

IN  
Part C

FFY2017  
State Performance Plan /  
Annual Performance Report

**Executive Summary:**

**Attachments**

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**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 Indiana Part C, First Steps, APR for FFY2017 was developed by the Bureau of Child Development Services, Division of Disability and Rehabilitative Services, Family and Social Services Administration (the lead agency for Part C) utilizing direction and input from a broad group of stakeholders.

Data for the indicators in the APR were provided from numerous sources. These included:

- The state centralized database (Social Services Data Warehouse)
- Claims data from the Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) data, compiled from annual on-site Cluster reviews
- System Point of Entry (SPOE) self-reviews and Cluster Performance Plan Progress Reports/Continuous Quality Improvement Plans
- Early Childhood Outcomes (ECO) Family Survey (parent exit interviews)
- Child outcome data collected and analyzed by the Indiana Institute for Disability and Community (IIDC) Early Childhood Center (ECC) at Indiana University (IU)

Indiana has a comprehensive general supervision system that includes the statewide data system, a statewide quality review-focused monitoring system, local quality review committees and an ongoing research initiative on program outcomes performed by the IIDC at Indiana University. A description of each component is provided below.

**1. Statewide Data System:**

A data file is created for every child referred to the First Steps system. Data includes child/family/provider information (date of birth; referral; intake; evaluation; IFSP; termination with reason; child demographic data; and provider information). Data for each of the nine System Point of Entry (SPOE) clusters can be reviewed at any time by state and/or the local cluster. This data is used by the state as a source for ongoing desk audits of the system.

**2. The Social Services Data Warehouse:**

The Social Services Data Warehouse (a state contracted entity that uses state provided data to develop 618 data and state profile reports) provides the state with county, cluster and statewide data reports. These reports are used by the state and clusters to monitor trends over time. The profiles of the state and clusters are posted on the state website for public access. They can be viewed at <https://www.in.gov/fssa/ddrs/2812.htm>.

**3. A Statewide Quality Review-Focused Monitoring System:**

The state First Steps office contracts with the ECC at IU to provide quality review coordination, on-site reviews and local technical assistance. Indiana has nine System Points of Entry (SPOE) clusters that serve as the local entity for referrals to Part C. Each of the SPOEs receives technical assistance visits as needed and an annual verification visit. These visits are led by a Quality Review team member responsible for the cluster. Additional team members include state staff, peers from other clusters, and providers. The Quality Review plan was enhanced to review not only compliance measures, but several quality measures within local programs to assess possible program training needs and for local program improvement strategic planning purposes.

**4. Local Continuous Quality Improvement Plans:**

In addition to the annual verification visits, the SPOEs provide quarterly quality review reports and progress updates. SPOEs must submit progress data to demonstrate compliance. The Continuous Quality Improvement Plan (CQIP) serves as the cluster's quality monitoring plan and includes strategies to correct any findings issued by the state First Steps office, as soon as possible, but no later than one year. The improvement plans incorporate an ongoing, collaborative program improvement approach which balances compliance monitoring with a targeted results focus. Once the SPOE has demonstrated compliance for a reporting period and the data are verified by the state, the finding is verified as 'corrected' and the state issues a letter of compliance. As part of this process, SPOE

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

quarterly data is shared with the Local Planning and Coordinating Council (LPCC) and stakeholder input is gathered.

**5. Ongoing Research Initiative on Program Outcomes:**

The ECC at IU is contracted for collecting child and family outcome data. In July 2014, a new, uniform collection tool/form was implemented for families' service providers to complete.

Quality Review-Focused Monitoring (QRFM) visits for FFY2017 were conducted in the months of October through December 2017, with findings issued by the state to the SPOE in December of 2017, within 90 days of the completion of all visits. Each SPOE received a findings table which listed all federal and state indicators including noncompliance indicators requiring correction. The SPOEs were directed to demonstrate 100% compliance for indicators 1, 7, and 8, along with other state identified areas of noncompliance (annual IFSPs completed prior to expiration; timely six month reviews; ten day written prior notice; income and insurance documentation) as soon as possible, but no later than one year from the date of the finding. For identified noncompliance that was not attributed to a systemic root cause, SPOEs continued monitoring and reporting efforts to report progress toward compliance. SPOEs were required to provide periodic progress data and narrative updates to demonstrate compliance with the indicators at six months, nine months and eleven months from the date of the finding.

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**Technical Assistance System:**

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

Indiana First Steps has contracted with the Early Childhood Center (ECC) at Indiana University (IU) to implement a system to provide technical assistance to the nine System Points of Entry (SPOE) clusters. The ECC at IU has implemented an individualized, technical assistance approach designed to support the timely delivery of high quality early intervention services to eligible children and families in Indiana. Depending on regional needs, technical assistance can be provided on-site or through the use of technology. Technical assistance is provided by trained staff, and focuses on assisting SPOEs in the development of their Continuous Quality Improvement Plans (CQIPs).

Technical assistance was given to service providers regarding the content and quality of home visiting documentation. Additional technical assistance in the form of data analysis was provided throughout the year in response to requests from state staff, and as trends and patterns emerged.

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**Professional Development System:**

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

The state First Steps Early Intervention System provided the following professional development opportunities:

- The statewide coordination of targeted training activities related to infants and toddlers and Indiana's SSIP goals
- Greater access to learning opportunities for service providers
- A coordinated schedule of training activities that balances regional face to face trainings, train the trainer activities, online modules and webinars
- Specialized training opportunities bringing together professionals from different fields, including other home visiting programs, early education and child care service providers

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**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR.

These stakeholders included:

- Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:
  - Department of Education
  - Office of Special Education
  - Department of Health
  - Division of Family and Children
  - Head Start
  - Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2017 and 2018 to discuss the State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets. Data for the FFY2017 APR were presented to the ICC at its quarterly meeting in November 2018. On January 9, 2019, the ICC completed its final review of the FFY2017 APR.

