93%
- For FFY 2023, the target was set at 1.03%
- For FFY 2024, the target was set at 1.13%
- For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

- For FFY 2020, the target was set at 1.98%
- For FFY 2021, the target was set at 2.06%
- For FFY 2022, the target was set at 2.09%
- For FFY 2023, the target was set at 2.12%
- For FFY 2024, the target was set at 2.15%
- For FFY 2025, the target was set at 2.18%

FFY 2021 SPP/APR Data

| | |
|---|--------|
| The number of families to whom surveys were distributed | 1,426 |
| Number of respondent families participating in Part C | 416 |
| Survey Response Rate | 29.17% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 385 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 416 |
| 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 | 386 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 416 |
| 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 | 388 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 416 |

| 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) | 95.21% | 92.00% | 92.55% | 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) | 95.20% | 92.00% | 92.79% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 93.49% | 92.00% | 93.27% | Met target | No Slippage |

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

| Question | Yes / No |
|-----------------------------|----------|
| Was a collection tool used? | YES |

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

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

The State over the past several years has attempted to revise the method that the surveys are distributed and time frame that they are collected. The State has moved towards sending out the family survey twice a fiscal year once in the fall and once in the spring. This will allow the state to collect more family surveys though out the fiscal year. The State will also, continue to do hand deliveries for all family surveys as the method of delivery for family surveys as do to online surveys would lead to the State unable to collect correct demographic information about families. The State was able to hand deliver out family surveys for the first time in the fall for FFY 2021. The State did have a Service Coordinator Shortage which lead not all surveys being sent out in a timely manner.

Survey Response Rate

| FFY | 2020 | 2021 |
|----------------------|--------|--------|
| Survey Response Rate | 27.73% | 29.17% |

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 has moved towards sending out the family survey twice a fiscal year once in the fall and once in the spring. This allowed the state to be able collect more family surveys though out the fiscal year. The State used a onetime date in the fall and spring of enrolled infants and toddlers in the program to send out surveys which are hand-delivered to all families who participate in the MSFSEIP with a return envelope with pre-paid postage. The survey has an accompanying letter with contact information for assistance in completing the survey, including the state parent resource center, translation services, and tribal contacts. One month after the distribution of the family surveys, Service Coordinators make follow-up contacts with families to encourage them to return their survey. The state office monitors the response rate and reports to Program Coordinators if their program is underrepresented in the responses gathered. Surveys are collected over a six-month time frame to ensure ample time for participation. The State will do analysis to see if sending out surveys twice a fiscal year increases the response rate year over year. The State is also considering sourcing out the collection family survey responses to an outside agency, the State will do cost analysis to see if it is feasible for the program. To increase the response rate for the Hispanic population, the State will work with the Service Coordinators to ensure that the interpret will be available when the Service Coordinator hand delivers the family surveys to ensure that understand why they need to complete the survey.

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

The State used date of enrolled infants and toddlers in the program to send out family surveys. The state had a response rate of 29.73% which is an increase from the previous year of 27.73%, for the overall response for the family survey that was sent out. When disaggregated by race, all races except Hispanic (15%), had a response rate of 25% or more. The state did not identify any notable nonresponse bias between races. When disaggregated by geographic location, Local Programs according to the Local Program FSEIP 1 (NW), 2 (NE), 4 (CW), 6 (CC), and 8 (SE) had a response rate of 25% or higher. Local FSEIP 5 (CW), 7 (SW), and 9 (CP) had response rates below 20%, the low response rates for the programs were due to Service Coordinators leaving during dissemination of family surveys, and extremely large caseloads for Service Coordinators in the respect programs. The shortage in Service Coordinators and the areas that they had to cover lead to families not receiving surveys in a timely manner.

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.

Analyses were conducted to determine the representatives of the responses. When disaggregated by race, the respondent group White responded at rates higher than their percentage of the population enrolled into the program; however, African American population was not representative to the population of families in the enrolled into program. Asian, American Indian/Alaska Native and Native Hawaiian/Pacific Islander and More than one race participants responded at rates approximately equal to their percentage of the population. White and African American or Black participants representative at rates lower than their percentage of the population; and are under representative to the White African American or Black families enrolled in the program.

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 State uses the ECTA Center Representativeness calculator which uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). Differences that are statistically significant are marked as "No" in the row labeled "Are your data representative?" and highlighted pink.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2020 SPP/APR

4 - OSEP Response

The State reported that it did not identify nonresponse bias. However, when the State disaggregated the response rate by race, the Hispanic response rate was 15% compared to other races with a response rate of 25% or more. Therefore, OSEP is unclear whether the response rate was analyzed for nonresponse bias. OSEP notes that the State did not include strategies or improvement activities to address this issue in the future, as required by the Measurement Table.