### Attachments

File Name	Uploaded By	Uploaded Date	Remove
<a href="#">icc chair signature page ffy17 apr.pdf</a>	Janet Ballard	1/10/2019 9:12 AM	
<a href="#">2018 governors report final.pdf</a>	Janet Ballard	1/10/2019 9:13 AM	

### Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider 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 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

Indiana First Steps has posted the SPP/APR for previous years FFY2014-2016. The Annual Performance Report (APR) for FFY 2014-2016 along with OSEP letters of response to the FFY2016 APR are on the First Steps website located at <http://www.firststeps.in.gov> under 'Program Policies & Updates' and then 'Program Evaluation Reports'. The Indiana APR for FFY17 will be posted following the APR submission on February 1, 2019.

### Attachments

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### Actions required in FFY 2016 response

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 1: Timely provision of services**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		91.00%	98.00%	98.00%	98.00%	98.50%	98.00%	99.00%	99.20%	98.30%	98.15%

FFY	2015	2016
Target	100%	100%
Data	97.87%	95.68%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
1666	1849	95.68%	100%	93.56%

**Reasons for Slippage**

Indiana continues to struggle with providers availability and delivering services in a timely manner (30 days) for all infants and toddlers coming into the system. Clusters F and I continue to have issues to cover the many rural counties in their region. Specifically, Many providers in these clusters who serve the rural counties designate limited time to that area and if the day/time does not work for the family timelines are missed. Other issues identified are a breakdown in communication between the service coordinator and the provider agency in sharing the referral information and IFSP paperwork with enough time to schedule with the family; and receiving the physician's signature on the IFSP that allows time for the provider agency to schedule with the family in a timely manner.

Indiana continues to see an increase in the number of referrals going through the IFSP process. Indiana had 28,740 referrals this year, which is a 3% increase from last year and a 20% increase from 2015. Additionally, approximately 7% of children born in 2017 were born with prenatal substance use exposure also attributing to our increase referrals. Our provider pool has remained fairly consistent from year to year while the number of children in need of services continues to increase which leads to an increase in the number of services provided to children and families past 30 days.

The slippage will be addressed at the state/local level to evaluate what each SPOE and provider agency can do to improve the number of families receiving services in a timely manner. Regular meetings are held between state First Steps staff with provider agency directors and SPOE directors where issues like this are addressed. The cluster LPCCs also help to address this issue by facilitating quarterly provider agency meetings to discuss issues facing the First Steps program including timely delivery of services.

**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.

64

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).

Indiana First Steps has defined timely as, "all services written in the IFSP are initiated within 30 calendar days from the IFSP date, with parent approval or within 30 days from the parent signature date on the IFSP service page for newly added services." The expectation is that 30 calendar days represents a reasonable amount of time for services to begin.

Indiana does allow for delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for 2/21/2019

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

less frequent delivered services, such as hearing aid maintenance scheduled on a quarterly basis. The number listed as exceptional family circumstances (64) is added to the 'number of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner' (1,666) for the grand total (1,730).

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year.

During the annual on-site visit, the sample was at least 10% of all annual IFSPs written during the July to September 2017 quarter. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files. SPOEs then completed internal monitoring and submitted data on a quarterly basis.

Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system. Reviewers noted if the state's "Confirmation of Start of Service" form was present in the record and if all new services started within 30 days of the parent signature on the IFSP. Timely start of service is reviewed for all initial IFSPs, new services added to annual IFSPs and any new services added at the 6-month review. If services were not delivered within 30 days, the reason for delay and actual start date of services must be specified. If the reason for delay is due to exceptional family circumstance, SPOE staff are expected to keep detailed documentation in their clinical notes. There were 64 instances of late service starts due to exceptional family circumstances.

Provide additional information about this indicator (optional)

	<b>% of total new IFSPs initiated ≤ 30</b>	<b>Services Provided &gt;30 days</b>
State Total	93.6% (1730/1849)	119

The state looked at a sample of 1,849 IFSPs during FFY17. It was found that 119 of the 1,849 IFSPs were not timely due to reported system errors at the child level. All children eventually received services albeit after 30 days. The range of days when services started was between 31 and 129. All nine clusters received a finding of noncompliance for this indicator. Below is a chart showing when the cluster came into compliance and the date it was verified by the state.

Correction of Non-Compliance:

<b>Cluster/SPOE</b>	<b>State Correction of Non-Compliance</b>	<b>Data Time frame of Correction</b>	<b>State Verification Date</b>
Cluster A	100% (40/40)	January-March 2018	8/6/2018
Cluster B	100% (47/47)	July-September 2018	9/27/2018
Cluster C	100% (40/40)	October-December 2017	5/24/2018
Cluster D	100% (40/40)	January-March 2018	8/6/2018
Cluster F	N/A	N/A	N/A

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Cluster G	N/A	N/A	N/A
Cluster H	N/A	N/A	N/A
Cluster I	N/A	N/A	N/A
Cluster J	100% (40/40)	October-December 2017	5/16/2018

Five of the nine clusters met compliance for this indicator. Four clusters still remain out of compliance.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	1	2	4

**FFY 2016 Findings of Noncompliance Verified as Corrected**

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

**2016 Analysis of Subsequent Data**

Cluster/SPOE	State Correction of Noncompliance Data	Date Time frame	State Verification Date
Cluster A	100% (32/32)	January-March 2018	8/6/18
Cluster C	100% (67/67)	October-December 2017	5/24/18
Cluster D	100% (60/60)	January-March 2017	9/6/17
Cluster F	N/A	N/A	N/A
Cluster G	N/A	N/A	N/A
Cluster H	N/A	N/A	N/A

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Cluster I	N/A	N/A	N/A
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Seven clusters received a findings of noncompliance in FFY2016. Cluster D was able to correct the noncompliance within one year of identification. Two clusters (Clusters A and C) were able to correct the noncompliance albeit after the one year time frame. The correction of noncompliance was verified by the completion of onsite visits, which include onsite file audits and data reviews. Corrections were verified at both the system and child level. Reasons of noncompliance were reviewed by each SPOE lead agency. While the lead agency did not find any systemic errors with Clusters A, C, and D, it was noted that in most individual cases the delays were contributed to lack of providers to serve where the family resides, lack of communication between the service coordinator, provider and family, and scheduling difficulties between the provider and family.

The other clusters (F, G, H, and I) have not met compliance for this indicator. Each individual case of noncompliance was addressed (e.g., services began, albeit not within 30 days) was verified at both the system and child level.

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

In accordance with OSEP Memorandum 09-02, the state issued 7 findings for this indicator. Indiana was able to demonstrate timely correction with state verification for Cluster D. Verification of correction of noncompliance was completed prior to one year from the finding. Clusters A and C were outside of the one year time frame for correction of noncompliance.

### FFY 2016 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters in developing Continuous Quality Improvement Plans (CQIPs) by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence-based plans and providing feedback as needed. Assistance is also provided to service coordinators regarding quality documentation of their visits with the families. Additional technical assistance is also offered through ongoing data analysis.



**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			94.00%	94.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Data		97.60%	97.40%	98.30%	98.49%	99.20%	98.18%	98.80%	98.70%	98.77%	97.31%

FFY	2015	2016
Target ≥	95.00%	95.00%
Data	99.16%	99.25%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	95.00%	95.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	9,849	
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Total number of infants and toddlers with IFSPs</a>	10,278	

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
9,849	10,278	99.25%	95.00%	95.83%

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

In Indiana, natural environment information is captured by our Central Reimbursement Office (CRO) through provider claims that require a location code for all services provided.

The IFSP team is responsible for determining where the eligible child will receive services. If the natural environment is not determined to be the best location, the team must write a justification as part of the IFSP to address why services will not occur in the natural environment and what options were considered. A planned time line must be also present on how the team plans to transition the child to the natural environment. All of this documentation is part of the child's IFSP.

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3: Early Childhood Outcomes**

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)

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)? **No**

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						52.00%	53.00%	53.00%	53.00%	55.00%	55.00%
		Data					51.70%	51.00%	49.00%	50.00%	52.00%	53.91%	53.88%
A2	2008	Target ≥						50.00%	51.00%	51.00%	51.00%	57.00%	57.00%
		Data					49.90%	49.00%	47.00%	49.00%	54.00%	56.42%	61.08%
B1	2008	Target ≥						57.00%	58.00%	58.00%	58.00%	55.00%	55.00%
		Data					56.30%	59.00%	59.00%	56.00%	55.00%	51.64%	51.37%
B2	2008	Target ≥						69.00%	70.00%	70.00%	70.00%	72.00%	72.00%
		Data					68.50%	68.00%	68.00%	69.00%	72.00%	71.91%	73.54%
C1	2008	Target ≥						54.00%	55.00%	55.00%	55.00%	55.00%	55.00%
		Data					53.80%	54.00%	52.00%	53.00%	50.00%	50.25%	49.56%
C2	2008	Target ≥						62.00%	63.00%	63.00%	63.00%	67.00%	67.00%
		Data					61.70%	59.00%	58.00%	63.00%	66.00%	66.55%	67.71%

	FFY	2015	2016
A1	Target ≥	55.00%	55.00%
	Data	55.88%	53.56%
A2	Target ≥	57.00%	57.00%
	Data	62.67%	61.09%
B1	Target ≥	56.00%	56.00%
	Data	58.10%	55.11%
B2	Target ≥	72.00%	72.00%
	Data	76.20%	74.50%
C1	Target ≥	55.00%	55.00%
	Data	49.94%	50.11%
C2	Target ≥	67.00%	67.00%
	Data	68.16%	66.57%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A1 ≥	55.00%	55.00%
Target A2 ≥	57.00%	57.00%
Target B1 ≥	56.00%	57.00%
Target B2 ≥	72.00%	72.00%
Target C1 ≥	55.00%	55.00%
Target C2 ≥	67.00%	67.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	10819.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	58.00	0.75%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2513.00	32.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	558.00	7.26%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2745.00	35.71%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1812.00	23.58%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 $(c+d)/(a+b+c+d)$ .	3303.00	5874.00	53.56%	55.00%	56.23%
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 $(d+e)/(a+b+c+d+e)$ .	4557.00	7686.00	61.09%	57.00%	59.29%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	42.00	0.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1544.00	20.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	485.00	6.31%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1598.00	20.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4018.00	52.27%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 $(c+d)/(a+b+c+d)$ .	2083.00	3669.00	55.11%	56.00%	56.77%
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 $(d+e)/(a+b+c+d+e)$ .	5616.00	7687.00	74.50%	72.00%	73.06%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	61.00	0.79%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2202.00	28.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	468.00	6.09%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2030.00	26.42%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2924.00	38.05%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 $(c+d)/(a+b+c+d)$ .	2498.00	4761.00	50.11%	55.00%	52.47%
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 $(d+e)/(a+b+c+d+e)$ .	4954.00	7685.00	66.57%	67.00%	64.46%

Reasons for C2 Slippage

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

This slippage may be a natural correction from the Exit Skills Checklist module that was a required training for all providers in the First Steps system in FFY17. Many providers had a variety of ways to collect the exit information and through the training module, it suggested best practice of completing the checklist with the family during the last few visits with the child/family.