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.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

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 *EDFacts* Metadata and Process System (*EMAPS*)) 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 | 0.53% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 0.63% | 0.64% | 0.65% | 0.66% | 0.73% |
| Data | 0.65% | 0.85% | 0.92% | 0.73% | 0.67% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 0.83% | 0.93% | 1.03% | 1.13% | 1.23% |

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

For FFY 2020, the target was set at 87.40%

For FFY 2021, the target was set at 88.92%

For FFY 2022, the target was set at 90.44%

For FFY 2023, the target was set at 91.96%

For FFY 2024, the target was set at 93.48%

For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

For FFY 2020, the target was set at 62.5%
 For FFY 2021, the target was set at 63%
 For FFY 2022, the target was set at 63.5%
 For FFY 2023, the target was set at 64%
 For FFY 2024, the target was set at 64.5%
 For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

For FFY 2020, the target was set at 50.5%
 For FFY 2021, the target was set at 51%
 For FFY 2022, the target was set at 51.5%
 For FFY 2023, the target was set at 52%
 For FFY 2024, the target was set at 52.5%
 For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

For FFY 2020, the target was set at 54%
 For FFY 2021, the target was set at 55%
 For FFY 2022, the target was set at 56%
 For FFY 2023, the target was set at 57%
 For FFY 2024, the target was set at 58%
 For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

For FFY 2020, the target was set at .73%
 For FFY 2021, the target was set at .83%
 For FFY 2022, the target was set at .93%
 For FFY 2023, the target was set at 1.03%
 For FFY 2024, the target was set at 1.13%
 For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

For FFY 2020, the target was set at 1.98%
 For FFY 2021, the target was set at 2.06%
 For FFY 2022, the target was set at 2.09%
 For FFY 2023, the target was set at 2.12%
 For FFY 2024, the target was set at 2.15%
 For FFY 2025, the target was set at 2.18%

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 | 211 |
| 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 | 34,518 |

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 |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 211 | 34,518 | 0.67% | 0.83% | 0.61% | Did not meet 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 (EMAPS)) 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 | 1.36% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 1.76% | 1.78% | 1.80% | 1.82% | 1.98% |
| Data | 1.73% | 1.85% | 1.95% | 1.98% | 1.50% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 2.06% | 2.09% | 2.12% | 2.15% | 2.18% |

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FFY2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

For FFY 2020, the target was set at 87.40%

For FFY 2021, the target was set at 88.92%

For FFY 2022, the target was set at 90.44%

For FFY 2023, the target was set at 91.96%

For FFY 2024, the target was set at 93.48%

For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

For FFY 2020, the target was set at 62.5%
 For FFY 2021, the target was set at 63%
 For FFY 2022, the target was set at 63.5%
 For FFY 2023, the target was set at 64%
 For FFY 2024, the target was set at 64.5%
 For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

For FFY 2020, the target was set at 50.5%
 For FFY 2021, the target was set at 51%
 For FFY 2022, the target was set at 51.5%
 For FFY 2023, the target was set at 52%
 For FFY 2024, the target was set at 52.5%
 For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

For FFY 2020, the target was set at 54%
 For FFY 2021, the target was set at 55%
 For FFY 2022, the target was set at 56%
 For FFY 2023, the target was set at 57%
 For FFY 2024, the target was set at 58%
 For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

For FFY 2020, the target was set at .73%
 For FFY 2021, the target was set at .83%
 For FFY 2022, the target was set at .93%
 For FFY 2023, the target was set at 1.03%
 For FFY 2024, the target was set at 1.13%
 For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

For FFY 2020, the target was set at 1.98%
 For FFY 2021, the target was set at 2.06%
 For FFY 2022, the target was set at 2.09%
 For FFY 2023, the target was set at 2.12%
 For FFY 2024, the target was set at 2.15%
 For FFY 2025, the target was set at 2.18%

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 1,592 |
| 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 | 104,534 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 1,592 | 104,534 | 1.50% | 2.06% | 1.52% | Did not meet 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 | 88.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.80% | 96.18% | 89.73% | 88.81% | 91.51% |

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 |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 282 | 369 | 91.51% | 100% | 86.45% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

Local FSEIP 9 (CP) had a server Service Coordinator at time of reporting they had 3 fulltime Service Coordinators to handle 300 plus cases at a given time. Along with provider shortage led to the slippage, 45% of the cases that were late where in FSEIP 9 (CP).

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.

37

Provide reasons for delay, if applicable.

The State had 50 instances of missed timelines due to system-based issues. Most delays (45%) occurred in Local FSEIP 9 9(CP) (23 cases), due to a server Service Coordinator shortage during this time frame. Local Programs 1 (NE) (6 cases), 2 (NW) (6 cases), 4 (CE) (2 cases), 5 (CW) (2 cases), 7 (SW) (4 cases) 8 (SE) (7 cases) were related a significant provider shortage to conduct evaluations, Service Coordinator shortage or COVID-19 might have played a part in some timeframes been missed.

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).

August 1, 2021 - October 31, 2021

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

The State has pulled multiple reports during different time periods and results average about the same across reporting time frames.

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 |
|--------------------------------------|---|--|--|
| 1 | 0 | 1 | 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.

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 1 (NW) developed Correction Action Plan (CAP) to address 45-day. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). The FSEIP 1 (NW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 1 (NW). The MSFSEIP verified all IFSPs met the federal 45-day time frame (Prong II). Based on the results of the reviews, FSEIP 1 (NW) was found in compliance with conducting IFSPs with in the federal 45-day time frame.