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

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	
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.	2454

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No  
Provide the criteria for defining "comparable to same-aged peers."

Indiana's Part C program employs the Assessment, Evaluation, and Program System for Infants and Children (AEPS) to determine children's eligibility and developmental status in relation to 'same-aged peers.' At exit, the child's ongoing service providers compile progress data on AEPS skills using a checklist and provide this data to an Assessment Team member for final scoring on the AEPS. The Assessment Team uses the checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1., -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.'

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

Indiana's Part C program employs the Assessment, Evaluation, and Program System for Infants and Children (AEPS) to determine children's eligibility and developmental status in relation to 'same-aged peers.' The AEPS is administered by a multidisciplinary Assessment Team at entrance into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service providers compile progress data on AEPS skills and provide this data to an Assessment Team member for final scoring on the AEPS. In FFY2014, a new instrument and procedure was used to increase the quality and accuracy of exit assessments. The state developed a standard data collection tool for recording children's progress upon exit. All ongoing service providers are asked to complete this Exit Skills Checklist within the child's final month of service. The Assessment Team uses this checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1., -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.' This instrument and procedures are still in place for FFY17. Three domains of the AEPS are associated with each of the three federal outcomes:

Outcome 1 - Social/Emotional domain

Outcome 2- Cognitive domain

Outcome 3- Adaptive domain

Actions required in FFY 2016 response

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement**

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)

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2004	Target ≥		99.00%	99.00%	99.00%	99.00%	100%	99.00%	99.00%	99.00%	97.00%	97.00%
		Data	99.90%		96.50%	94.00%	95.60%	96.30%	96.10%	95.10%	96.88%	96.44%	96.54%
B	2004	Target ≥		99.00%	99.00%	99.00%	99.00%	100%	99.00%	99.00%	99.00%	97.00%	97.00%
		Data	99.90%		98.70%	98.40%	98.70%	98.90%	98.90%	95.30%	96.17%	96.22%	96.29%
C	2004	Target ≥		99.00%	99.00%	99.00%	99.00%	100%	97.00%	97.00%	97.00%	95.00%	95.00%
		Data	95.50%		94.00%	93.80%	94.80%	95.30%	95.80%	93.80%	95.28%	94.22%	94.75%

	FFY	2015	2016
A	Target ≥	97.00%	98.00%
	Data	96.62%	96.84%
B	Target ≥	97.00%	98.00%
	Data	95.96%	96.73%
C	Target ≥	96.00%	96.00%
	Data	94.57%	94.80%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A ≥	99.00%	100%
Target B ≥	99.00%	100%
Target C ≥	96.00%	96.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2017 SPP/APR Data**

Number of families to whom surveys were distributed	8367.00
Number of respondent families participating in Part C	63.14% 5283.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	5213.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	5283.00
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	5209.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	5283.00
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	5208.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	5283.00

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their	96.84%	99.00%	98.67%

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
rights			
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	96.73%	99.00%	98.60%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	94.80%	96.00%	98.58%

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.  
Yes

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

Service Coordinators throughout the state are expected to request all families exiting the First Steps system to complete an exit survey that is based on the questions/form provided by the ECO Center. These requests to complete the survey are made up to 3 months prior to the child and family's exit from First Steps. For FFY2017, 5,283 families completed the entire survey. This represents 63% of all families (N=8367) who exited First Steps and were in the program for a minimum of 6 months.

All service coordinators receive training on how to present the family survey and the associated collection methods and required reporting components.

Indiana has continued to carry out additional efforts designed to increase the percentage of families completing the exit survey. Individual regional offices continue to identify improvement efforts to increase the percentage of families completing the exit survey. Each regional office is responsible for providing quarterly data and noting ongoing efforts to ensure completion and accuracy of the family survey data. The state will continue to evaluate ways to capture accurate family data when a family is leaving the system. The state will continue to review and monitor the results and coordinate with each of the regional offices to monitor their individual performance.

Demographics of the state were accurately reflected in the family exit interview for the full reporting period.

Demographic Information for Indicator 4

Cluster	Not reached/not responded	Family declined	Family moved	Survey not administered	Yes	Grand Total	% completed
A	109	96	11	106	623	945	65.9%
B	130	24	5	27	668	854	78.2%
C	125	63	3	43	614	848	72.4%
D	108	87	1	31	419	646	64.9%
F	21	28	11	80	218	357	61.1%
G	525	397	9	132	1,414	2,477	57.1%
H	62	16	9	131	290	507	57.2%
I	221	16	5	96	641	979	65.5%
J	136	46	4	169	397	752	52.8%
Grand Total	1,437	773	58	815	5,284	8,365	
Percentage	17.2%	9.2%	0.7%	9.7%	63.2%		

63.2% of exiting families completed the family assessment, with regions ranging from 52.8% to 78.2%.

Race-Description	All Children Exiting		Completed Assessment	
	Number	Percentage	Number	Percentage
2 or more races	612	7.3%	359	6.8%
American Indian or Alaska Native	11	0.1%	4	0.1%
Asian	144	1.7%	80	1.5%
Black or African American	771	9.2%	414	7.8%
Hispanic/Latino	731	8.7%	425	8.0%
Native Hawaiian or Other Pacific Islander	5	0.1%	4	0.1%
White	6,091	72.8%	3,998	75.7%
Grand Total	8,365	100.0%	5,284	100.0%

**Actions required in FFY 2016 response**

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.56%	1.56%
Data		1.40%	1.39%	1.25%	1.25%	1.30%	1.38%	1.26%	1.40%	1.22%	1.27%

FFY	2015	2016
Target ≥	1.56%	1.57%
Data	1.36%	1.33%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	1.57%	1.57%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	1,168	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	<a href="#">Population of infants and toddlers birth to 1</a>	82,498	null

**FFY 2017 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,168	82,498	1.33%	1.57%	1.42%

**Compare your results to the national data**

Indiana did not meet the target of 1.57% for this indicator. Indiana is above the national average of 1.25% according to the 2018 Part C SPP/APR Indicator Analysis Booklet.

Indiana continues to struggle with referring and enrolling children into the Part C program under the age of 12 months. Certain parts of the state, specifically rural counties struggle with the birth to one population. While SPOEs continue to work with NICUs and physicians around the state to refer this population to First Steps this continues to be an issue. For example, many families leaving the NICU want time with their new baby before making a referral. The state also has many physicians that take the 'wait and see" philosophy before referring infants to the program. The SPOEs continue to educate NICU staff, physicians, parents, and childcare staff about the importance of early referrals to First Steps.

Indiana will continue to target young infants and their families through current and new referral sources throughout the state in an attempt to get more eligible infants into the program before they are 12 months of age.



Actions required in FFY 2016 response

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			3.30%	3.25%	3.25%	3.15%	3.00%	3.00%	3.00%	3.83%	3.83%
Data		3.83%	3.66%	3.44%	3.64%	3.74%	3.92%	3.54%	3.65%	3.64%	3.79%

FFY	2015	2016
Target ≥	3.83%	3.84%
Data	3.89%	4.09%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	3.84%	3.84%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	10,278	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	<a href="#">Population of infants and toddlers birth to 3</a>	251,296	

**FFY 2017 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
10,278	251,296	4.09%	3.84%	4.09%

**Compare your results to the national data**

Indiana met the target of 3.84% for this indicator. Indiana is above the national average of 3.26% according to the 2018 Part C SPP/APR Indicator Analysis Booklet.

Indiana continues to meet the needs of young children under the age of three. The state continues to pursue new referral sources and encourages current sources to refer children to the Part C program to ensure all children under three, who are eligible for Part C get the services they need.

**Actions required in FFY 2016 response**

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		99.62%	99.53%	99.60%	99.80%	99.90%	99.80%	99.50%	99.10%	97.60%	97.01%

FFY	2015	2016
Target	100%	100%
Data	96.64%	99.07%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
11,836	12,223	99.07%	100%	98.67%
Number of documented delays attributable to exceptional family circumstances <i>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.</i>				224

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

- State monitoring
- State database

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

In Indiana, every child proceeding to evaluation/assessment receives a comprehensive developmental assessment by an Assessment Team (AT), a multidisciplinary team representing at least two professional disciplines. In addition to information received from the medical home, family interview and the multidisciplinary team, every child is assessed using the Assessment, Evaluation and Programming System (AEPS®). Additional observations and tests are performed as needed and appropriate. Once the AT initial evaluation and assessment is completed, the information is sent to the Service Coordinator who contacts the family. Based on evaluation/assessment results and recommendations of the AT, the family makes a choice to proceed to an eligibility meeting or to decline to proceed. If the family chooses to proceed, the eligibility meeting is scheduled.

Once the IFSP team determines that the child is eligible, the IFSP can be developed.

In the event IFSP development exceeds the 45-day timeline, the SPOE must submit a "Delay of IFSP" form. This form provides information about why the initial 45-day timeline was not met. The parent signs this form indicating that they have been informed of their rights and procedural safeguards and understand that the IFSP exceeded the 45-day timeline. The parent's signature also indicates that they are in agreement with the delay of IFSP reason stated on the form. The "Delay of IFSP" form and the clinical documentation become part of the child's early intervention record.

In order to monitor IFSP timelines, a quality review process has been developed to examine every instance for which the IFSP exceeds the 45-day timeline. All late IFSP documentation is sent to the state monthly. State staff reviews this information and determines whether the delay in writing the IFSP was the result of an exceptional family circumstance (e.g., family scheduling conflicts, family medical

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

emergency, parent/child illness, family relocation or custody change) or the result of a systemic issue. Due to the fact that state First Step staff review every late 45-day instance, there is no separate verification process (as there is with other indicators).

When the development of the IFSP exceeds 45 days, the actual date of the IFSP is recorded to ensure that the child/family did subsequently have an IFSP developed. While Indiana monitors timelines for all IFSPs, findings of non-compliance are only identified and issued during the annual quality review visit.

Provide additional information about this indicator (optional)

	Total # IFSPs	% ≤ 45 Days including Exceptional Family Circumstances	# > 45 Days System Reasons	Range of days until IFSP developed
State	12,223	98.7% (12,060/12,223)	163	46-208

The state reviews every initial IFSP for completion within 45-days for this indicator. For FFY17 total of 12,223 IFSPs were reviewed. During this process it was found that 163 of the 12,223 (12,060) IFSPs did not meet the 45-day timeline due to system errors. All children eventually received an IFSP albeit after 45 days. Six SPOEs (Cluster B, D, F, G, H, I) received a finding for this indicator. Below is a chart to show when clusters came into compliance and the date the state verified the data.

Correction of Non-Compliance

Cluster/SPOE	State Correction of Non-Compliance	Data Time frame of Correction	State Verification Date
Cluster A	100% (304/304)	July-September 2017	12/20/2017
Cluster B	100% (352/352)	October-December 2017	5/24/2018
Cluster C	100% (286/286)	July-September 2017	12/20/2017
Cluster D	100% (264/264)	October-December 2017	5/7/2018
Cluster F	100% (110/110)	July-September 2018	11/30/2018
Cluster G	N/A	N/A	N/A
Cluster H	100% (188/188)	April-June 2018	10/9/2018
Cluster I	N/A	N/A	N/A
Cluster J	100% (292/292)	July-September 2017	12/20/2017

Four of the six clusters (Cluster B, D, F, H) were able to correct the finding of non-compliance for this indicator within the one year timeline.