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

The MSFSEIP verified that FSEIP 1 (NW) corrected each individual case of noncompliance that caused the 45-day findings. In all instances, all IFSPs were reviewed and documented in the MITI (data system) and verified as having been completed.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2018 | 1 | 1 | 0 |
| FFY 2017 | 5 | 5 | 0 |
| | | | |

FFY 2018

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 4 (CW) developed Correction Action Plan (CAP) to address 45-day. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). The FSEIP 4 (CW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 4 (CW). The MSFSEIP verified all IFSPs met the federal 45-day time frame (Prong II). Based on the results of the reviews, FSEIP 4 (CW) was found in compliance with conducting IFSPs with in the federal 45-day time frame.

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

The MSFSEIP verified that FSEIP 4 (CW) corrected each individual case of noncompliance that caused the 45-day findings. In all instances, all IFSPs were reviewed and documented in the MITI (data system) and verified as having been completed.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIPs 5 (CW), 6 (CC), 7 (SE), 8 (SW) and 9 (CP) developed Correction Action Plans (CAP) to address 45-day. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). The FSEIPs 5 (CW), 6 (CC), 7 (SE), 8 (SW) and 9 (CP) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIPs 5 (CW), 6 (CC), 7 (SE), 8

(SW) and 9 (CP). The MSFSEIP verified all IFSPs met the federal 45-day time frame (Prong II). Based on the results of the reviews, FSEIPs 5 (CW), 6 (CC), 7 (SE), 8 (SW) and 9 (CP) was found in compliance with conducting IFSPs with in the federal 45-day time frame.

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

The MSFSEIP verified that FSEIPs 5 (CW), 6 (CC), 7 (SE), 8 (SW) and 9 (CP) corrected each individual case of noncompliance that caused the 45-day findings. In all instances, all IFSPs were reviewed and documented in the MITI (data system) and verified as having been completed.

7 - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2021 in its FFY 2021 SPP/APR.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2018 and five uncorrected findings of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFYs 2018 and 2017: (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

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 | 83.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.32% | 96.73% | 96.01% | 90.19% | 91.58% |

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 |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 137 | 192 | 91.58% | 100% | 83.85% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Local FSEIPs 9 (CP) and 7 (SW) had a server Service Coordinator shortage and turnover at time of reporting they had 3 fulltime Service Coordinators to handle 300 plus cases at a given time.

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.

24

Provide reasons for delay, if applicable.

There were 31 instances of system-based issues that led to delays in transition plans being completed, LEIP 9 (CP) 8 cases; 8 (SE), 1 (NW), 2 (NE) and 3 (NC) each had 4 cases; LEIP 7 (SW) 3 cases; 5 (CW) and 6 (CC) each had 2 cases. The main cause for transition plan delays was by Service Coordinator shortages, large caseloads and service coordinators being out due to COVID. The LEIP 9 (CP) and 7 (SW) reported significant Service Coordinator turnover which had a cascading effect of increasing caseloads on remaining personnel. As some of the reassigned cases were nearing transition deadlines, the (new) Service Coordinators had difficulty meeting the deadlines for these additional cases while managing their existing cases.

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).

August 1, 2021 - October 31, 2021

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

The State has pulled multiple reports during different time periods and results average about the same across reporting time frames.

Provide additional information about this indicator (optional)

The State did not issue new findings for FFY2020 because FSEIP programs that caused the delay were still under previous findings.

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 |

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2019 | 3 | 1 | 2 |
| FFY 2018 | 2 | 2 | 0 |
| FFY 2017 | 2 | 1 | 1 |

FFY 2019

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 1 (NW), developed Correction Action Plan (CAP) to address Transition Steps and Services. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to service coordinator case load. The FSEIP 1 (NW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 1 (NW), including all records were Transition Steps and services were due. The MSFSEIP verified all cases (100%) reviewed, after the CAP activities were completed, met the federal definition of timely transition (Prong II). Based on follow-up record reviews, Local FSEIP 1 (NW) was found in compliance with developing transition steps and plans within the federal time frame.

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2019

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

All children for whom their cases were identified for noncompliance have aged out of the EIP. The State required all FSEPs 6 (CC) and 7 (SE) to resubmit CAPs to address continue noncompliance.

FFY 2018

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIPs 2 (NC) and 8 (SE), developed Correction Action Plan (CAP) to address Transition Steps and Services. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to service coordinator case load. The FSEIPs 2 (NC) and 8 (SE) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIPs 2 (NC) and 8 (SE), including all records were Transition Steps and serveries were due. The MSFSEIP verified all cases (100%) reviewed, after the CAP activities were completed, met the federal definition of timely transition (Prong II). Based on follow-up record reviews, Local FSEIPs 2 (NC) and 8 (SE) was found in compliance with developing transition steps and plans with in the federal time frame.

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 5 (CW), developed Correction Action Plan (CAP) to address Transition Steps and Services. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to service coordinator case load. The FSEIP 5 (CW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 5 (CW), including all records were Transition Steps and serveries were due. The MSFSEIP verified all cases (100%) reviewed, after the CAP activities were completed, met the federal definition of timely transition (Prong II). Based on follow-up record reviews, Local FSEIP 5 (CW) was found in compliance with developing transition steps and plans with in the federal time frame.