Cluster F had been out of compliance for several years but was able to meet compliance for this indicator as listed in the above chart.

Two SPOEs (Cluster G and I) continue to be out of compliance for this indicator. The two noncompliant SPOEs experienced the following challenges:

Cluster G: (47) This is the largest cluster and serves over 30% of the state. Issues included staff turnover, miscalculation of the 45th day, issues receiving paperwork from the physician and inability to schedule the evaluation/assessment timely to meet time line. As caseloads continue to grow, this cluster has begun to experience a higher level of turnover than usual.

Cluster I: (70) This cluster consists of the southern portion of the state that includes many rural counties. This cluster has had excessive service coordinator turnover and assessment team turnover that continues to be an issue with this cluster meeting the 45-day time line. This cluster continues to experience increased referral resulting in higher than usual caseloads for the service coordinators.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	1	1	2

**FFY 2016 Findings of Noncompliance Verified as Corrected**

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

Cluster/SPOE	State Correction of Non-Compliance	Data Timeframe of Correction	State Verification Date
Cluster B	100% (261/261)	January-March 2017	6/30/2017
Cluster F	100% (110/110)	July-September 2018	11/30/2018
Cluster G	N/A	N/A	N/A
Cluster I	N/A	N/A	N/A

In accordance with the OSEP memorandum 09-02, the state issued 4 findings for indicator 7 (Cluster B, F, G, and I). Indiana was able to demonstrate timely correction of noncompliance with state verification for Cluster B. Verification of correction of noncompliance was completed prior to one year from finding. Corrections were verified both at the system and child level. The correction of noncompliance findings were verified by the collection and analysis of subsequent data during additional onsite visits which included file audits and data reviews.

Cluster F was able to come into compliance for this indicator albeit after the one year time line.

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

In accordance with the OSEP memorandum 09-02, the state issued 4 findings for indicator 7. Indiana was able to demonstrate timely correction of noncompliance with state verification for Cluster B. Verification of correction of noncompliance was completed prior to one year from finding. Corrections were verified both at the system and child level. The correction of noncompliance findings were verified by the collection and analysis of subsequent data during additional onsite visits which included file audits and data reviews.

Cluster F came into compliance for this indicator as noted in the above chart.

Two clusters (Cluster G and I) continue to be out of compliance for this indicator. The three noncompliant clusters experienced the following challenges:

Cluster G: (28) Of the IFSPs went over 45 days due to system issues, 79% (22) were due to scheduling issues resulting from either the assessment team schedule (scheduled past 45 days because the schedule was full; could not accommodate a re-schedule within 45-days or the service coordinator (SC) schedule (SC caseloads prevented timely scheduling, or SPOE had no capacity to cover for SC illness, etc). Both of these reasons are tied to the increase in referrals and the inability to increase staff accordingly. The others were due to lack of timely follow up by SC (also resulting from caseloads in the 80's) and errors with calculating the 45-day date (admin. provided an incorrect due date).

Cluster I: (14) This cluster continues to experience significant staff turnover which has contributed to the issue of not meeting the 45-day timeline. Assessment team availability in scheduling and especially rescheduling the assessment has also contributed to missed 45-day timeline for some families. The cluster is continuing to target this area by continuing training of their staff around the importance of meeting this timeline.

**FFY 2016 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

The state takes specific actions to assist SPOEs when they do not meet compliance. Depending on the needs of the SPOE, technical assistance can be provided on-site or virtually. Technical assistance is provided by trained staff and focuses on assisting clusters in

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

developing continuous quality improvement plans (CQIP) by facilitating stakeholder involvement through attendance at local and state meeting, providing training and detailed examples of high quality evidence based plans and providing detailed feedback. Additional technical assistance in the form of data analysis is also provided throughout the year in response to request from state staff as trends and patterns emerge. State staff also provide direct technical assistance to local programs through ongoing contract monitoring activities and periodic data reviews.

The state will continue to provide the above mentioned technical assistance to support ongoing quality and compliance improvements for the clusters whom have not been able to meet 100% compliance for this indicator.

**FFY 2015 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

For the clusters whom remain out of compliance for this indicator, the state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided by the state either in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters in developing Continuous Quality Improvement Plans (CQIPs) by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence based plans and providing feedback as needed. Assistance is provided to service coordinators regarding quality documentation of their visits and other types of communication with families. Additional technical assistance is also offered through ongoing data analysis.

The state will continue to provide the above mentioned technical assistance to support ongoing quality and compliance improvements for the clusters whom have not been able to meet 100% compliance for this indicator.

**FFY 2014 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

The state takes specific actions to assist clusters when they do not meet compliance. Depending on the cluter's needs, technical assistance can be provided on-site or virtual. Technical assistance is provided by trained staff and focuses on assisting clusters in developing continuous quality improvement plans (CQIP) by facilitating stakeholder involvement through attendance at local and state meeting, providing training and detailed examples of high quality evidence based plans and providing detailed feedback. Additional technical assistance in the form of data analysis is also provided throughout the year in response to request from state staff as trends and patterns emerge. State staff also provide direct technical assistance to local programs through ongoing contract monitoring activities and periodic data reviews.

The state will continue to provide the above mentioned technical assistance to support ongoing quality and compliance improvements for the clusters whom have not been able to meet 100% compliance for this indicator.

**FFY 2013 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

**FFY 2012 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

The state takes specific actions to assist clusters when they do not meet compliance. Depending on the cluter's needs, technical assistance can be provided on-site or virtual. Technical assistance is provided by trained staff and focuses on assisting clusters in developing continuous quality improvement plans (CQIP) by facilitating stakeholder involvement through attendance at local and state meeting, providing training and detailed examples of high quality evidence based plans and providing detailed feedback. Additional technical assistance in the form of data analysis is also provided throughout the year in response to request from state staff as trends and patterns emerge. State staff also provide direct technical assistance to local programs through ongoing contract monitoring activities and periodic data reviews.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	99.50%	99.70%	100%	99.90%	99.90%	100%	99.38%	99.92%

FFY	2015	2016
Target	100%	100%
Data	99.22%	99.06%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

**Explanation of Alternate Data**

Indiana does not review the records of all children exiting the Part C system.

This number represents a sample of the annual IFSPs for eligible infants and toddlers. The sample is composed of files that were reviewed by the Quality Review Team during the annual on-site visits with each of the clusters and data gathered by clusters during quarterly internal reviews. The data collection strategy involved samples from each of the nine regional clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

For FFY2017, Indiana reviewed a sample of annual IFSPs written between July 1, 2017 and June 30, 2018 to determine if the IFSP had transition steps and services written in the plan. 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, and not more than nine months, prior to the toddler's third birthday.

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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,407	1,412	99.06%	100%	99.65%

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.

null



**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Indiana does not review the records of all children exiting the Part C system.

This number represents a sample of the annual IFSPs for eligible infants and toddlers. The sample is composed of files that were reviewed by the Quality Review Team during the annual on-site visits with each of the clusters and data gathered by clusters during quarterly internal reviews. The data collection strategy involved samples from each of the nine regional clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

For FFY2017, Indiana reviewed a sample of annual IFSPs written between July 1, 2017 and June 30, 2018 to determine if the IFSP had transition steps and services written in the plan. 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, and not more than nine months, prior to the toddler's third birthday.

During the annual onsite visit, the sample was at least 10 percent of all annual IFSPs written during the July to September 2017 quarter. For smaller clusters, the number of files reviewed was increased to include at least 20 files. Clusters then completed internal monitoring and submitted data on a quarterly basis.

A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%.

Provide additional information about this indicator (optional)

	# of IFSPs Reviewed	% of IFSPs with Transition Steps and Services
State	1,412	99.6% (1407/1412)

The state reviewed a sample of 1,412 IFSPs during FFY17. It was found that only 5 of the 1,412 IFSPs did not have documented transition steps and services. Two SPOEs received a finding for this indicator. The chart below shows when SPOEs came into compliance for this indicator and the date the data was verified by the state.

Table 8A.2 Correction of Non-Compliance

Cluster/SPOE	State Correction of Non-Compliance	Data Timeframe of Correction	State Verification Date
Cluster A	100% (42/42)	July-September 2017	10/24/2017
Cluster B	100% (41/41)	October-December 2017	5/24/2018
Cluster C	100% (27/27)	July-September 2017	11/16/2017
Cluster D	100% (23/23)	July-September 2017	10/12/2017

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Cluster F	100% (20/20)	July-September 2017	11/30/2017
Cluster G	100% (108/108)	October-December 2017	5/15/2018
Cluster H	100% (20/20)	July-September 2017	11/13/2017
Cluster I	100% (29/29)	July-September 2017	12/6/2017
Cluster J	100% (35/35)	July-September 2017	11/3/2017

All clusters were able to meet compliance with this indicator within the one year of the finding of noncompliance.

**Actions required in FFY 2016 response**

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Responses to actions required in FFY 2016 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

Data include notification to both the SEA and LEA

- Yes
- No

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 2016 Data	FFY 2017 Target	FFY 2017 Data
7,929	7,929	100%	100%	100%

<p><b>Number of parents who opted out</b> 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.</p>	0
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**Describe the method used to collect these data**

Each month all children who turned 30 months of age during the previous month are identified. This list of children is sent to the SEA and the LEA as well as the SPOEs electronically. In addition to the children turning 30 months, late referrals are also identified (children who were referred and an IFSP written after 30 months of age) and are included in the list sent to the SEA and the LEA. The data was transmitted during the whole reporting period of July 1, 2017 to June 30, 2018.

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This procedure has enabled Indiana to provide accurate notification the SEA and LEA of children potentially eligible for Part B services. Additionally, service coordinators (with parental consent) invite the LEA and other community partners (Head Start and local preschool representatives) to the transition meeting. These efforts are increasing LEA and other community partner attendance at the Part C Transition meetings.

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Do you have a written opt-out policy? No

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

- State monitoring
- 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).

The data was transmitted each month during the whole reporting period of July 1, 2017 to June 30, 2018.

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

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This has enabled Indiana to provide accurate, on-going notification to the SEA and LEA of children potentially eligible for Part B services each month during the reporting period for FFY17.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.00%	99.00%	99.76%	99.50%	99.90%	99.40%	99.60%	99.60%	98.62%	99.08%

FFY	2015	2016
Target	100%	100%
Data	99.00%	99.09%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

**Explanation of Alternate Data**

Indiana does not review the records of all children exiting the Part C system. Instead, the data source for this indicator was the review of a sample of early intervention records of children who exited Part C in FFY2017. The annual review was conducted by the Quality Review-Focused Monitoring Team.

A list of randomly selected early intervention records was compiled for each of the nine SPOEs. Indiana monitors each EIS program (cluster/SPOE) annually. For FFY2017, Indiana reviewed a sample of files 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 child's third birthday for toddlers potentially eligible for Part B preschool services. The sample was 10 percent of all children due to receive a transition meeting 90 days to nine months before their third birthday. For smaller clusters, the number of files reviewed was increased to include at least 20 files.

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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2016 Data	FFY 2017 Target	FFY 2017 Data
1,036	1,057	99.09%	100%	98.01%

**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.

null

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

null

### Reasons for Slippage

During the onsite visit and internal data reviews, it was discovered that all children did not receive a timely transition meeting. In most cases, it was an oversight from the service coordinator. There has been a tracking tool created to help service coordinators monitor when the 90 days to nine months window is open to hold a transition meeting that will meet the timely criteria.