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

All children for whom their cases were identified for noncompliance have aged out of the EIP. The State required all FSEP 9 (CP) to resubmit CAPs to address continue noncompliance.

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2019, two findings identified in FFY 2018, and two findings identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFYs 2019, 2018, and 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2020 SPP/APR

8A - OSEP Response

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

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2019, and one uncorrected finding identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2019 and FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance,

unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 66.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.81% | 99.65% | 99.09% | 97.20% | 95.79% |

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 |
|---|--|---------------|-----------------|---------------|---------------------|-------------|
| 189 | 192 | 95.79% | 100% | 98.44% | Did not meet target | No Slippage |

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

FSEIP 5 (CW), 7 (SW) and 9 (CP) each had one case in where the letter to the LEA was not sent or documented being sent.

Describe the method used to collect these data.

The following criteria is was used to collect Transition 8B; (1) Child has IFSP; (2) Excludes Children with Late Referral (after 34.5 months); (3) Excludes Children Exiting Before 33 months.

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).

August 1, 2021 - October 31, 2021

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

The State has pulled multiple reports during different time periods and results average about the same across reporting time frames.

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 |
|--------------------------------------|---|--|--|
| 3 | | 1 | 2 |

FFY 2020 Findings of Noncompliance Verified as Corrected

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

In FFY 2020, the MSFSEIP did identify and make findings of noncompliance in Local FSEIP 8 (SE) related to Indicator 8B (SEA and LEA Notification). Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 8 (SE) was issued a state-developed Correction Action Plan (CAP) to address transition plans. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to a personnel/supervision issue. The FSEIP 8 (SE) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 8 (SE), including all records with transition SEA and LEA Notification due. The MSFSEIP verified all notifications (100%) reviewed, after the CAP activities were completed, met the timeline for notification (Prong II).

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

All children for whom their cases were identified for noncompliance have aged out of the EIP. The State required FSEIP 5 (CW) and 9 (CP) to resubmit CAPs to address continue noncompliance. But due to COVID-19 Programs have been unable to meet compliance for transition conference.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8B - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

8B - OSEP Response

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

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected.

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

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

Indicator 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 | 45.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.32% | 91.24% | 93.93% | 90.19% | 91.58% |

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 |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 137 | 192 | 91.58% | 100% | 83.85% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Local FSEIP 9 (CP) had a server Service Coordinator shortage at time of reporting they had 3 fulltime Service Coordinators to handle 300 plus cases at a given time.

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

24

Provide reasons for delay, if applicable.

There were 31 instances of system-based issues that led to delays in transition plans being completed, LEIP 9 (CP) 8 cases; 8 (SE), 1 9NW), 2 (NE) and 3 (NC) each had 4 cases; LEIP 7 (SW) 3 cases; LEIP 5 (CW) and 6 (CC) each had 2 cases. The main cause for transition plan delays was by Service Coordinator shortages, large caseloads and service coordinators being out due to COVID. The LEIP 9 (CP) and 7 (SW) reported significant Service Coordinator turnover which had a cascading effect of increasing caseloads on remaining personnel. As some of the reassigned cases were nearing transition deadlines, the (new) Service Coordinators had difficulty meeting the deadlines for these additional cases while managing their existing cases.

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).

August 1, 2021 - October 31, 2021

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

The State has pulled multiple reports during different time periods and results average about the same across reporting time frames. Provide additional information about this indicator (optional).

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 |
|--------------------------------------|---|--|--|
| 1 | | | 1 |

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State required FSEIP 6 (CC) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been transitioned out of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2018 | 2 | 1 | 1 |
| FFY 2017 | 4 | 3 | 1 |
| | | | |

FFY 2018

Findings of Noncompliance Verified as Corrected

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

The MSFSEIP did identify and make findings of noncompliance in Local FSEIP 1 (NW) related to Indicator 8C (Transition Conference). Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIP 1 (NW) was issued a state-developed Correction Action Plan (CAP) to address transition plans. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to a personnel/supervision issue. The FSEIP 1 (NW) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIP 1 (NW), with transition conference due. The MSFSEIP verified all transition conferences (100%) reviewed, after the CAP activities were completed, met the timeline for transition conference (Prong II). Based on follow-up record reviews, Local FSEIP 1 (NW) was found in compliance with providing timely transition conferences.

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2018

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State required FSEIP 7 (SW) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been transitioned out of Part C.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The MSFSEIP did identify and make findings of noncompliance in FSEIPs 2 (NE), 5 (CW) and 8 (CE) related to Indicator 8C (Transition Conference). Based on an analysis of local contributing factors and the extent of noncompliance, the FSEIPs 2 (NE), 5 (CW) and 8 (CE) was issued a state-developed Correction Action Plan (CAP) to address transition plans. This corrective action plan focused on ensuring correction of all instances of identified noncompliance (Prong I) and activities to address root causes of noncompliance, mostly related to a personnel/supervision issue. The FSEIPs 2 (NE), 5 (CW) and 8 (CE) submitted to the State evidence of correction of all instances of noncompliance (Prong I) and documentation of completion of all CAP activities to address root causes of noncompliance. This evidence was reviewed and verified by the MSFSEIP. Subsequently, the MSFSEIP pulled and reviewed one month of data for FSEIPs 2 (NE), 5 (CW) and 8 (CE), with transition conference due. The MSFSEIP verified all transition conferences (100%) reviewed, after the CAP activities were completed, met the timeline for transition conference (Prong II). Based on follow-up record reviews, FSEIPs 2 (NE), 5 (CW) and 8 (CE) was found in compliance with providing timely transition conferences.

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

All children for whom their cases were identified for noncompliance have aged out of the EIP.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State required FSEIP 6 (CC) and 9 (CP) to resubmit a CAP plan to further address non-compliance. All cases that caused the noncompliance have been transitioned out of Part C.

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2018 and the remaining four findings of noncompliance identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2018 and FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2020 SPP/APR

8C - OSEP Response

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. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2020, one remaining finding of noncompliance identified in FFY 2018, and the one remaining finding of noncompliance identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020, FFY 2018, and FFY 2017: (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 (EMAPS)).

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 Mississippi First Steps Early Intervention Program does not include Resolution Sessions in its Dispute Resolution policies and procedures.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave finale approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

- For FFY 2020, the target was set at 87.40%
- For FFY 2021, the target was set at 88.92%
- For FFY 2022, the target was set at 90.44%
- For FFY 2023, the target was set at 91.96%
- For FFY 2024, the target was set at 93.48%
- For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

- For FFY 2020, the target was set at 62.5%
- For FFY 2021, the target was set at 63%
- For FFY 2022, the target was set at 63.5%
- For FFY 2023, the target was set at 64%
- For FFY 2024, the target was set at 64.5%
- For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

- For FFY 2020, the target was set at 50.5%
- For FFY 2021, the target was set at 51%
- For FFY 2022, the target was set at 51.5%
- For FFY 2023, the target was set at 52%
- For FFY 2024, the target was set at 52.5%
- For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

- For FFY 2020, the target was set at 54%
- For FFY 2021, the target was set at 55%
- For FFY 2022, the target was set at 56%
- For FFY 2023, the target was set at 57%
- For FFY 2024, the target was set at 58%
- For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not

"realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

- For FFY 2020, the target was set at .73%
- For FFY 2021, the target was set at .83%
- For FFY 2022, the target was set at .93%
- For FFY 2023, the target was set at 1.03%
- For FFY 2024, the target was set at 1.13%
- For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

- For FFY 2020, the target was set at 1.98%
- For FFY 2021, the target was set at 2.06%
- For FFY 2022, the target was set at 2.09%
- For FFY 2023, the target was set at 2.12%
- For FFY 2024, the target was set at 2.15%
- For FFY 2025, the target was set at 2.18%

Historical Data

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

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

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|-------|------|------|------|------|
| Target>= | 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% | 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)?

The Mississippi Part C SSIP Stakeholders selected to continue to focus on improving the percentage of infants and toddlers who exit the MSFSEIP at or near age expectations on the acquisition and use of knowledge and skills, including early language/communication (i.e., Indicator 3: Outcome B - Summary Statement 2) from 50.5% in FFY2020 to 53% in FFY 2025. This SiMR will be reported statewide, including all nine Local Early Intervention Programs (LEIP) across the three Regions.

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://msdh.ms.gov/page/41,0,74,63.html>

Progress toward the SiMR

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

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

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 47.05% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 51.00% | 51.50% | 52.00% | 52.50% | 53.00% |

FFY 2021 SPP/APR Data

| # of infants and toddlers who were functioning within age expectations in Outcome B | # of infants and toddlers exiting not comparable to same-aged peers | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 350 | 850 | 47.05% | 51.00% | 41.18% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Over the past years the program has been implementing certain components of the State Systemic Improvement Plan (SSIP) that deals with child outcomes scoring. Because the high turnover in Service Coordinators we are seeing different scoring for children from when they entered and at exiting. State has observed that there were less children who was scored at (e. Infants and toddlers who maintained functioning at a level comparable to same aged peers) than previous years. COVID is continuing to play a significant role in the slippage of COS scores throughout the state. The state is seeing the direct correlation with the decrease of services being done in the natural environment due to COVID and COS slippage.

Provide the data source for the FFY 2021 data.

The data for this indicator comes from data collected for summary statement 2 for indicator 3B, i.e., the percent of infants and toddlers who were functioning within age expectations in their acquisition and use of knowledge and skills (including early language/ communication) by the time they

turned 3 years of age or exited the program. At the start of FFY2020, the MSFSEIP implemented a new comprehensive data system, Mississippi Infant Toddler Intervention (MITI) data system, which contained early childhood outcomes entry and exit ratings for all infants and toddlers exiting the MSFSEIP.

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

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life." These data are entered into the MITI data system to be included on the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected as close to but no more than 6 months prior to exit to determine child outcomes ratings again using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations, d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers).

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://msdh.ms.gov/page/41,0,74,63.html> (The evaluation plan was titled (Mississippi Part C SSIP Improvement Plan 2022) incorrectly on the MSDH website. The State has put in a request to change the name to the Mississippi Part C SSIP Evaluation Plan.)

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.