Indiana does not allow for family reasons when analyzing the data due to the large window that the meeting can occur.

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

- State monitoring
- State database

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

Indiana does not review the records of all children exiting the Part C system. Instead, the data source for this indicator was the review of a sample of early intervention records of children who exited Part C in FFY2017. The annual review was conducted by the Quality Review-Focused Monitoring Team.

A list of randomly selected early intervention records was compiled for each of the nine SPOEs. Indiana monitors each EIS program (cluster/SPOE) annually. For FFY2017, Indiana reviewed a sample of files 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 child's third birthday for toddlers potentially eligible for Part B preschool services. The sample was 10 percent of all children due to receive a transition meeting 90 days to nine months before their third birthday. For smaller clusters, the number of files reviewed was increased to include at least 20 files.

A minimum sample size was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/- 5%.

Additionally, quarterly progress data was provided by the SPOEs which was verified by the State when they report compliance.

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

	# of IFSPs Reviewed	% of IFSPs with Timely Transition Meetings
State	1,057	98% (1,036/1,057)

The state reviewed a total of 1,057 IFSPs during FFY17 to verify the transition meeting happened timely. It was found that 21 of the 1,057 IFSPs did not have a timely transition meeting. Six findings were issued for this indicator. Below is a chart showing when each cluster came into compliance for this indicator and the date the state verified the data.

Table 8C.2 Correction of Non-Compliance

Cluster/SPOE	State Correction of Non-Compliance	Data Timeframe of Correction	State Verification Date
Cluster A	100% (19/19)	October-December 2017	5/23/2018
Cluster B	100% (20/20)	January-March 2018	8/6/2018

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Cluster C	100% (47/47)	July-September 2017	11/16/2017
Cluster D	100% (33/33)	July-September 2017	10/12/2017
Cluster F	100% (21/21)	July-September 2017	11/30/2017
Cluster G	100% (47/47)	January-March 2018	8/6/2018
Cluster H	100% (20/20)	October-December 2017	5/15/2018
Cluster I	100% (20/20)	July-September 2018	11/7/2018
Cluster J	100% (20/20)	October-December 2017	5/16/2018

All clusters were able to correct the finding of noncompliance.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions**

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)

**Historical Data**

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥		

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

This indicator is not applicable, as Indiana has not adopted Part B due process hearing procedures.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2017 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0			

Provide additional information about this indicator (optional)

This indicator is not applicable, as Indiana has not adopted Part B due process hearing procedures.



**Actions required in FFY 2016 response**

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data	0%	

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥		

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Indiana used a broad group of stakeholders to assist in setting targets for the SPP.

These stakeholders included:

- Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:
  - Department of Education
  - Office of Special Education
  - Department of Health
  - Division of Family and Children
  - Head Start
  - Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC Stakeholder meetings were held quarterly in 2017 and 2018 to discuss the State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets. Data for the FFY2017 APR were presented to the ICC at its quarterly meeting in November 2018. On January 9, 2019, the ICC completed its final review of the FFY2017 APR.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation	11/8/2018	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Source	Date	Description	Data	Overwrite Data
Requests				
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1 Mediations held</a>	n	null

**FFY 2017 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	0			

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

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests.

Part C assigns a state staff member (complaint investigator) to monitor and resolve complaint and hearing requests. A complaint and hearing log is maintained at the state level. Indiana through the Division of Disability and Rehabilitative Services, Bureau of Child Development Services also maintains a contract with an attorney. The attorney provides the Part C staff with assistance in the development and implementation of policies and procedures regarding due process, complaints, meditations and hearing.

**Actions required in FFY 2016 response**

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

*Monitoring Priority: General Supervision*

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target		52.00%	52.00%	53.00%	54.00%
Data	52.00%	53.88%			

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
 Blue – Data Update

FFY 2018 Target

FFY	2018
Target	55.00%

Key:

Description of Measure

Outcome:

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

1. Percent of infants and toddlers who did not improve functioning =  $\frac{\text{(# of infants and toddlers who did not improve functioning)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \times 100$ .

2. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $\frac{\text{[# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers]}}{\text{(# of infants and toddlers with IFSPs assessed)}} \times 100$ .

3. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $\frac{\text{[# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it]}}{\text{(# of infants and toddlers with IFSPs assessed)}} \times 100$ .

4. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $\frac{\text{[# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers]}}{\text{(# of infants and toddlers with IFSPs assessed)}} \times 100$ .

5. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $\frac{\text{[# of infants and toddlers who maintained functioning at a level comparable to same-aged peers]}}{\text{(# of infants and toddlers with IFSPs assessed)}} \times 100$ .

Summary Statements for Outcome A:

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

Measurement for Summary Statement 1:

Percent =  $\frac{\text{# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)}}{\text{[# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)]}} \times 100$ .

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Overview

SSIP will be submitted with the final APR.

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

SSIP will be submitted with the final APR.

### Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

SSIP will be submitted with the final APR.

### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

#### Statement

SSIP will be submitted with the final APR.

#### Description

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

SSIP will be submitted with the final APR.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Submitted Theory of Action:** No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

**Evaluation**

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

**Technical Assistance and Support**

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

**Phase III submissions should include:**

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

**A. Summary of Phase 3**

1. Theory of action or logic model for the SSIP, including the SIMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

**B. Progress in Implementing the SSIP**

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

**C. Data on Implementation and Outcomes**

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

**D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR**

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

### F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance



**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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

**Selected:** Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Christina Commons

Title: Part C Coordinator

Email: Christina.Commons@fssa.in.gov

Phone: 317-234-1142