Accountability:

Revise the MSFSEIP general supervision process to ensure newly developed and adopted quality program standards, infant and toddler standards, early intervention personnel standards, quality preservice/in-service evaluation tools, and reports from the new data system are being embedded in procedures to assure the standards are met and maintained. By July 2022, the State revised the LEIP Self-Assessment Tools (Child Record Review Tool, Monitoring Interview, Monitoring Report Template, Service Provider Monitoring Tool) and Correction Action/Improvement Plan template by incorporating/aligning with the new personnel standards, and Mississippi Infant Toddler Data System. Developed a new guidance document on using the standards, tools, and reports for self-assessment and program improvement.

Personnel:

The MSFSEIP will continue to participate with the Comprehensive System of Development Leadership Team in the implementation of the State CSPD Plan and ensure cohorts of existing and new EI personnel (including both LEIP staff and participating providers) enroll in and obtain the Early Intervention Credential aligned to the new personnel standards.

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.

Accountability/Monitoring: Performance Indicator and Criteria

The short-term outcome for infrastructure improvements in the accountability system include the revision of tools for the state- and self-assessment process. - During this time period, the LEIP Self-Assessment Tool and Improvement and Corrective Action Plan template incorporating/aligning with standards, tools, and reports were revised and distributed to the LEIP.

The intermediate outcome for infrastructure improvements in the accountability system was the implementation of these tools and their use in annual monitoring and for development of LEIP Improvement and Corrective Action Plans to drive program improvement - By September 2022, the State had fully implemented the use of the new LEIP Self-Assessment Tools and Improvement and Corrective Action Plan templates as a suite for monitoring LEIP programs.

The implementation of these infrastructure improvements will ensure LEIP are high-quality programs that comply with IDEA regulations and meet program standards for sufficient numbers of well-trained personnel who implement evidence-based practices to improve outcomes for children and families.

Personnel: Performance Indicator and Criteria

The short-term outcome for infrastructure improvements in personnel development include the enrollment of personnel in the Early Intervention

Credential. During this time period, the two cohorts comprised of 34 of the state's 65 Service Coordinators (>50%) had enrolled in the credential training program.

The intermediate outcome for infrastructure improvements in personnel development was the successful completion of the Early Intervention Credential by those enrolled. By December 2022, 18 of those enrolled had successfully completed all training requirements and had earned the Early Intervention credential.

The implementation of the Early Intervention Credential program will ensure early intervention personnel have the foundational knowledge in early intervention, family-centered practice, IDEA law and regulations, evidence-based intervention and instruction, coordination and collaboration practices, and professional practices. This knowledge will enable them to meet personnel standards and to support children and families in achieving improved outcomes.

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

NO

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

The MSFSEIP will continue to (a) improve program-level data-driven decision making by building effective regional data teams to use program and financial data to enhance program management, (b) revise and implement accountability system procedures and tools to ensure program met standards, and (c) ensure cohorts of existing and new personnel enroll in and obtain the EI Credential aligned to the new personnel standards. These changes are expected to ensure programs are continuously evaluating their performance relative to quality standards and identify targets for local improvement activities. In 2022-2023, the MSFSEIP will publicly report on Local EIP performance relative to these quality program standards to ensure EI personnel and families have a shared understanding of what constitutes a high-quality EIP and to what extent their Local EIP meets and/or are improving on those standards.

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

The MSFSEIP continued efforts to implement:

- (1) ongoing monitoring with the Individual Growth and Development Indicator - Early Communication Indicator (IGDI-ECI) developed by Juniper Garden at the University of Kansas; and
- (2) the Routines-Based Model from the Evidence-based International Early Intervention Office at the University of Alabama.

Provide a summary of each evidence-based practice.

Early Language Development - IGDI-ECI:

The IGDI-ECI is a progress monitoring tool that is used to assess language development. According to the developers, "The ECI is a brief, repeatable, play-based, observational measure of a child's communicative performance during a 6-minute play period with a familiar adult. The play session is standardized around one of two toys – either the Fisher-Price House or Farm." The IGDI-ECI provides counts of the use of gestures, vocalizations, single words, and multiple words which are combined to provide a total communication score. Performance on the IGDI-ECI can be plotted to show progress over time and development from prelinguistic communication (i.e., gestures and vocalizations) to spoken language (i.e., single words and multiple words). In addition, the individual subskills and the overall communication score can be compared to norms to determine if children are performing similar or dissimilar to typical-developing children.

Routines-Based Model:

The Routines-Based Model for Early Intervention developed by Robin McWilliam is a comprehensive model for the delivery of early intervention services that is family-focused, routines-based, and uses transdisciplinary approaches. The model consists of six key practices: assessing family systems using Ecomaps, gathering individual family information through the Routines-Based Interview (RBI), development of participation-based functional child and family goals, use of transdisciplinary practices for service delivery, procedures for conducting supportive home visits, and use of collaborative consultation in child care settings. This intervention is grounded in decades of research on assessment and intervention planning, home- and community-based supports, and the engagement classroom model as well as aligned to the DEC Recommended Practices.

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.

Early Language Development - IGDI-ECI:

The IGDI-ECI data are used to monitor language development, evaluate the impact of language interventions, and inform IFSP goal development. Prior to the COVID pandemic, the IGDI-ECI was administered quarterly with all infants and toddlers enrolled in early intervention. As a result of the COVID pandemic and subsequent shift to virtual service delivery for many families, the IGDI-ECI was not able to be consistently implemented, as it required in person administration. In September 2021, the MSFSEIP worked with IGDI-ECI consultants to certify 40 EI personnel on adapted procedures to administer the IGDI-ECI virtually. In addition, 5 additional personnel were certified as IGDI-ECI Trainers to ensure the state could sustain these efforts. As a result, the MSFSEIP has resumed quarterly administration with all enrolled infants and toddlers whether they receive services in person or virtually. Continued implementation will support efforts to ensure children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices (see description above) and has measures of quality implementation embedded within the model. The adoption of the RBM is expected to promote family engagement and improve outcomes for children and families by having families actively participate in service delivery and consistently use interventions in their daily routines. If implemented with fidelity, an increased percentage of the children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

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

Early Language Development - IGDI-ECI:

To monitor fidelity of implementation, personnel are provided a certification assessment to ensure they are administering the assessment and coding the results consistent with standard procedures. Certification must be maintained annually; however, personnel are checked at least every six months or more frequently, if needed, to ensure interrater reliability.

The IGDI-ECI data itself is used to monitor the outcome of interventions to promote the child's development of language. The tool helps service providers determine if the child is making sufficient progress in overall communication and to determine which subskills the child has mastered and

which have not yet emerged. Results are collected and shared with families and providers during IFSP review and revision meetings and may be used to inform language development goals.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices (see description above) and has measures of quality implementation embedded within the model. Each module in the training series (see description above) has reflective practice submissions, assignments, and an assessment. In addition to the formal assessment, each reflective practice and assignment has a scoring rubric to identify if personnel are mastering the material. The model has explicit fidelity measures for rating performance on each key component. After personnel demonstrate initial fidelity in a practice, they will be observed quarterly and receive ongoing coaching to ensure they are maintaining fidelity. After two consecutive quarters of maintaining fidelity, personnel will be moved to a schedule of biannual monitoring.

File reviews of assessments, communication logs, and service logs as well as virtual or in-person (as practicable) observations will be conducted with fidelity measures to ensure changes are being consistently implemented with families. In addition, annual monitoring procedures, including family interviews, are being revised to include elements to determine consistent implementation across local EIPs.

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.

N/A

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

Early Language Development:

Over the next reporting period, personnel will be monitored to ensure they are implementing the IGDI-ECI with fidelity. In addition, EI personnel will be provided training, guidance, and coaching on the implementation of interventions to promote early language development. The impact of this training will be measured by changes in the IGDI-ECI scores for children whose service providers participate in the training.

In addition, annual monitoring procedures, including file reviews, are being revised to include elements to determine consistent implementation of the IGDI-ECI and early language interventions within participating local EIPs.

Routines-Based Model:

Due to turn over and shortage of EBP coaches; and Program Coordinators turnover the EBP coaches have not begun to facilitate their own cohort of three to five learners through the module series. A new cohort of EBP coaches will start in March 2023 which will be facilitated by the RBM Consultant.

After all Service Coordinators complete the RBM modules and have moved into the monitoring and coaching phase, EI Service Providers will be given access to the module series and receive ongoing coaching and monitoring.

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

YES

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

The State, feels that it would be premature to revise the SSIP due to the state is making progress on the identified infrastructure improvement strategies and evidence-based practices.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The MSFSEIP has multiple avenues to engage stakeholders in advising the program. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders.

On October 22, 2021, the SICC and stakeholders assisted the MSFSEIP in setting the FFY2020-FFY2025 APR targets for Indicators 2, 3, 4, 5, and 6. On November 10, 2021, the program held a stakeholders meeting to determine if the state would keep the same SiMR or adopt a new one for FF2020-2025. On December 16, 2021, a second stakeholders meeting was held to finalize and approve the revised SiMR. On January 28, 2022, the SICC and stakeholders gave final approval for FFY 2020-2025 targets which included the SiMR.

For Indicator 2, the stakeholders and SICC members recommended resetting the baseline from 97% (set in 2005) to 87.36% (set based on 2019 data). The stakeholders and SICC members discussed challenges faced by related health providers in early intervention since 2005, including the lack of rate increases for the past ten years, Medicaid's move of families from regular Medicaid to managed care plans, and increased costs of doing business. These financial pressures, which predated COVID, had already led many providers to move away from individual practice toward group practices and clinic-based services. Further as providers are not employed directly by the early intervention programs, they have become more concentrated in the most populated areas which has increasing the travel distance, and associated costs for providers who are not reimbursed for travel time, to rural communities. These changes were only exacerbated by the COVID pandemic which also led to a large increase in teleintervention services being offered, with some providers being unwilling to return to in person service delivery. Given the current situation, stakeholder input recommended resetting the baseline and setting more "realistic" and "achievable" targets for the natural environments indicator.

The targets for Indicator 2: Natural Environment were set as follows:

For FFY 2020, the target was set at 87.40%
For FFY 2021, the target was set at 88.92%
For FFY 2022, the target was set at 90.44%
For FFY 2023, the target was set at 91.96%
For FFY 2024, the target was set at 93.48%
For FFY 2025, the target was set at 95%

For Indicator 3, the stakeholders and SICC members recommended keeping the targets for Summary Statement 1, Outcomes A-C at 85%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of children receiving early intervention services would show significant growth. Based on past performance, at least 80% of children had significant growth, and the stakeholders felt 85% continued to be an ambitious but achievable target. The targets for Summary Statement 2, Outcomes A-C were set as follows based on input from stakeholders who considered past performance and what they determined was again realistic and achievable.

Indicator 3: Child Outcomes:

Summary Statement 1 for Outcomes A - C targets were set to remain at 85% for FFY2020-FFY2025.

Summary Statement 2 for Outcomes A2

For FFY 2020, the target was set at 62.5%

For FFY 2021, the target was set at 63%

For FFY 2022, the target was set at 63.5%

For FFY 2023, the target was set at 64%

For FFY 2024, the target was set at 64.5%

For FFY 2025, the target was set at 65%

Summary Statement 2 for Outcomes B2 - SiMR

For FFY 2020, the target was set at 50.5%

For FFY 2021, the target was set at 51%

For FFY 2022, the target was set at 51.5%

For FFY 2023, the target was set at 52%

For FFY 2024, the target was set at 52.5%

For FFY 2025, the target was set at 53%

Summary Statement 2 for Outcomes C2

For FFY 2020, the target was set at 54%

For FFY 2021, the target was set at 55%

For FFY 2022, the target was set at 56%

For FFY 2023, the target was set at 57%

For FFY 2024, the target was set at 58%

For FFY 2025, the target was set at 59%

For Indicator 4, the stakeholders and SICC members recommended keeping the targets at 92%. They stated that although a target of 100% was not "realistic" and "achievable" they did have expectations that the vast majority of families should indicate early intervention services helped them and their children.

Indicator 4: Family Survey target set to remain at 92% for FFY2020-FFY2025.

For Indicators 5 and 6, the stakeholders and SICC members recommended keeping the targets at the same rate of growth, despite the drops due to COVID. They expected a rebound in Child Find to increase total enrollment after the lessening of the pandemic threat comparable to growth prior to the pandemic.

Indicator 5: Child Find 0-1 target was set as follows:

For FFY 2020, the target was set at .73%

For FFY 2021, the target was set at .83%

For FFY 2022, the target was set at .93%

For FFY 2023, the target was set at 1.03%

For FFY 2024, the target was set at 1.13%

For FFY 2025, the target was set at 1.23%

Indicator 6: Child Find 0-3 target was as follows:

For FFY 2020, the target was set at 1.98%

For FFY 2021, the target was set at 2.06%

For FFY 2022, the target was set at 2.09%

For FFY 2023, the target was set at 2.12%

For FFY 2024, the target was set at 2.15%

For FFY 2025, the target was set at 2.18%

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

The MSFSEIP engaged stakeholders through State Interagency Coordinating Council public meetings, specific hybrid (in-person and virtual) SSIP meetings, surveys, and development of a Padlet site of resources. The stakeholders were engaged in large and small group discussions, provided resources and data collection tools, and provided multiple methods, including synchronous and asynchronous opportunities, for contribution to decision-making.

To support broad stakeholder engagement in the development of implementation activities, the state facilitated a series of stakeholder meetings to review progress from the initial plan and to determine next steps for a revised plan. To prepare families to participate in these meetings, the state constructed a Padlet site, posting links to articles, tools, infographics, videos, and websites organized around the child outcomes, infrastructure assessment/improvements, evidence-based practices, and documents related to our initial State Systemic Improvement Plan (SSIP). During the stakeholder meeting, these materials were reviewed using several rounds of small group discussion/large group report out activities to ensure they were understood and could be used to inform group decisions. Additional resources to be used during the stakeholder meetings were also uploaded, including self-assessment tools, discussion questions, and surveys. Results of these assessments, discussions, and surveys were uploaded on the site after their completion to prepare for subsequent stakeholder meetings.

Once consensus was achieved in selecting improvement activities, the selected strategies were reviewed by the stakeholders with a focus on their

implementation with diverse families to ensure they were appropriate. For example, when considering progress monitoring assessments, the Early Communication Indicator was selected to monitor progress in language development due to its ability to be used with any native language, including American Sign Language. When reviewing models to support family-centered approaches, the Routines-Based Model by Robin McWilliam was selected as it has been demonstrated to be used effectively with diverse populations nationally and internationally.

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

NO

Additional Implementation Activities

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

N/A

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

N/A

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

N/A

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that revision because the baseline data (47.00%) and the FFY 2020 data (47.05%) do not match. With the FFY 2021 SPP/APR the State must provide accurate data for the baseline.

The State did not provide numerator and denominator descriptions in the FFY 2020 data table. The State must provide the required numerator and denominator descriptions for FFY 2021 in the FFY 2021 SPP/APR.

The State provided a link to the Evaluation Plan; however, the evaluation plan is not found at that link. The State must provide a working link to the current Evaluation Plan in the FFY2021 SPP/APR.

Response to actions required in FFY 2020 SPP/APR

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

11 - Required Actions